

Health promotion and communication techniques

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This chapter will help you to achieve competencies in:

- Actively helping people to identify and use their strengths to achieve their goals and aspirations.
- Promoting health and well-being, self-care, and independence through teaching and empowering people.
- Discussing sensitive issues in relation to public health and providing appropriate advice and guidance to individuals, communities, and populations.
- Working within a public health framework to assess needs and plan care for individuals, communities, and populations.
- Supporting people to make appropriate choices and changes to eating patterns.
- Discussing in a non-judgemental way how diet can improve health and the risks associated with not eating appropriately.



Introduction

In 1891 Florence Nightingale stated 'I look forward to the day when there will be no nurses of the sick, only nurses of the well'. Of course we can interpret her meaning of this in the context of that particular era but if we were to consider it from a health promotion and prevention perspective, despite twenty-first-century technological advances in healthcare and nursing, Nightingale might be disappointed to discover that nurses still face huge challenges in improving the health and well-being of the patients and families they work with. The reason for this is multi-faceted and often complex,



however, good communication in health promotion is crucial if we are to fulfil the modern nurse's role.

This chapter will explore the different levels and types of methods we use to communicate health messages to the different groups that we will work with in our nursing role. It will examine the different settings we work within as nurses and how these may be used to communicate health promotion across a diverse range of patients.

Defining health promotion

To enable us to appreciate the importance of communication in health promotion, first and very briefly, we need to consider what we mean by health promotion. The World Health Organization (1986) has played a key role in refining its modern definition. Health promotion is concerned with enabling positive health and well-being by adopting a holistic concept of health. It recognizes factors which influence health and well-being and is a process which endeavours to strengthen both individual and community skills to tackle the factors that affect health. Health promotion practice addresses individual risk factors in order to improve outcomes, for example physical inactivity, poor diet, and nutrition. This is undertaken alongside addressing socio-economic and environmental factors which determine health and well-being, for example poverty.

The promotion of health and well-being is an integral feature of the assessment of health needs and the planning of care delivery and as such is a crucial part of the nurse's role. It requires that nurses are competent in a number of skills and effective communication is one important skill which nurses need to develop. If you just take a few moments to consider the vast range of health promotion campaigns that occur both in the UK and globally and the huge number of different topics that such campaigns address we can perhaps understand why nurses need to be able to communicate health promotion in a clear and concise way, drawing upon a range of methods available to them. As a nurse you will meet a lot of patients who have diverse health promotion needs which are influenced by many factors. These may include factors related to culture, sex, or age, those relating to educational attainment, or perhaps a physical or mental illness. Effective communication in promoting health and well-being ensures that health promotion interventions are tailored to meet the different needs of our patients.

Individual and population levels of communication in promoting health

First we need to think about the different levels we use to communicate health promotion as nurses. Think back to the point above regarding the range of health promotion

campaigns and the topics and how they are communicated. We can begin to see that these can occur on a large scale, targeting the population in general, or, alternatively, some health promotion campaigns may be aimed at specific organizations, groups, or individuals. Consider the Department of Health (2008) flu vaccine campaign poster (Figure 8.1): do you consider this to be a means of communicating a health promotion message to individuals or groups?

It is a very familiar campaign that we see occurring each year around October and through the winter months to protect people against current strains of flu. It is communicated to the general public by the Department of Health and aims to reach particular 'at risk' groups in society. Nurses are very much involved in communicating the campaign to patients on an individual basis and do this in a variety of ways, for example, a practice nurse may discuss the need for a patient to consider the vaccine during a routine clinic visit to the asthma clinic.

