Answer Guidance

# Chapter 21: Promoting Health

## 1. Activity answer guidance

### Activity 21.1

Before reading this chapter any further, reflect on your experiences of healthcare, either as a service user or as a provider of healthcare:

Can you identify any care you have either received or provided as being health promotion?

How effective has this been?

#### Answer guidance:

*You have been asked to identify any care you have received as health promotion and evaluate its effectiveness. This may have been in a hospital setting, or in the community, such as with a general practice nurse. It may have included:*

 *Weight loss/ weight gain advice*

 *Smoking/ drinking/ drugs cessation*

 *Contraception advice*

 *Exercise and mobility*

 *Managing a long term health condition e.g. asthma, hypertension, hypothyroidism*

### Activity 21.2

Look at the WHO website on past global conferences at: www.who.int/healthpromotion/conferences/en and make a list of the key outcomes of each conference.

Look at the PHE website and read the strategic plan for the UK at:

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831562/PHE_Strategy_2020-25.pdf>

What actions in the strategic plan reflect the outcomes from the WHO conferences?

 What actions have the UK government outlined for the NHS?

 What interventions are in place in your last placement that reflects the government’s strategic plan?

### Activity 21.3

Consider your personal view of what health and well-being is and write a definition.

Now read R. Labonte’s (1993) seminal work on health promotion and empowerment at: www.researchgate.net/publication/246362374\_Health\_Promotion\_and\_Empowerment\_Practice\_Frameworks (more specifically Chapter 2).

Consider your answer in relation to his writing: would you change anything about your original definition?

#### Answer guidance:

*You have been asked to consider a definition of health and wellbeing. The World Health Organisation (WHO) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO, 1948). But this is relative to each individual. A young adult would define health differently from an elderly person. A person with physical disabilities or learning disabilities would still consider they have physical, social, and mental well-being as this is relative to them. Health and wellbeing cannot be benchmarked or definitively labelled as it varies from one person to another. You might have other thoughts on this.*

*You have also been asked to review an article. This article focuses on empowerment as a means to population health and wellbeing. The article argues that health promotion is not a social movement but a professional and bureaucratic response to the new knowledge challenges of social movements. It also suggests a model of an empowering professional health promotion practice, in which personal services, small group support, community organising, coalition advocacy, and political action can be utilised.*

### Activity 21.4

To improve your skills in health literacy, go to https://www.e-lfh.org.uk/programmes/health-literacy/ and complete the e-learning module.

#### Answer guidance:

*This activity requires you to complete an online e-learning module.*

### Activity 21.5

Listen to what people and professionals say about effective conversations at https://www.betterconversation.co.uk/health-coaching.html

Think of two interactions you have had with a person you cared for in your last placement. How could you have changed the focus to make it a “better conversation”?

#### Answer guidance:

*This activity requires you to listen to patient voices online and then reflect on conversations you may have had with patients whilst on placement, exploring what could have made these better conversations. The website we asked you to visit suggests the following:*

 *Reduce the presence of distractions and plan how to have the conversation (think about your environment and the aim of your conversation)*

 *Identify what the person wants to achieve and why it’s important to them (what are their goals)*

 *Be respectful and curious about the other person’s experience (practice active listening)*

 *Use open questions to help the person explore and broaden their perspective*

 *Invite the person to generate their own ideas about what can be done (taking ownership)*

 *Take action by encouraging the person to take small steps in the right direction (motivate them)*

 *Give feedback by monitoring progress and recognising achievements*

### Activity 21.6

Read the fact sheet www.makingeverycontactcount.co.uk/media/1129/mecc-factsheet.pdf and listen to what people and professionals say about effective conversations at www.better conversation.co.uk.

Improve your skills by accessing the elearning resource www.e-lfh.org.uk/programmes/making-every-contact-count.

#### Answer guidance:

*You have been asked to read a fact sheet and access an online e-learning module.*

### Activity 21.7

Think about a person you have cared for and consider how you could apply this model.

### Activity 21.8

Reflect on your most recent placement area, the people you were involved in caring for, their families, and the staff:

 Using the three overlapping spheres of Tannahill’s (2009) model, how could you turn this placement into a healthy organisation?

