

HEALTH PROMOTION

in Nursing Practice

SEVENTH EDITION



NOLA PENDER CAROLYN MURDAUGH MARY ANN PARSONS

Seventh Edition

HEALTH PROMOTION IN NURSING PRACTICE

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PEARSON

Boston Columbus Indianapolis New York San Francisco Upper Saddle River
Amsterdam Cape Town Dubai London Madrid Milan Munich Paris Montréal Toronto
Delhi Mexico City São Paulo Sydney Hong Kong Seoul Singapore Taipei Tokyo

Publisher: Julie Levin Alexander
Product Manager: Katrin Beacom
Program Manager: Erin Rafferty
Editorial Assistant: Erin Sullivan
Director of Marketing: David Gesell
Senior Marketing Manager: Phoenix Harvey
Marketing Specialist: Michael Sirinides
Pearson Project Manager: Patrick Walsh
Manufacturing Manager: Maura Zaldivar-Garcia
Art Director: Maria Guglielmo
Cover Design: Cenveo Publisher Services
Cover Art: Elena Rudyk/Fotolia
Full-Service Project Management: Mansi Negi/Aptara®, Inc.
Composition: Aptara®, Inc.
Printer/Binder: RR Donnelley/Harrisonburg
Cover Printer: RR Donnelley/Harrisonburg

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Library of Congress Cataloging-in-Publication Data

Pender, Nola J. – author.

Health promotion in nursing practice/Nola J. Pender, PhD, RN, FAAN, Professor Emerita University of Michigan School of Nursing, Ann Arbor, Michigan Carolyn L. Murdaugh, PhD, RN, FAAN, Professor Emerita University of Arizona College of Nursing, Tucson, Arizona, Visiting Professor, University of Alabama at Birmingham, Mary Ann Parsons, PhD, RN, FAAN, Professor Emerita and Dean Emerita University of South Carolina College of Nursing Columbia, South Carolina.—Seventh edition.

pages cm

Includes bibliographical references and index.

ISBN 978-0-13-310876-7—ISBN 0-13-310876-7

1. Health promotion. 2. Preventive health services. 3. Nursing.

I. Murdaugh, Carolyn L., author. II. Parsons, Mary Ann, author. III. Title.

RT67.P56 2015

610.73—dc23

2014012119

10 9 8 7 6 5 4 3 2 1

PEARSON

ISBN 13: 978-0-13-310876-7

ISBN 10: 0-13-310876-7

Dedication

To all nurses who practice and promote health, I wish you success as you strive to promote a healthier society.

—C. Murdaugh

To my grandsons Blake, Andrew, Sterling, Campbell, Graham, and Jennings for whom I wish a happy and healthy life.

—M. A. Parsons

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FOREWORD

This seventh edition of *Health Promotion in Nursing Practice* is an essential tool for nurses as they develop and deliver evidence-based health promotion services to diverse populations. *Health promotion is for everyone*. Becoming healthier improves the quality of life for all individuals, including cancer survivors, persons with disabilities, those with chronic diseases, and those of advanced age. The American Heart Association (AHA) recently issued an advisory statement that nurses should routinely assess health behaviors, just like vital signs, and provide behavior change counseling as an integral part of services to all patients (Spring, Ockene, Gidding, Mozaffarian, Moore, Rosal, et al., 2013). Nurses, the largest health workforce in the nation, are strategic to the provision of health promotion services in diverse care settings such as primary care clinics, emergency rooms, school clinics, work sites, community health programs, and nursing homes. According to the AHA, unhealthy behaviors must be treated as aggressively as other risk factors. Nurses need to fully embrace this exciting challenge of leading the way to healthier lifestyles in our nation and around the globe.

In late 2013, the U.S. Preventive Services Task Force convened an invitational forum of behavioral counseling and primary care research experts, agencies that fund health promotion research, and experts that develop guidelines on behavioral counseling interventions (S. Curry, personal communication, September 24, 2013). The goal of the meeting was to seek recommendations about how to optimize the development and dissemination of prevention and health promotion evidence-based guidelines and to identify research opportunities and gaps in knowledge about how to improve public health and well-being. Another task force, the Community Preventive Services Task Force, provides evidence-based recommendations on programs and policies to advance environmental/community health. Together, the guidelines of both task forces are intended to assist nurses and other health care personnel to reach the goals of *Healthy People 2020*. However, dissemination of guidelines is only the first step. Nurses need to be a part of the leadership team that integrates health promotion and prevention research findings and guidelines from all sources into policies and practices in key health care settings. Further, nurses can capitalize on the rapidly growing use of electronic media, particularly among the younger generation, to create innovative programs for self-monitoring and decisional support for healthy choices. Nurses must be bold and creative in health promotion programming, modeling healthy lifestyles as they shape health promotion strategies and provide care.