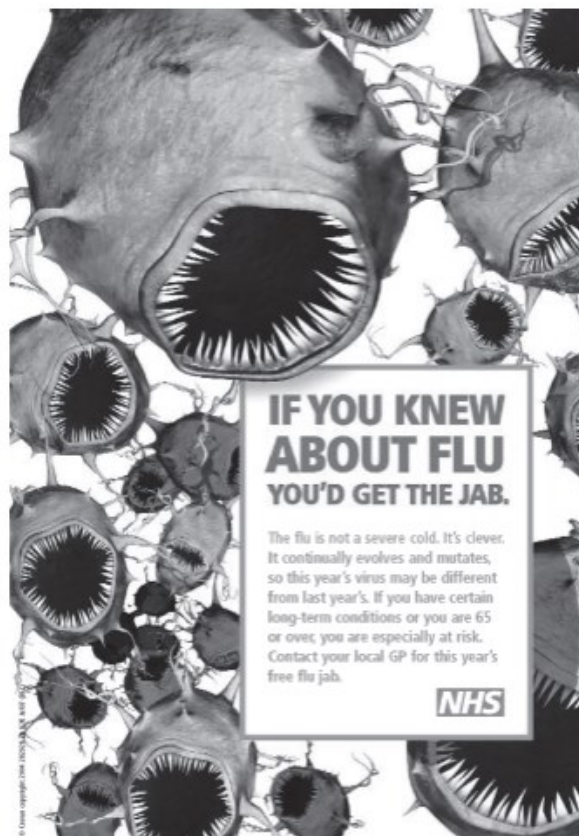


Figure 8.1 NHS flu vaccine campaign poster © Crown Copyright

Nurse: Well John your asthma symptoms are really well under control at the moment but winter is a tricky time for anyone who has asthma with all the colds and flu viruses that are around so you might want to consider having a flu jab to protect you. Here have a look at this leaflet which explains a little more about it and if you have any questions ask me. If you decide that you want to have the vaccine we can do it today so that you don't need to make another appointment.

+ Learning point 1

Can you think of other ways in which nurses can communicate the vaccine message to patients?

Nurses working in other areas such as outpatients and medical wards can provide at-risk patients with the necessary information and direct the patient to the appropriate means of receiving the vaccine. Community nurses may provide information to groups within residential or nursing care homes. The point here is that as nurses we are in a position to communicate health promotion from the community level through to individual levels. This will be dependent upon our nursing role or area of work but it is important to consider that as nurses we are able to communicate health promotion in a variety of ways and this may be by working with patients or by designing, planning, and influencing health promotion campaigns or policies.

Nurses as role models in communicating health

Another level of promoting health to patients that needs consideration is that nurses and other health professionals act as role models for the patients and communities they serve and there are a number of studies that reveal that nurses are aware of this (Clark *et al.*, 2003; McCann *et al.*, 2005). However the idea of nurses acting as role models does appear to cause some dissonance amongst some nurses. Some of my own research (Box 8.1) has revealed that nurses would not embark on a dialogue with patients around topics that might cause emotional discomfort or challenges for both the patient and the nurse, for example, topics such as smoking, particularly if the nurse is a smoker.

Box 8.1 Practitioner comments

I wouldn't suggest to patients that they need to give up smoking because I'm a smoker and I'd feel that I was being a hypocrite. (Nurse's quote)

How can I really discuss or ask a patient about their alcohol intake when we go out at weekend and probably drink more than the recommended amount? (Nurse's quote)
(Holt, 2008)

Clark *et al.* (2003) and McCann *et al.* (2005) suggest that a significant number of nurses do not appreciate that role modelling involves not smoking or promoting a non-smoking lifestyle. Others such as Rush and Cook (2006) suggest that as nurses we do not always act as credible health promoters. They use a comment from the husband of a patient to illustrate: 'My wife was dying of cancer and if you went out in the corridors you could see the nurses sat outside smoking their heads off—people dying of cancer, it doesn't make sense you know' (cited by Rush and Cook, 2006: 384). Patients do watch, observe, and listen to us and it is important that we understand that our own health behaviours can be another means of communicating health messages to patients.

True commitment to health promotion may only be achieved when nurses and their colleagues not only understand the meaning of good health as the influential factor but internalise this to such an extent that this directs their personal and professional behaviour.

(Dines and Cribb, 1997: 197)

Where is health promotion communicated?

We have begun to appreciate the scope of communicating health promotion as nurses and we now need to consider the range of settings in which we can communicate health. The idea of promoting health within different settings originates from the concept of the settings approach to health promotion. The Ottawa Charter (WHO, 1986) appreciated the links between communicating health promotion in environments where we work, learn, play, and love. As nurses we both live and work in such settings. People may obtain information about their health from a variety of sources both inside and outside of the hospital and doctors surgeries. This was clearly demonstrated in the document *Choosing Health* which suggests that health professionals 'make the most of the millions of encounters that the NHS has with people every week' (DoH, 2004) and within more recent government papers such as *Our Health, Our Care, Our Say* (DoH, 2006b).

