Issues for Debate

Public health and nursing practice: Seizing the receptive moment

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A B S T R A C T

Both nursing and government policy indicate the crucial role that all nurses have in the public health arena and yet it would seem that the role of the nurse in general within public health is open to debate and criticism. The author has a responsibility for the development of public health across the undergraduate curriculum within a university. This paper presents a discussion of some of the issues raised from student nurses, nurse lecturers and nurse managers. These discussions are as a result of both a 5 year PhD study undertaken by the author and a revalidation the undergraduate nursing programme within the author’s organisation. The aim of the paper being to consider what is needed to put public health at the core of all and every nurse’s practice across the UK. It takes the approach of lessons learned as it discusses some of the changes made to the author’s own organisations undergraduate nurse curriculum, and those changes which still need to happen in order for nursing to identify its public health capacity. Such changes it may be suggested are easily transferable across all UK nursing curricula.

Introduction

Over the years various public health policies and a number of conference speakers have consistently opened with something along the lines of “never before has public health been so much at the forefront of national agendas”. At the time of writing this paper the UK is somewhat tentatively anticipating the future of public health whilst it waits for the new coalition government’s white paper. It may therefore seem somewhat incongruent to begin this paper with the same opening, but really, it does seem that public health and all its underpinning components is taking centre stage and gathering momentum. But why now and what underpins this apparent shift from rhetoric to action? In 2008 the author listened to Sir Kenneth Calman speak in relation to current policy drivers in public health. During his speech he was asked the question why, after all these years of campaigning by a variety of groups and organisations and empirical evidence to suggest links with ill health and disease, banning smoking in public places had suddenly become legislation. Briefly his response was that the timing was right, it was the receptive moment, an ideology which underpins behaviour and change management theory emphasizing the importance of cues in effecting motivation for change.

So what then, does this mean for nursing? Contemporary UK policy (DoH, 2004, 2006) has heralded nursing as being at the core of public health, and yet it would seem that the role of the nurse in general within this arena is still open to confusion, debate and criticism. Rush (1997) argued, that the then training of nurses would not be enough to meet the public health challenges of the 21st Century. Over a decade later, little has changed as we are still debating the same issues around the preparation of nurses to actualise this role (Holt, 2008; Holt and Warne, 2007; Whitehead, 2009). For those involved in nurse education this can present somewhat of a dilemma in developing a contemporary nurse education programme of study. This idea of the receptive moment is then somewhat appealing in terms of exploring how nursing can cement its place fully in the public health arena and how we, as nurse educators can capture the moment in motivating change in its practice across nursing.

A revalidation of our undergraduate nursing programme and the undertaking of a PhD facilitated the author’s conversation with and consultation from, current pre and post-registration student nurses, nurse managers and nurse lecturers. This paper discusses how we can put public health at the core of all nursing practice based on such discussions.

The need to go back to basics

When considering the revalidation of our own organisations undergraduate nursing programme, the issue of the care ethic and what nursing is meant to do or be was something which presented itself in discussions and the need to go back to basics. Socialisation into nursing it is suggested begins with initial nurse education and
training and continues through professional life (Karoz, 2004). She further proposes that such educational programmes ensure “that the students acknowledge and understand the profession” (Karoz, 2004 p. 129). Therefore improving and developing the profession relies on those students who leave their initial training and enter the world of qualified practice with sound epistemological (knowledge) and ontological (being) perspectives. In an effort to enable nurses to engage with the ethos of a constantly changing and evolving healthcare service, nurse educationalists are striving to meet the demands of UK NHS reforms through developing and re-developing the curriculum. This however may, at times be done with little forethought as to the consequences as the difficulty with meeting such curricular demands for nursing practice, is that certain concepts may become concealed or lost (McCarthy and Holt 2007). It may be suggested that the exploration of the concept of nursing and what it means to care has perhaps become a consequence of striving to provide a UK nursing curricula to meet the demands of modern healthcare practice. Nightingale (1859) reminds us of the importance in the skill of teaching those who would have the responsibility for the health of others. It may be suggested then that teaching the concept of care and what nursing is meant to do, needs to be reflected at the beginning and throughout the nursing curricula as the student develops. Spouse (2000) argues that on entering the profession student nurses have preconceived ideas about the practice of nursing. She further proposes that the strengthening of, or altering of such perceptions are dependent upon how the students are supported throughout their education and training. Such support must come through both education and practice and there is a need for those who provide pre-registration nurse education programmes to develop a clear philosophy of nursing as a starting point, which subsequently will then underpin their curricula. The Royal College of Nursing (RCN, 2003 p. 3) suggests that nursing is:

“The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death”

The document suggests characteristics which represent the above definition and indicate that the purpose of nursing is to:

“Promote health, healing, growth and development… to prevent disease, illness, injury, and disability… to minimise distress and suffering… to enable people to understand and cope with their disease or disability, its treatment and its consequences.

Nursing interventions are concerned with empowering people, and helping them to achieve, maintain or recover independence. Nursing is an intellectual, physical, emotional and moral process which includes the identification of nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support. In addition to direct patient care, nursing practice includes management, teaching, and policy and knowledge development”

(RCN, 2003 p. 3)

All of the above and many others suggested in the document are, it could be argued, the characteristics of public health and within our own organisation we present nursing care as being synergistic with public health practice to our undergraduate students. Becoming a nurse involves the two different, but shared learning processes, learning what to do and what to accept and value. Nursing curricula needs to be viewed as a path to ontology and as we develop our pre-registration nursing programmes we need to start at the very beginning and ponder on the unique role of the nurse and consider what sort of nurse we want our students to become. Such ponderings should include the concept, that nursing care is a feature of health promotion practice and this should be inherent within the programme philosophy. Such concepts will aid students in recognising from the onset, that all nursing in some way contributes to public health. It triggers that receptive moment from the start that they are part of the public health workforce and reinforces it throughout. It does not undermine the important role that nurses who work in disciplines whose predominant role is at the coalface of epidemiology, prevention, protection and screening but rather compliments it. It values the nursing care provided by those nurses who do not traditionally associate their practice with public health and whose level of involvement may vary at times depending on the context of their work. This requires an inclusive public health curriculum which enables students to develop a wide range of skills for different kinds of work across different settings, countries and in different contexts so that nurses can ask themselves (and be able to answer) the question, what is/has been my contribution to public health nursing today?

A contemporary UK public health nursing curricula

In order to effect a public health approach to nursing there is a need for student nurses to experience an appropriate and contemporary education and training. The UK Standards of Proficiency for Pre-registration Nursing Education (NMC, 2010) provide guidance for universities on the structure and nature of their nursing programmes. How universities choose to interpret this in terms of their curriculum content however, varies considerably as does its delivery modes. Many nursing bodies both home and abroad make explicit requirements for health promotion competencies to be apparent in both pre and post-registration programmes. Again however, interpretation of these may be argued as being varied both in education and practice areas. More than a decade ago the UK’s commissioned study undertaken by Gott and O’Brien (1990) suggested that nursing practice was reductionist, biomedically and health education orientated. Later work by Poulton et al. (2000) recommended that public health should be a core component of both pre and post-registration nursing education. This is an interesting paradox for those of us involved in nurse education as contemporary reports such as Darzi (2008) reflect the need for prevention rather than cure and there is the ever increasing emphasis for nursing as a whole to engage in public health. On the other hand there is also still the demand for cure and treatment and as such, it can be easily understood why as nurses, we struggle at times in trying to balance competing approaches.