Although progress in health promotion is evident in improved outcomes in some domains, many challenges remain. For example, the current U.S. population still has a high percentage of obese adults and children. This trend presents major challenges to improving health and quality of life. Further, poverty and cultural differences create inequalities in the health and safety of living and working environments. In order to flourish, diverse populations need environments free from crime and other health threats, as well as adequate access to quality care. An additional concern is the plight of women in many countries where they are suppressed and victimized. A transition in values and policies is needed to provide freedom of choice and opportunities for women to experience their full health and human potential.

Health policies and programs should be evidence-based. Research findings must continue to enlighten our approaches to health promotion and prevention. For example, in the October 6, 2013, issue of the *Chicago Tribune* (Section 6, Page 11), new research regarding the “world of the newborn” indicated that predisposition toward a healthy diet may start before birth. Taste and

smell filter through the amniotic fluid so that a mother's diet may shape the food preferences of the newborn. According to research conducted in France, when women were given a designated spice during their pregnancy, infants turned toward the odor after birth, showing preference. Infants of mothers not given the spice turned away from the odor. If these findings are replicated, food aromas experienced *in utero* may influence food preferences throughout life. This makes promoting healthy diets for pregnant women of even greater importance due to the direct influence of their diets on the emerging lifestyles of their infants.

Nurses are exemplary in addressing the health and well-being of the whole person: physical, psychological, social, and spiritual. This text provides valuable information to help nurses carry out this mission. Commendable features of this new edition include a greater emphasis on practice, new information about emerging technology to support health promotion, presentation of new research to undergird evidence-based practice, expanded discussion of culturally competent interventions, and new learning activities and websites to support nurses in their health promotion efforts. Drs. Murdaugh and Parsons have a rich background of experience in promoting health among diverse populations. Their exceptional work in crafting this seventh edition is highly commendable. I trust that this text will inspire nurses to lead the way to a health care system that places health promotion at the forefront of health services provided throughout the life span.

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Spring, B., Ockene, J. K., Gidding, S. S., Mozaffarian, D., Moore, S., Rosal, M. C., et al; on behalf of the American Heart Association Behavior Change Committee of the Council on Epidemiology and Prevention, Council on Lifestyle and Cardiometabolic Health, Council for High Blood Pressure Research, and Council on Cardiovascular and Stroke Nursing. Better population health through behavior change in adults: a call to action. *Circulation*. 2013 Nov; 128. DOI: 10.1161/01.cir.0000435173.25936.e1. [Epub ahead of print].

PREFACE

Major challenges continue to influence health promotion and health care reform as we complete the seventh edition. Health care disparities are ongoing barriers to promoting the health of a large segment of our population. The expanding “obesogenic” environment promotes unhealthy foods and inactive lifestyles across the life span. Health promoting lifestyles must begin in early childhood to reverse the devastating trend toward increasing chronic illnesses, escalating health care costs, and shorter life spans for the first time in many generations.

The purpose of the text is to (1) present an overview of the major individual and community models and theories to guide health promotion programs and interventions; (2) offer evidence-based strategies to implement and evaluate health promotion programs for diverse populations across the life span; and (3) encourage critical thinking about the most effective interventions and methods for health promotion practice. We believe information in the text helps provide the foundation on which to build the practice of health promotion.

The content of the text is organized into six sections. In Part I, The Human Quest for Health, health and health promotion are defined, and individual and community models to guide health promotion programs and research are described. In Part II, Planning for Health Promotion and Prevention, strategies are described to assess health, health beliefs, and health behaviors and develop a health promotion plan. In Part III, Interventions for Health Promotion and Prevention, four core areas are targeted to promote health: physical activity, nutrition, stress management, and social support. In Part IV, Evaluating the Effectiveness of Health Promotion, models for program evaluation are addressed. Part V, Health Promotion in Diverse Populations, addresses strategies for self-care across the life span and culturally sensitive approaches to promote health and health literacy in vulnerable populations. In Part VI, Approaches for Promoting a Healthier Society, community partnerships for health promotion and policies to promote social and environmental changes for a healthier society are described.