 **Learning point 2**

Make a list of as many settings as you can where health promotion can be communicated.

Suggested responses to Learning point 2

Health promotion can be communicated both inside and outside the NHS and below are some settings that you might have included in your list:

- Educational: schools, colleges, universities, pre-school nurseries, afterschool clubs.
- Healthcare and social care: hospitals, dentists, GP surgeries, police stations, NHS walk in centres, elderly care homes, pharmacists, polyclinics, prisons.
- Social/environmental: pubs, night clubs, supermarkets, workplaces, neighbourhoods, churches, gyms, over-sixties clubs, red-light districts, homeless shelters.

The above are just a few examples and the list of settings in which to communicate health is continually growing and has become a global initiative. One of the advantages of using different settings is that it enables the whole problem to be tackled by taking a holistic approach. Another advantage is that it enables us to communicate with those who are often difficult to reach, such as the young, elderly, disadvantaged, or marginalized in some way. There are some disadvantages to the idea of identifying settings for the communication of health promotion, one being that health promoters working with other agencies may fail to grasp their organizational agendas and structures, resulting in victim blaming (Corcoran and Bone, 2007). For example, promoting safe injecting practices among heroin users may seem to some to be encouraging drug-taking. If you consider the above list there are many venues which offer the nurse an opportunity to be involved in communicating health.

 **Learning point 3**

Think about your own area of nursing work or a recent practice placement you have experienced and identify the opportunities you have/had for communicating health promotion.

Suggested answers to Learning point 3

You might have initially considered your first contact with the patient or family and how you both began the process of assessment of their needs and subsequent planning of care to meet those needs. It may be that when you prepared a patient due for discharge and how they needed advice on how to take their medication or how to access other

services for the continuation of their care. Another example is during a procedure such as a dressing or assisting with personal hygiene or when teaching a patient a skill, for example, administration of insulin to a newly diagnosed diabetic. A school nurse will be involved in screening programmes and providing health education sessions within school to children, teachers, and parents. Occupational health nurses are involved in providing advice and communicating with the workforce and the managers on health issues.

As you can begin to see, the opportunities across different settings are vast and it is important to remember that communication in health promotion may not always be directly with patients. Health promotion involves communicating and working with other partners and stakeholders to develop health promotion initiatives, developing or directing policy, providing written papers and other documents. As nurses we are very much involved in such areas and need to acquire good communication skills for a diverse range of situations.

How is health promotion communicated?

In this chapter so far we have explored the different levels and settings available for the communication of health and well-being. We now need to consider the different methods used and how as nurses we can utilize and develop these methods. The use of the mass media is perhaps the most popular and frequently used method to provide information about health issues and promote behaviour change. The media is a powerful means of communication and just to give you an example of how powerful it can be, listen to the broadcast at your earliest convenience (you can stream it from this website: <http://www.archive.org/details/OrsonWellesMrBruns>)

You will realize that this is not a health promotion campaign as such, although it did in fact have a significant effect on the health and well-being of some one million people for a short time on 10 October 1938. It is in fact a radio broadcast clip from the H. G. Wells sci-fi story *The War of The Worlds*. Such was the power of the story and the way in which it was communicated that it is estimated that one million people fled their homes in terror as they believed that the world was being invaded by aliens. A headline in the *New York Times* on 31 October 1938 read: 'Many Flee Homes to Escape "Gas Raid from Mars"—Phone Calls Swamp Police at Broadcast of Wells Fantasy'.

Learning point 4

Can you think of some examples from health promotion which may be said to have had similar effects?

Suggested responses to Learning point 4

Modern-day examples of this from health promotion can be identified as those relating to early campaigns on HIV and AIDS, or the spread of SARS and the recent MMR debate. Many of the patients we nurse and their families will access their health information via the mass media and as nurses we need to be able to recognize the influence that this may have on their beliefs about, and ability to act upon, such information. Let us consider first what we mean by the term mass media. Naidoo and Wills (2004) suggest it is a form of communication to the public which does not require person–person contact. Corcoran and Bone (2007: 74) propose four categories of mass media and how these may be applied to health promotion (Table 8.1).