#### Answer guidance:

*You have been asked to use Tannahill’s (2009) model to explore how you could turn the workplace in your recent placement into a healthy organisation. Here are some suggestions:*

*Health education: a wellbeing campaign within the workplace e.g. staff wellbeing sessions, posters and leaflets, a workplace wellbeing app.*

*Prevention: Removing unhealthy food from the canteen and food/ drink dispensing machines, making healthy food cheaper and promoting it at the entrance, encouraging ride to work schemes and ensuring there are bike storage facilities and shower facilities, making the site a “smoke free” workplace, offering discounts at the local gym for staff.*

*Health Protection: Introducing policies that ensure staff wellbeing and health, providing counselling services and occupational health, screening, and vaccination services.*

## Case study answer guidance

### Case study 21.1: Tim

Tim is a 49-year-old salesman from the south of Scotland who is outgoing and gregarious, often described as the “life and soul of the party.” He lives with his wife and two sons in a rural village and travels extensively to his work territory in the North of England. He started to lose weight rapidly and then appeared to catch a bug that caused him to be violently sick and bedridden within a few days. Tim had extreme difficulty breathing and could barely walk to the toilet. His GP sent him to the hospital, where he arrived in a confused state and literally collapsed onto a bed. After a very brief consultation with nursing staff, they tentatively suggested he was suffering from type 1 diabetes; this was later confirmed by the consultant.

Tim spent the next four days in hospital in the high dependency unit. Prior to discharge, he and his wife met with the clinical nurse specialist who explained the basics of managing diabetes. Since Tim’s job meant he had to drive many miles, he was required to contact the DVLA and advise them of his condition. The first month at home was relatively uneventful, and then Tim began to experience violent spasms in his feet and lower legs. He was unable to sleep or work and subsequently became extremely depressed.

 Should the nurses have suggested a diagnosis prior to the consultant’s assessment?

 What information would you provide Tim’s family with to assist them in supporting him?

#### Answer guidance:

*The nursing and medical teamwork collaboratively, and a nurse specialist is an important member of the team. It was important for the nurse specialist to raise the topic as soon as possible so that a plan of treatment could be begun, and a course of education, and Tim could start to explore his lifestyle and how to manage his diabetes. There may be a wait for a consultant’s appointment and it would not be wise to delay lifestyle changes until then.*

*Tim’s family should be made aware of health risks and the opportunities to make healthier choices so that they can support and encourage Tim in this. For example, making healthier choices when doing the family food shop and making family meals, they may also want to make some lifestyle changes to encourage Tim and reduce their own risks of diabetes.*

### Case study 21.2: Dan

You are currently visiting Dan weekly with your practice educator, a district nurse, to check the healing of a varicose ulcer and to ensure he is taking his anti-depressants. Dan is 46 years old, has a long history of depression, and is estranged from his family. He is employed on a casual basis only (minimum wage) in the building trade. Dan lives in a big city, in hostel accommodation, which means he has no permanent home. The area he lives in is a deprived one. Most of the shops and facilities are closed and boarded up. The only food shops are small general stores at variable, but not discount, prices—in fact, some are more expensive because the businesses are struggling.

Dan says he generally eats sausage rolls and pies bought from a local convenience store. There are only limited communal cooking facilities at the hostel and he shares a room with another man.

 How could you help Dan to eat more healthily?

 In your plan, make sure you consider:

 Dan’s reasons for not eating healthily

 Dan’s motivation to change

 The environmental and structural barriers to improving Dan’s diet.

#### Answer guidance:

*Improving his healthy eating behaviours:*

 *Dan’s reasons for not eating healthily are a complex mix: depression, loneliness, lack of self-esteem, poor environment, not much money, lack of education, and no chance to store or cook food. What he seems to need is treatment for his depression, treatment for his leg, a place to live, and a better job – but life is not simple, and change is not easy or quick.*

 *Motivation to change cannot, of course, be isolated from his circumstances, but anything you can do to help him see his worth will begin the improvement. Gaining, somehow, a support network, a few skills, and pride might be the aim of a project for all the residents of the hostel. Knowledge and understanding of healthy eating are perhaps surprisingly, the least of your shorter-term aims. Setting up a self-help group, and enabling life and job skills development may be a more powerful and empowering start.*

 *Continuing to longer-term aims, persuading Dan to undertake a back-work-course, or a computer course may help. He does not need a cookery course, as some people may think, he has no resources for this, and it will probably try to teach him inappropriately for his lifestyle. What about working with the hostel warden to provide individual food storage lockers first?*

 *Wider still, you would wish to work at the borough level or mental health service level to improve the lives of people in Dan’s situation. Making appropriate jobs available for people recovering from depression, improving knowledge and access to financial benefits, and working with local shops and cafes on cheaper, healthy food provision are all suggestions for the interagency work a nurse could be involved in.*

### Case study 21.3: Mr. Patel

Wheatley, a small village in rural Oxfordshire has an amateur rugby team, comprised mainly of regulars from the Kings Arms public house. One evening, after practice, Mr. Patel, the coach, and some of the players start talking about men’s health in relation to prostate and testicular problems. There seems to be some confusion about the different disorders, the risk factors, and the ages at which these occur.