Each chapter contains considerations for practice, opportunities for research, and learning activities. The content in all chapters has been updated, based on published research evidence. The *Healthy People 2020* goals, an ecological approach to health promotion, and the role of technology in promoting health have been integrated throughout the text. The text is ideally suited for undergraduate students in nursing and health promotion programs, graduate students in nurse practitioner and doctor of nursing practice programs, and health promotion practitioners.

The term *client* is used rather than *patient* throughout the text to refer to individuals, families, and communities who are active participants in health promotion. *Health* and *wellness* are used interchangeably. *Health protection* and *prevention* also are used interchangeably throughout the text.

Our sincere appreciation is extended to Michael Giacobbe, Maria Reyes, and Patrick Walsh at Pearson Health Science, who have worked with us in the preparation of the text, and to Mansi Negi at Aptara and Bret Workman who worked with us on production. We are very appreciative of Patrick’s expertise in the final stages of preparation and Bret’s and Mansi’s attention to detail in the production phase. We are also deeply indebted to Alice Pasvogel, PhD, Research Specialist, College of Nursing, University of Arizona, who spent countless hours editing, formatting, and preparing the tables and figures. Her willingness to step in and take over the editorial work, attention to detail, and expert editorial assistance enabled us to finish the text in a timely manner.

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The Changing Context of Health Promotion

The major goals of health promotion are to help people of all ages stay healthy, optimize health in cases of chronic disease or disability, and create healthy environments. These goals require strategies that not only improve the health of individuals within the context of their families and communities, but also address the environments in which they live, work, and play.

Even though the United States is one of the wealthiest nations in the world, it lags behind other high-income nations in life expectancy and health for all its citizens. Likely explanations for these differences include the following:

- *Health systems.* Americans have more limited access to primary care, report lapses in quality of care outside of hospitals, and are more likely to be uninsured than people in peer nations.
- *Social and economic conditions.* The United States has higher levels of poverty and income inequality, lower rates of social mobility, and lack of a safety net for the poor and disadvantaged as compared to peer nations.
- *Physical environments.* Americans are more likely to live in environments that discourage physical activity and contribute to obesity compared to other high-income nations.
- *Health behaviors.* While Americans are less likely to smoke, and consume less alcohol than people of peer countries, they consume more calories per person, are less likely to use seat belts, and have higher rates of drug abuse, alcohol-related traffic accidents, and gun violence.

Upper-income, advantaged Americans' health also lags behind that of their counterparts in other high-income nations (Institute of Medicine, 2013).

The current health disadvantages experienced by Americans will have even greater health and economic consequences unless the United States takes action. To build a healthier America, health promotion and prevention must become priorities using innovative approaches, partnerships, and capacity building. If we are to move the health care system from *sick* care to *health* care, we must develop effective solutions that result in better health for *all* stakeholders: individuals, families, schools, and communities (Levi, Segal, Miller, & Lang, 2013). In addition,

the solutions must enable individuals and communities to take control over the personal, socioeconomic, and environmental factors that affect their health, including the physical, mental, social/cultural, and spiritual dimensions (Bauman, Finegood, & Matsudo, 2009).

Health professionals recognize the need to change the context of health promotion and prevention and have started to engage in promising new strategies to help people of all ages stay healthy. Factors that are changing the context of health promotion to decrease disparities and inequities in health include the following:

- Multilevel interventions and strategies
- Mobile wireless computer technologies
- Community/sociopolitical partnerships

MULTILEVEL INTERVENTIONS AND STRATEGIES

Given the magnitude of the challenges in health promotion, the multilevel, comprehensive interventions and strategies that are more likely to succeed address a health issue(s) across all levels, individuals, families, schools, communities, worksites, and populations, and incorporate personal, socioeconomic, and environmental factors. Critical to the success of health promotion is consideration of multiple social and environmental factors, whether the focus is on the actions of individuals, families, schools, communities, or governments.

