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Title: Nurses' attitudes towards health promotion in a sub-acute hospital in Hong Kong

Abstract

Health promotion is gaining recognition as a health care strategy. It offers many challenges and opportunities to all health care professionals, especially nurses who make the closest contact with patients. Since 1990 health promotion and lifestyle advice has been integrated in general practice and has been mainly undertaken by nurses (Duaso & Cheung, 2002). Many of the influences that health promotion will have on nursing have not yet been fully explored. Only Chan & Wong (2000) conducted a study for health professional in an acute hospital few years ago. The purpose of this research paper was to explore the nurses' attitudes and barriers for carrying out health promotion within a sub-acute hospital setting. The reason for choosing nurses was because the study samples were qualified nurses. Who are the front-line professionals and workforce in hospital setting? Nurses are the health care professionals who have the most frequent and close contact with patients. And nurses already have general knowledge about "health" and "disease" and nurses are the major workforce and health care suppliers in any health care organization or system. Patients in the sub-acute hospital are usually for convalescence after operation or rehabilitation for stroke. Most patients are elderly and it is suitable for nurses to provide health education for them. The study was a descriptive, cross-sectional quantitative design. A questionnaire originally developed by McBride (1994) and adopted by Chan & Wong (2000) was used in this study. All qualified nurses working in medical and surgical wards were invited to participate in this survey through the use of a self-administered questionnaire.

This questionnaire consisted of three sections that were used to gather the information to measure all nurses' attitudes towards health promotion. In part (1), the demographic characteristics of the respondents included nurses' personal data such as working experience and education level. Part (II), contained 20 Likert-type questions asking about the cognitive-perceptual factors towards health promotion, which were defined as the factors directly affecting the predisposition of health promotion behavior. Part (III), was intended to measure the respondents' viewpoint towards external factors as indirectly influencing the public's health problems. The Statistical Package for Social Science (SPSS) computer software

package was used for data analysis. Descriptive statistics were used for illustrating the demographic data, the response rate, the distribution of respondents by rank, education background, experience, area of work and their knowledge, perceptions and satisfaction to practices. Frequency distribution, mean, standard deviation and ANOVA were used for analysis. Data were illustrated by bar charts, pie charts and tables. The attitude of nurses with different educational backgrounds and experiences towards health promotion could be observed based on the data in order to examine issues of consistency and continuity between nurses with patients in relation to health promotion activities. A total of 150 questionnaires were distributed to nurses and the response rate was 61 %. Overall, the nurses had a positive attitude towards health promotion and supported the practice. In this study, the finding indicated that the majority of respondents showed a positive attitude towards health promotion. The mean of attitude score was 54.8, higher than the mid-point of total score 40. The findings were encouraging, no respondent scored below 40. Only one nurse received the lowest score of 43. The highest score was 65. 90% (n=82) respondents had a positive attitude towards health promotion. In general, nurses see their role for themselves as health promoters as well as health educators. Such results are similar to those obtained by Chan & Wong (2000). The findings of their subjects revealed the overall attitude, the score also ranged from 43 to 72. 91% of total respondents had a positive attitude towards health promotion. Chan & Wong (2000) suggested that nurses have a duty to engage in healthy lifestyles in order to meet their obligations as health exemplars. In the study, nurses strongly supported that health promotion as part of the daily duties within the hospital setting. Beside this, the majority of nurses strongly agreed that health promotion should be an integral part of nurse training. However, most of the respondents agreed that apart from the front line staff, the management board as well as the government should take a significant part to provide sufficient support, adequate resources and manpower as perceived benefits. At the same time, nurses agreed that hospital administration needed to develop more in-service training to enhance the knowledge and skill in health promotion. On a practical side, although after few years of developing health promotion in Hong Kong, nurses still face a number of perceived barriers deterring them from practicing health promotion and education in hospital. Most of the nurses believed that they are not in a position to interfere with an individual's lifestyle by offering advice and culture difference is another factor that cannot be changed by individual nurse. On the other hand, most local nurses agreed with a smoke-free environment, both for staff and patients. Their opinion was unanimous toward the implementation

and enforcement of a smoking ban on hospital environment setting. This finding was contradictory to overseas studies, which have shown that nurses were more tolerant and sympathetic towards others' smoking and more reluctant to enforce a ban (Stillman, Hantula & Swank 1994). However, such policy must recognize that for those nurses implementing the health education program, they need to have excellent educational skills for communication with patients in order to enhance the nurse-patient relationship, to avoid conflict situations and to reduce stress and compromise between nurse and patients. As a result, resources support and skill must be given to nurses to ensure appropriate intervention, and to facilitate the partnership with patients. Therefore, nurses need to adopt some persuasive and manipulative strategies in order to promote the individual health (Norton, 1998). Also in this study, the majority of nurses felt that insufficient knowledge due to a lack of in-service training on health promotion could affect the confidence of nurses to practice promotion of health. As a result, nurses felt reluctant to carry out the "health promoter" role within the hospital setting. Hospital management and administration personnel should identify their staffs' needs and provide more comprehensive program to empower them, so that true commitment to health promotion may be achieved.

Nowadays, under the Hospital Authority, the majority of nurses reported that they would be interested in developing their health promotion role in the clinical area. They agreed that nurses should be health advocates so as to take a leading role in the prevention of disease in the hospital. These findings are significant, for they well prepare themselves. However, they failed to develop this interest because of the heavy workload in caring patients, more paper work and auditing that make nurses felt unease and no spare time to do extra health promotion care. And this is the major barrier for them to integrate health promotion activities within nursing, and within hospitals. On political aspects, most nurses insisted that health promotion is put on the political agenda. Government should take more responsibility for health promotion.

Furthermore, nurses reported a more positive attitude than doctors to provide health promotion that may be due to diversity in the nature of training and the caring philosophy. Traditionally, "care" and "disease" are always the major concerns inside the medical field (Chan & Wong 2000). The results also indicated that there was difference of attitude toward health promotion between nurses with different ranks, academic qualifications and working experiences. From the data, some questions such as, "patients' lifestyles cannot be changed by individual nurse" and "nurses take a leading role for preventing disease " had showed the significant difference between different groups of nurses. That may be due to

insufficient health education training and inadequate concept of health knowledge to affect their practice. The identified barriers for carrying out health promotion practice within a hospital setting were a lack of adequate knowledge, heavy workload and insufficient management support. Based on the findings, it is concluded that strategies are needed to provide the knowledge focused on health promotion including education input, research sharing, resources support, collaboration with other professionals and communication with patients.