Mr. Patel says he is worried because at 70 he is beginning to have trouble wanting to urinate but not being able to “go” when he gets to the toilet. He thinks this means he has cancer. Jay Brown at 19 says he thinks he will not get testicular cancer because, like prostate problems, this is an “old man’s disease.” His friend Craig, who is 20, shyly reveals that he has had a swelling “on one side” for three months and has told no one because he is afraid it might be cancer. Mr. Patel tells him it is normal and nothing to worry about.

None of the men are correct in what they say.

 How could health promotion be used in this setting? What resources and methods would you suggest could be used to raise awareness of these conditions.

 What if these conversations were taking place in a residential home for men with learning disabilities. How would you adapt the health promotion project to raise awareness of these health issues in this setting?

 Imagine children having a similar conversation with various misunderstandings and inventions. How would you adapt a health promotion project to meet their needs?

#### Answer guidance:

*The group could access information from their local GP surgery. The GP or the practice nurse may be able to offer to do a “men’s session.” They could be signposted to websites or online videos through the use of posters and leaflets which could be put up on any notice boards if they have a clubhouse. The team could be supported to run a charity event to raise awareness of men’s health needs, particularly prostate or testicular cancer.*

*People with learning difficulties will require information and resources to meet their specific cognitive abilities. This may mean easy read versions of health promotion leaflets, and tailored events which can help them to understand what the conditions are and how they can be involved in their care. Using techniques such as “chunk and check” can support people with impaired cognitive abilities to gradually build up their knowledge.*

*When providing health information to children and young people it is important to not overwhelm them. Schools will be delivering Personal Health activities as part of the* *curriculum, tailoring the information to the age of the children. School nurses are likely to be supporting schools to deliver education on living and growing, puberty, and sexual development. Older children (adolescents and older teenagers) will need more detailed information and may like to discuss their understanding in smaller groups. Check what they know already and be prepared to adapt your resources accordingly. The age of the child will be a key part of how health promotion information is delivered. Again, techniques such as “chunk and check” are good ways to check understanding.*

*Regardless of the age group, it is important people know where to get help if they are worried.*

### Case study 21.4: ‘Bugs’

Alisha is a 6-year-old, in a hospital to have investigations of recurrent gastrointestinal upsets. The last episode made her very ill and her mother has despaired of finding ways to protect her child.

The paediatric team has not been able to find any specific causes but Alisha’s named nurse wonders if it could be due to poor hand hygiene. You are asked to think about how Alisha could be shown to prevent infection by washing her hands more effectively.

Firstly:

1. What does Alisha need to know?

2. How should Alisha be washing her hands?

Secondly:

3. At 6 years of age how can you teach her about ‘bugs’?

4. How can you show her hand washing so that she will understand and remember?

As a student nurse, you are also thinking about how your work with Alisha could be used on the ward generally. You suggest to your mentor that you try out some ideas.

5. What could you do in the ward to improve the children’s handwashing?

#### Answer guidance:

1. *“Bugs” stick to hands and objects, and are transferred. Wash hands after the toilet and before eating. “Bugs” cause sickness. “Bugs” can be picked up from door handles, handrails, etc.*

2. *Soap and water are effective. Drying is important. Wash hands all over (including backs and wrists). Take time.*

3. *At 6 she will not really understand consequences, so although you may think a couple of repetitions is enough, she will do the same wrong thing again. At this age using toys and cartoons works well as the children relate to them and remember – perhaps inventing a song to go with the toy. Use bug toys and pictures. Reward learning with stickers.*

4. *Show her first, but don’t expect to learn yet (this is not different in adults!). Make a game of who can get the soap all over both hands. Wash her hands with yours and let her feel the pressure needed to rub all over. Make a song or jingle of it e.g. once around the garden(palms together), twice around each statue (fingers), etc.*

5. *Having done this with one youngster, you can think more broadly in terms of age groups—but older children like to have fun too, perhaps the song could become a ward song?! Think of simples (and available, cheap) ideas like colourful containers for the soap, homemade posters, and notices near the toilets and hand basins. Making handwashing an essential part of the ward routine can also work. You will have read about giving “signals” such as red trays for poor eaters—how about a green spot sticker on hands washed and ready for meals?*

*There are resources available:*

 *Posters and colouring books, etc*

 *UV light lamps to show up where special soap has not been removed*

 *Soft toys in the form of “bugs”*

*Some obviously cost money. So you request a budget for your project or rely on free online resources. Sponsorship from soap companies, or even just using brand name leaflets,* *etc will need Trust permission and a very careful analysis of things like safety for children and what the product costs (nurses must not exclusively recommend a product anyway, but certainly not involve a family in unnecessary expense). Be really sure your resources are evidence-based and approved by NHS, and your manager.*