Learning point 5

The far right-hand column of Table 8.1 has been left blank for you to consider how you might use the types of media examples suggested by Corcoran (2007) in your nursing role. Complete the column giving examples of how as a nurse you may apply this form of communication in your health promotion work. See Table 8.2 afterwards for suggestions.

Table 8.1 The approach of the media to health promotion

Type of media	Example	Ways to use media	Ways nurses may use media for health promotion
Audiovisual broadcast	Television, radio	News, documentaries, soap operas, advertisements, public announcements	
Audiovisual non-broadcast Printed material	Videos, DVD, CDs, cassette tapes, Newspapers, magazines, leaflets, booklets, billboard posters, journals, games	Self-help packages, teaching packages Advertisements, news items, stories, magazine features	
Electronic material	Internet, CD ROM, mobile phone, computer packages, touch screen	Websites, text messaging	

Source: Adapted from Corcoran, 2007.

One of the important features of the mass media is that it has many purposes in our society such as educating people through information giving or entertainment, providing or clarifying meanings for people about health topics and influencing behaviour and lifestyle. As nurses the use of the mass media to communicate health is one which underpins the goals of health promotion. These are to provide objective and accurate information on health and risks to health to the patients and families we work with and to contribute to policy development. Let us now consider some of the examples you may have given in the previous exercise.

The opportunities for nurses to use the mass media to communicate health are very broad indeed and the above are just a few examples. We have of course to recognize that there are some problems with using the mass media as a means of communicating health promotion. It can be very expensive, a fact nurses would need to consider if planning any campaigns. The media can also promote health-damaging behaviours rather than health-promoting behaviours, for example the current debate around the 'size zero' models and the influence this may have on young girls' body image and eating disorders. We will as nurses experience instances where patients may turn to us for advice about something they have seen in one of their favourite soap operas or read in the newspaper believing it to be a miracle cure. As nurses we need to be able to support patients whose health and well-being is influenced by what they read or hear in the

Table 8.2 Suggested uses of the mass media

Type of media	Example	Ways nurses may use the media to communicate health promotion
Audiovisual broadcast	Television, radio	Public announcements, i.e. the flu vaccine campaign on local radio. Local initiatives identified as part of local delivery plans: screening services or well persons clinics. School plays which represent a particular theme e.g. drug misuse.
Audiovisual non-broadcast	Videos, DVD, CDs, cassette tapes	Self-help packages for newly diagnosed diabetics, asthmatics. Educational cassettes on living with specific conditions such as cancer. Relaxation therapies and techniques for stress management.
Printed material	Newspapers, magazines, leaflets, booklets, billboard posters, journals	Leaflets on healthy eating or other lifestyle and health behaviours. Patient newsletters, i.e. the stroke club or the local 'breathe easy' group. Posters on current health topics or services available.
Electronic material	Internet, CD ROM, mobile phone, computer packages, touch screen	Practice or ward website for patients to access information possibly about a forthcoming hospital stay or GP practice/clinic appointment. Touch screen information on travel immunization requirements. Computer games in schools.

Source: Adapted from Corcoran, 2007.

media by giving accurate and objective information. In addition, we must appreciate that, while media materials which communicate the promotion of health are available to us as nurses to utilize, such materials should be wherever possible used to reinforce verbal information.

Example 1

Nurse: Ok Joan we have discussed how you might want to stop smoking and how nicotine therapy may help you with this. Just so that you can recap on our discussion about the different types available to you take this leaflet away and read it a little further in your own time and then we can discuss this again in a couple of days. Is that ok?

So the key is to use the different resources such as leaflets or booklets to support our health promotion communication and this has been found to be effective in improving knowledge and reducing anxiety about certain health issues (Dyer *et al.*, 2004). There are some other important factors that we need to consider when using information materials to communicate health promotion and these are in relation to the appropriateness of the materials we are using. Some information can be confusing for patients simply because it can change so often.