Each of these levels requires an evidence base that accounts for the contextual factors that influence outcomes. For example, successful individual-level, evidence-based interventions provide guidance to practitioners in providing direct health promotion activities. Interventions and programs targeting the school or community level provide evidence of adoption of positive health behaviors by students and families. While there are efforts to ensure coherence and coordination across these levels, the success of these efforts in terms of effecting sustained behavior change is not evident. Long-term maintenance of health behavior change is difficult without concomitant support from the social and built environments.

Population level change is critical to improve health across all ages. This is difficult, as “active living” approaches are expensive and have a limited evidence base. Population-level behavior change may require structural solutions over evidence generation to have the kind of sustainable impact on health behaviors that is vital for a healthier America (Bauman, Finegood, & Matsudo, 2009).

MOBILE WIRELESS COMPUTER TECHNOLOGIES

The expansion of mobile wireless computer technologies and social media applications, including telemedicine and telecare, has had a major influence on health promotion and prevention, unlike any in recent history. E-health (electronic health) or m-health (mobile health) includes a diverse set of informatics tools that have been embraced as a promising new way to prevent health problems and promote healthy behaviors at all levels, with particular enthusiasm for addressing population-level change.

Traditionally, health promotion has been a low-tech area in comparison with innovations in medical technologies used in health care settings. The expansion of the Internet for personal and professional use has increased its application for health promotion strategies, program delivery, and research. Social media, such as YouTube, Twitter, Facebook, and blogs, and smartphones and tablet computers promote the “personalizing” of health messages—“reaching into individuals’ everyday lives” by sending, for example, tailored messages about individual health concerns

or problems, or a “happy note” to acknowledge a positive change in “step counts” delivered by an accelerometer. With geographical applications, individuals can be located and body movements can be recorded. Because m-health devices can be taken almost everywhere, the user is usually connected and accessible (Lupton, 2012).

The use of m-health represents a significant change in health promotion strategies and research methodologies. Health and nursing journals now report the importance of e-health in health promotion research. Researchers have described using m-health to access, recruit, and deliver health interventions to adolescents and young adults as well as hard-to-reach minority and underserved populations (Lori, Munro, Boyd, & Andreatta, 2012; Park & Calamaro, 2013). The benefits of text messaging include improvements in self-care outcomes. The use of automated telephone monitoring has been shown to improve chronic disease management outcomes in low- and middle-income countries (Piette, Lun, Moura, Fraser, Mechael, Powell, & Khoja, 2012). Web-based, self-administered questionnaires and the ability to access wide and diversified populations with quick returns have resulted in cost advantages (Herberg, 2012). The use of m-health has also been linked to greater acceptance of individual responsibility for healthy lifestyles (Lupton, 2012).

Nevertheless, concerns about promoting m-health to shift the responsibility of health from health care professionals to individuals require careful examination. Some e-health advocates view client empowerment as a positive outcome of m-health. Unfortunately, there is limited evidence that all clients are willing, or capable of, assuming this level of health responsibility. The focus on individualized health messages reduces health problems to a micro level rather than attending to the broader sociocultural/political dimension. In addition, home monitoring-based telecare has the potential to coerce older people into isolation, unless redesigned systems promote creative engagement with technology (Mort, Roberts, & Callen, 2012). Also of significance is the digital divide, which demonstrates limited adoption of these technologies based on socioeconomic group and health literacy level. Other moral, ethical, and privacy issues signal caution to the health promotion community concerning an immediate total buy-in of m-health. However, e-health, when used appropriately, will play a significant role in improving the health of the public.

COMMUNITY/SOCIOPOLITICAL PARTNERSHIPS

Two 2013 global conferences, the World Health Organization’s (WHO) Eighth Global Conference on Health Promotion and the 21st International Union for Health Promotion and Education World Conference (IUHPE), highlighted key challenges confronting health promotion. The WHO conference focused on “Health in All Policies” to encourage governments to adopt an approach that considers the health impact of *all* policies, regardless of where in the system the policy originates. This approach allows considerations of the contextual influences of policy to move from a sole focus on the health sector to all government sectors.

The theme of the IUPE conference was “Best Investments for Health.” Concepts of sufficiency, efficiency, effectiveness, and equity were all included in the concept of “best,” while financing, capacity building of human resources, systems, and interventions were included in the concept of “investments.” Outcomes of this conference support a framework for governments to build healthy public policies (Sparks, 2013). Some countries have committed to one or more of the concepts, while others are lagging behind. However, many countries are forming partnerships to examine their public health policies.