Formal curriculum

Within the author’s own organisation, discussions with both past (Holt and Warne, 2007) and current pre-registration students indicate that health promotion is something they “do” at some stage in their training and then forget about. This highlighted the need to present public health as a theme throughout our whole undergraduate nurse curriculum and not just as a discrete module. Within our own organisation we found this fairly easy to do across most modules which addressed contemporary health issues. In terms of research and evidenced based practice again, public health issues can easily be examined and assessed. Independent studies, research and project proposals enabled students to choose public health topics and explore their relationship to everyday nursing practice. The author found that in both her PhD research and the undergraduate programme revalidation, her discussions with students and nurse managers highlighted, in different context, the theme of leadership. For example students highlighted the need for effective leaders as role models for public health nursing. Managers discussed their own roles as leaders and how they may (or may not)
champion public health in an organisation. Qualified nurses suggested the need for leaders who have vision and the skills to facilitate change. In our own organisation we recognised therefore, that we needed to strengthen our modules which prepare students for registration and assist students in considering concepts such as management and barriers to effecting change. We now have a module in which final year students manage their own case load in practice, assessing patient’s needs and planning care delivery which illustrates health promotion and public health practice. There was still a need to take this further and consider the interdisciplinary nature of public health and we developed face to face inter-professional modules to facilitate partnership working for public health. The main challenge for us was in the Anatomy and Physiology and Clinical skills modules. The author found that student evaluations consistently value more, what they perceive as the “exciting” parts of the nurse curricula such as clinical skills and pharmacology. It seemed clear for us that we could make better use of the content and time that students spent in these sessions. The author believed that there needed to be greater links between the disease process and public health right from the onset of our own nurse curriculum. We have found that the development of workbooks to use alongside these modules within our organisation, have facilitated some change in enabling students to see beyond the biomedical model of nursing practice (Gott and O’Brien, 1990). But the author recognises that more work need to be done in getting all tutors on board with this and also those nurses/mentors who support our students in practice.

The author’s work for her PhD identified that there was a need for pre-registration nurse curricula to reflect a wide range of knowledge and skills for nurses to apply in different public health contexts. Nurses need to have skills which range from identifying health priorities, health education, and behaviour change interventions, health needs assessment, screening and surveillance, epidemiology through to policy development and commissioning. We believed that within our own organisation our own undergraduate nurse curriculum needed to reflect a logical progression, drawing upon all the concepts explored across the whole curriculum content and the development of the student’s ontology of nursing. We recognised that its’ teaching methods and assessments, whilst challenging for the students, needed to be varied. It needed to reflect not just a theoretical approach to public health work but a very hands on approach with students ‘learning through doing’ (Biggs, 2003) and needed to reflect global, national and local policy. Examples that we applied within or own organisation are for example, mock commissioning panels for the students to present projects based on assessed health needs. In order to contextualise behaviour change theory to practice, we deliver in partnership with a local PCT, level one smoking cessation training and students receive a certificate for this to add to their portfolio.

The informal curriculum

My discussion above refers to the characteristics of formal or operational undergraduate nurse curricula and the need it could be argued, to resist the biomedical model which can drive some nursing curriculum. There is however an underlying, or what some would term “hidden curriculum” which draws upon the earlier discussion on programme philosophy and developing a nursing ontology. It is made up of values and beliefs which are taught through both verbal and non verbal communication by both the teaching team and the wider university faculties. Within our own organisation it was firstly, important to contextualise the new curriculum in the wider work on public health that occurs across the university. This enabled student to step outside the classroom and experience and be part of, wider debates in public health locally and nationally. Under the premise of the Ottawa Charter (1986) settings approach to health, our organisation has an Academy for Health and Wellbeing (AHWB) which works at both local and national levels to address public health. This has enabled staff and students to become involved in projects which give them insights into the broader characteristics of public health. Thus, student nurses experience the range of public health work from a variety of disciplines.

Role modelling practice for public health nursing

The hidden curriculum must also be recognised as a feature of the clinical settings which students experience as part of their training and the dissonance that students can experience between the classroom and practice. This is yet another paradox in UK nurse education and nursing practice which it could be argued needs to be resolved through new and developing roles that we now have in nursing. For example as an organisation we employ lecturer/practitioners and in addition take practitioners on long and short term secondments who wish to develop their teaching role.