Example 2

Patient: I am really confused nurse about whether to take HRT because of the risks of breast cancer. The newspapers now say it reduces your risk, I just don't know what to do.

It is important that the information we communicate to patients and their families is current and underpinned by sound evidence. As nurses we need to be able to direct patients to sources of good-quality health information, including health-related websites. Some examples you might want to use are:

<http://www.patient.co.uk/>

<http://www.nhsdirect.nhs.uk/>

Learning point 6

In advance of your next placement, look at these sites to see what information is available on the health conditions or issues you are likely to encounter on that placement as well as information for any health promotion opportunities which may arise. When you arrive on placement, ask your mentor and colleagues to direct you to other resources they have.

We also need to ensure that the materials we use are suitable for our patients and Ewles and Simnett (2003) suggest a checklist for nurses to consider when using or designing resources to communicate health messages.


- Is the resource appropriate for achieving the intended aims?
- Would another type of medium be better?
- Is the information clear and to the point?
- Are the key themes emphasized?
- Does the resource communicate the message in a language which is easily understood by the patient or their family?
- Does the resource look appealing (colour, use of pictures, size, etc.)?

Learning point 7

Look again at the Department of Health (2008) flu vaccine campaign poster (Figure 8.1). How do you think it addresses the above checklist?

Suggested responses to Learning point 7

We can see that the use of the poster for this topic area is appropriate for meeting the overall aims which are to target the 'at risk' population. For this particular campaign there are other resources available such as leaflets for patients to take away and read or pass onto others and also in an MP3 audio file format for those with a visual impairment. The information is brief and to the point, emphasizing key points. The poster is certainly eye catching, using the theme of nasty bugs with sharp teeth to emphasize the seriousness of the message. The leaflets are also available in eleven languages.

-  You will find further examples on the following webpage: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087455.

+ Learning point 8

We have discussed above how as a nurse you might use different resources with patients to communicate health promotion. Consider now another aspect of health promotion which is that of communicating to the general public to address or raise local health agendas. How might you do this?

Suggested responses to Learning point 8

It is suggested that nurses are not really proactive in using the mass media as a means of reaching audiences to communicate health (Whitehead, 2003). One of the ways in which nurses can use the local press is through the use of stories on health topics which depict for example a positive message, such as success stories addressing a local issue (remembering confidentiality and data protection issues). Other ways are through letters or articles in the local GP practice or Primary Care Trusts newsletter. Communicating health promotion is also about working across disciplines to develop policy or interventions and relies on good communication skills in working with other partners.

Factors that may influence health communication

We have so far considered the different methods that nurses can draw upon to communicate health promotion. We now need to consider some of the factors which may influence our communication with the diverse patients we will work with and their ability act upon health promotion. As mentioned previously in this chapter, health promotion is influenced by a multitude of sometimes complex factors which include policy, political, and societal agendas. It is important then that we are aware of such factors and are able to take these into consideration when communicating health promotion, both with patients and other related parties or stakeholders. It is also worth noting that in the broader sense of health promotion work we are more likely to gain resources and financial support if our interventions are in line with current policy and health promotion agendas at both a national and local level. Barton and Grant (2006) offer a diagrammatic picture of factors that influence health and well-being (Figure 8.2).