Community/socioeconomic/political partnerships have the human capacity and political power to bring national attention to the many promising strategies that address the public’s

health. *Healthy People in Healthy Communities*, a national partnership initiated by the U.S. Department of Health and Human Services, involves the federal government, the states, local communities, and many public and private sector groups. This partnership guides national health promotion and disease prevention efforts to improve the health of all people in the United States. Each decade, *Healthy People* sets objectives and provides science-based benchmarks to track and monitor progress in order to motivate and focus action on identified health issues. *Healthy People 2020* represents the fourth generation of this partnership, building on a foundation of three decades of work.

Healthy People 2020 is committed to a vision of a society in which all people live long, healthy lives. New features in the 2020 initiative, noted below, will help make this vision a reality.

- Health equity is emphasized by addressing social determinants of health and promoting health across all stages of life.
- Traditional print publications have been replaced with an interactive website as the main vehicle for dissemination.
- A website is maintained to enable users to tailor information to their needs and explore evidence-based resources for implementation. However, real progress depends on whether the public and political communities are willing to make a social commitment of effort and resources to improve the overall health of Americans.

NURSING AND HEALTH PROMOTION: A NATURAL PARTNERSHIP

Nurses, the largest segment of health care professionals, are in a key position to take a leadership role to meet the national health promotion goals, which are to:

- help people of all ages to stay healthy.
- optimize health in cases of chronic disease or disability.
- create healthy environments.

Many disciplines contribute to meeting these goals. However, nursing, which is grounded in a holistic approach, offers a bridge between individual health promotion and promoting the health of families, communities, and populations. Nurses are educated to care for all persons within the context of the individual's culture and community. Four key elements of the nurse's role promote and support health promotion:

- *An individual perspective.* Nurses facilitate individuals and families in their health decisions and support their health promotion activities.
- *A philosophy of empowerment.* Nurses collaborate with individuals, groups, and communities to enable them to increase control over their health.
- *Knowledge of social and health policy.* Nurses advocate for and support local, state, national, and international policies to promote health equity.
- *A community orientation.* Nurses collaborate with all health professionals and community leaders to promote healthy communities.

Nurses need advanced skills and knowledge to implement health promotion activities, including (1) interprofessional knowledge; (2) communication, collaboration, and political skills; and (3) an advocacy orientation. In addition, nurses need to practice health behaviors and role model a healthy lifestyle (Kempainen, Tossavainen, & Turunen, 2012). Health promotion activities should occur in all practice settings. In every client encounter, nurses can both model

and teach positive health promotion and prevention practices. Nurses need not only to be knowledgeable of the importance of individual-level health promotion, but also to demonstrate their political knowledge to help change the socioeconomic and physical environments. Nurses, collaborating with colleagues, should champion a culture where health promotion principles are integrated, valued, and practiced in all settings (Savage & Kub, 2009). Nurses are essential to shaping the future of health promotion. As new challenges warrant new approaches, nurses should be prepared to take leadership roles in promoting the health of all.

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Toward a Definition of Health

OBJECTIVES

This chapter will enable the reader to:

1. Compare traditional and holistic definitions of health.
2. Contrast conceptions of individual health.
3. Describe conceptions of health by nurse theorists.
4. Discuss family and community definitions of health.
5. Describe the social determinants of health.
6. Discuss the significance of global health.
7. Describe the changing conceptions of health promotion.

Health, person, environment, and nursing constitute the commonly accepted metaparadigm of the discipline of nursing (American Nurses Association, 2010; Fawcett & Desanto-Madeva, 2012). Although health is the frequently articulated goal of nursing, different conceptions about the meaning of health are common. These differences result from the increasingly diverse social values and norms that shape conceptualizations of health in societies with many distinct ethnic, religious, or cultural groups. What many health professionals once assumed was a universally accepted definition of health—the absence of diagnosable disease—is actually only one of many views of health held today. All people who are free of disease are not equally healthy. Furthermore, health can exist without illness, but illness does not exist without health as its context.

The emergence of health promotion as the central strategy for improving health has shifted the paradigm from defining health in traditional medical terms (the curative model within a biologic perspective) to a multidimensional definition of health with social, economic, cultural, and environmental dimensions. In a multidimensional model, health benefits can potentially be achieved from positive changes in any one of the health dimensions.