The author’s discussions with students highlighted the importance of role modelling and mentorship for them to appreciate the capacity for nurses to engage in public health. One of the consequences of the movement of nurse training into higher education within the UK was the demise of the clinical teacher. This demise is well debated within the literature (see for example Crotty, 1993; Brown and Edelmann, 2000) with links to the theory-practice gap debate. Such a role has changed somewhat, and within our own organisation we have a link tutor/ liaison role with practice placement areas facilitated through each practice setting by Practice Educator roles (senior trained nurses in each practice setting). The concept being that academia supports both mentors and students in practice. However the term support here might be argued as somewhat vague in terms of what it constitutes and can range from audit and assessment of practice areas to what has been somewhat loosely termed by Smith and Gray (2001) as “innovations”. It could be argued that we need to consider Smith and Gray (2001) term “innovation” and become more creative in our own educative roles and links with practice.

Both the author and colleagues voluntarily or on honorary contracts, return to practice on a regular basis to maintain the skills and credibility with students we teach in the classroom setting. However, this practice is on a very ad hoc basis and not a requirement (as of yet) by the NMC or the university as an employer. It is also selective in terms of where the practice occurs and rarely (if at all) involves specific work alongside our own students. Perhaps better use of this return to practice could be to compliment and work alongside the Practice Educator who might address the ad hoc methods that Haigh and Johnson (2007 p. 9) propose from the findings in their study:

“Nurse educators have the values and attitudes appropriate to nursing in the 21st century and so should be encouraged to communicate them in a more structured way than the ad hoc methods of the past”

McIlfattrick (2004) argues that the role of the mentor is fundamental to role modelling, support, facilitation of learning and assessment. Mentorship of pre-registration students in the UK is undertaken by qualified nurses who have undertaken a registered mentorship programme defined by the NMC. In order for mentors to keep informed about pre-registration issues and changes in education, they are also required to attend a regular update session. Such initial training and updates are an ideal opportunity to facilitate changes in concepts such as public health and its relationship with nursing practice. They can provide training for mentors in the
principles which underpin some of the public health practice that all nurses may engage with. At present mentors are usually also those who assess student competence in practice in relation to the NMC Standards of proficiency for pre-registration nursing education. Kitson (2001) proposes that whilst such competencies do make sense, they should not be viewed as an end in themselves but should instead be considered a means to an end. Mentor training and updates are therefore an opportunity for academic and practice to work in nursing practice and public health.

There are those in practice who role model good practice in public health and mentor our students. The students who we teach will hopefully help other students and other trained nurses to receptive moments as the following quote from one of our own students suggests:

“You know we are the next generation and you know as a nurse who will hopefully qualify in 2010 and will hopefully think as one of these next generation nurses, that the government are more focused on health promotion and that we should step up to the mark and make those changes. Then when we are mentors to student nurses in the future we can instil this into that generation and promote health and improve services”

At the helm of this there are of course those who are responsible for the management of nursing at a both practice and strategic level across different settings. By collective championing at these different levels we may possibly ignite that receptive moment and facilitate a slight shift in thinking about public health nursing across all nursing practice. As Nightingale suggested:

“Each of us has a spark of life inside of us and our highest endeavour ought to be to set off the spark in one another”

Conclusion

The predominant theme is the call for change in thinking at different levels about public health and its relationship to nursing and how as nurse educators, we can look at developing nursing curricula to meet the changes. Governing bodies, both national and international, have produced a plethora of policies beseeching nurses to become more active in the public health arena. A basic fact of life for nursing is change and we as nurses have the qualities and strategic positions to actively engage in new ways of thinking and working. Such changes will require increased collaboration between education and practice. Within the author’s own organisation some significant changes have been made but with a recognition that more work needs to be done in particular with practice colleagues. This paper began with the idea that “never before has public health been so much at the forefront of national agendas” The author believes that this is the case as we go towards a new public health agenda. This is an opportunity for nursing as a profession to rise to the public health challenge and seize the day. The timing is right it is, the receptive moment for all nurses to identify their public health capacity, to put to bed those criticisms of our practice and all take our place in the practice of public health in its very broadest sense.

References

Department of Health (DoH), 2006. Essence of Care on Promoting Health Benchmark. HMSO, London.