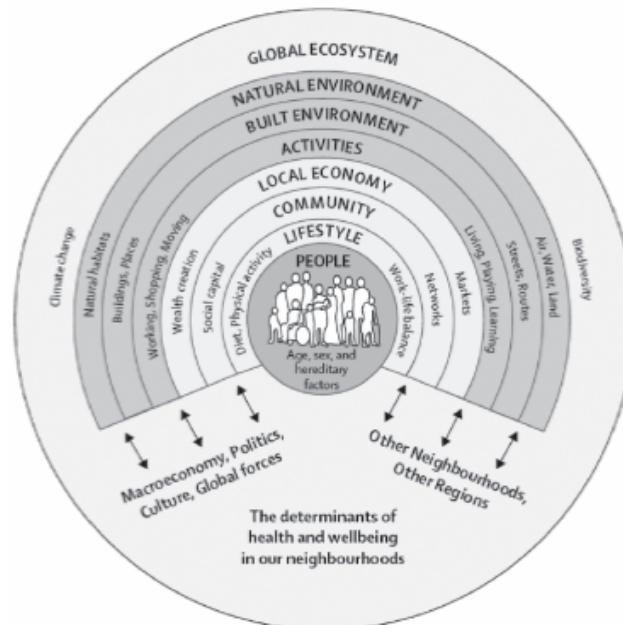


Figure 8.2 Influences on health and well-being, from H. Barton and M. Grant, 'A Health Map for the Local Human Habitat', *Journal of the Royal Society for the Promotion of Health*, 126 (2006), 252–3. Repr. by permission of Sage.

The individual is placed at the centre together with the factors of age, sex, and genes that shape their health potential. Surrounding them are layers of environmental factors. The closest layer is personal behaviour and ways of living that can promote or damage health. Next we have social and community influences which may have a positive or negative effect on the individual. They suggest that the links between the community and sustainability of healthy communities are fundamental in promoting our health and well-being. In order to consider how we may communicate health promotion let us begin by considering social factors which may influence our patients.

+ Learning point 9

Let us take the example of the Department of Health (2008) flu vaccine campaign. Look at the Department of Health website:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087455.


What social factors would you need to consider when using the leaflet to communicate the message to the following:

- a 70 year old with coronary heart disease?
- an 8-year-old child with asthma?

Suggested response to Learning point 9

There are several things we would need to consider. For example, the age range of our patients will influence how they are able to apply, interpret, and react to language. If we look at the above example we can see that how we might describe the problems with not having the vaccine will vary between the different age groups. Older adults are likely to be able to access the written information on the poster, while children will love the graphics which tell the story of nasty bugs that cause disease.

One word of caution is not to assume that all patients in each age range will respond in the same way. We need to remember that responses may be affected by other factors such as physical, cognitive, or mental disability or impairment. Age and gender are also factors which influence how we interpret health promotion messages and how we want to be communicated with. The patients we work with will come from different social classes and have a variety of educational attainment levels. These are factors which will influence the ability of patients to respond to and understand health messages. We have also highlighted previously that ethnicity and culture are important factors in communication in health promotion. Again another point to note here is not to assume that all patients who do not have English as their first language automatically read their own language. Many may speak their mother tongue but not read it, dependent upon their age and length of time in the country. Other factors such as the attitudes and beliefs of our patients are also an influencing factor in the communication of health promotion and there are a number of theoretical models which seek to predict responses to these in an effort to change behaviour.

 These are discussed in more detail in Chapter 15 of this book.

Using the nursing assessment to communicate health promotion

We have considered the use of different resources that nurses can use to communicate health promotion, and now need to consider how we can use our own nursing assessment tools for the same means. Nightingale's contemporary understanding of the theories of health and sickness suggest that as nurses one of our most important jobs is to ensure that the patient is placed in the correct circumstances to ensure their

optimal health and well-being. In order to do this we are required to develop a sound knowledge base and skills in observation and communication to assess, inform, and educate patients and their families (Holt, 2008).

Many nurses have the skills which enable them to incorporate health promotion principles into their existing work, and without doubt this is the suggestion within current government and nursing policy (DoH, 2006a, 2004; RCN, 2007). The theoretical principles that underpin the nursing assessment are that of a gateway for the building of the nurse–patient relationship to enable the assessment of the patient’s needs and goal-setting. Within this ideology the opportunity to assess health and well-being and initiate health promotion interventions is perhaps inevitable as part of the process, yet the literature and feedback from student nurses would suggest that in reality this is often not the case (Holt, 2008; McCarthy and Holt, 2007; Holt and Warne, 2007).

The theory that underpins the patient assessment is that of being an opportunity for the nurse to develop a relationship with the patient in order to assess their needs, set goals, and plan interventions to meet those goals. It is a significant opportunity for the nurse to engage in communicating with the patient about their health and well-being and offer advice and support where and if necessary. It is suggested however that such opportunities are often missed and that in reality the nursing assessment is ‘perfunctory in nature’ (Porter and Ryan, 1996) and that it is more an exercise in completing charts and tick boxes (Foner, 1994; Johnson and Webb, 1995; Costello, 2001). Let us now consider then how we may use the nursing assessment to communicate health promotion.

There are many theoretical nursing models which we can use to guide our nursing practice and which we use will depend upon the particular area of nursing we work within. The Roper, Logan, and Tierney model of nursing (1983) is based on activities which as humans we need to be able to perform in order to carry out activities of living (ALs). These are as follows:

1. Maintaining a safe environment
2. Communicating
3. Breathing
4. Eating and drinking
5. Eliminating
6. Personal cleansing and dressing
7. Controlling body temperature
8. Mobilizing
9. Working and playing
10. Expressing sexuality
11. Sleeping
12. Dying

Many of the nursing assessment documents that you will see and use in practice are designed to reflect these ALs. The model enables the nurse to not only assess the actual problems the patient may have but also place as much emphasis on prevention and health promotion. As a nurse you will at some stage spend time with the patient discussing their problems, from which you will jointly develop a plan of care. It is during this process that you may be able to use the opportunity to begin a dialogue with the patient about a health issue. See the case study for an example.

Assessment opportunities for health promotion

Mr D who is 60 and of Pakistani origin arrives on the ward from A&E after having a dizzy spell following a fall at home whilst getting up to go to toilet during the night; something which he says he often has to do. He has just retired from being a taxi driver, early, due to ill health. He has type 2 diabetes, is hypertensive and obese. He takes diuretics and anti-hypertensive therapy, although occasionally forgets and has a regular blood pressure of 150/100. He and his wife are due to go on their Haj pilgrimage to Mecca within the next week.

Learning point 10

Can you identify any opportunities for using the nursing assessment to communicate health promotion for Mr D?

Suggested response to Learning point 10

The following is not a complete assessment of Mr D's needs but suggests examples of how nurses can use the opportunity of the nursing assessment to communicate health promotion. It must be stressed here that this is an integrative process and that health needs also reflect those which aim to promote and protect health and well-being, in addition to those which may present as immediate or existing problems. See Table 8.3.


As nurses we can use the assessment process as a means of getting to know and understand the patients we work with. It facilitates a discussion with the patients on the factors that influence their health and well-being and opens up opportunities for us to use this information to communicate health promotion.

Table 8.3 Mr D's likely needs

ALs	Health promotion opportunity
Maintaining a safe environment, personal cleansing and dressing	<p>Medication advice: Mr D fell whilst getting up to use the toilet during the night. He takes diuretics and quite often patients do not follow the directions on medication bottles. He may therefore be taking his diuretic in the evening rather than the morning resulting in him having to get up during the night.</p> <p>Foot care advice: Both he and his wife are going to Mecca in the near future. This can involve walking in bare feet. The feet of a diabetic patient are very prone to injury which can have devastating effects.</p>
Communicating, eating and drinking, mobilizing	<p>Consider the need for an interpreter if necessary: Patients who do not have English as their first language may often not comply with instructions and may not understand colloquial terms for health that we may use.</p> <p>Discuss the need to maintain healthy body weight and relationship to high blood pressure: Promote healthy eating and perhaps involve Mrs D in discussion. Refer to dietician. Teach how to take, record, and interpret own blood pressure: Involving Mr D in his own management of his blood pressure and how to keep a record of it, and when to consult for further advice.</p> <p>Provide leaflet and audiotape in Urdu on foot care and diet for diabetics: Mr D may or may not read Urdu so check this first. He may find an audiotape useful. Give him these whilst he is on the ward so that he can read or listen to them and then ask further questions if necessary.</p>

Conclusion

This chapter has enabled you as a nurse to consider the different levels in which health promotion is communicated and the different settings in which you may communicate health promotion. It has helped you to recognize that communicating health promotion occurs both in primary and secondary care and at community and individual levels. The key to successful communication in health promotion is to take the core principles of communication and apply them to health promotion whilst appreciating the diversity of the patients and people we work with in promoting health.

 **To find more resources to aid your learning please now go online to www.oxford-textbooks.co.uk/orc/webb**

Further reading

<http://www.patient.co.uk/>

<http://www.nhsdirect.nhs.uk/>

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