PUBLIC HEALTH NURSES
AND HEALTH PROMOTION

by

Cindy Lee Anderson

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School of Nursing
The University of British Columbia
Vancouver, Canada

Date 97·08·22
ABSTRACT

This replication study describes public health nurses, perceptions of their role in health promotion. It is based on Berland and Whyte's study of hospital nurses' role in health promotion. Public health nurses' knowledge, attitudes, and activities in health promotion were examined using a cross-sectional study design. Facilitators of and barriers to health promotion practice were identified.

The questionnaire from the original study was revised to reflect the practice of public health nurses and mailed to a random sample of registered nurses practicing in community nursing in British Columbia. Data analysis was based on 211 of the returned questionnaires.

The results clearly indicate that public health nurses value health promotion. Public health nurses perceive that they have the experience, knowledge, skills, and abilities and include health promotion activities in their daily practice. They report using a variety of strategies including teaching, promotion of healthy lifestyles, advocacy, and counselling to help clients enhance their coping skills, knowledge, and participation in identifying and addressing their own health issues.

Facilitators of health promotion practice include work environments that are characterized by supportive colleagues, teamwork, and administrators that foster risk taking, support creativity, and provide encouragement. The majority of public
health nurses report feeling stimulated about their practice, having opportunities to be creative and innovative in their practice, and feeling a sense of accomplishment. Most public health nurses believe they make a difference in the lives of clients.

Research based practice is valued but many public health nurses believe that determination and evaluation of health promotion outcomes is required. Barriers to health promotion practice are limited availability of resources and resource coordination, time constraints, and lack of computerized records. The public and others' lack of knowledge and understanding about the role of public health nurses act as barriers. Public health nurses also expressed concern that there is a lack of government commitment to health promotion.

Implications for nursing research, education, practice, and administration were identified.
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CHAPTER ONE

Introduction

This research was designed to determine public health nurses' role in health promotion. It was based on a 1993 study identifying the role of hospital nurses in health promotion conducted by the Registered Nurses Association of British Columbia (RNABC) and Vancouver General Hospital (Berland & Whyte, 1993).

There are numerous definitions of health promotion used in nursing, public health, and health promotion literature. However, the World Health Organization (WHO) definition is frequently cited in nursing literature. The WHO definition of health promotion "the process of enabling people to increase control over, and to improve their health" (WHO, 1984, p.101) was adopted for this research.

The terms "community health nurse" and "public health nurse" are frequently used interchangeably in nursing and related literature (Cradduck, 1995; King, Harrison, & Reutter, 1995; Williams, 1992). The term community health nurse is commonly used to refer to all nurses who practice in the community such as public health nurses, home care nurses, occupational health nurses, and others (Canadian Public Health Association (CPHA), 1990; Chalmers & Kristjanson, 1992; King et al. 1995). King et al. (1995) conducted an analysis of the use of the designations of public health nursing and community nursing. Based on their analysis they recommended that
"community health nursing" be used as the inclusive term for community based nursing practice, and that public health nursing be used to identify community health nursing practice directed toward population focused health activities including health promotion and illness/injury prevention. This is consistent with Williams' (1992) view of public health nursing as a specialized field of practice within the broad field of community health nursing. Public health nursing practice includes the provision of services to individuals, families, groups, and communities. The designations "public health nurse" or "public health nursing" are used throughout this report.

Background

Health Reform

Across Canada, major health reforms have been underway in almost every province (Geddes, 1995; Hughes, 1995; Rachlis & Kushner, 1994; RNABC, 1994). The literature on health system reform places more emphasis and value on health promotion (Province of British Columbia (B.C.), Ministry of Health, 1993; Hayward et al. 1993; M. Hills & R. Labonte, (personal communication, Health Promotion Institute, University of Victoria, June, 1995). This emphasis on health promotion is primarily based on the work of Lalonde (1974), the Ottawa charter for health promotion (WHO, Health & Welfare Canada, CPHA, 1986), and Achieving health for all (Epp, 1986).

In 1990, the government of British Columbia appointed a
Royal Commission which conducted a review of health care in the province (Province of B.C., Ministry of Health, 1991). The government's response to the Royal Commission was *New directions* (Province of B.C., Ministry of Health, 1993) and more recently *Better teamwork, better care* (Province of B.C., Ministry of Health, 1996a). *New directions* (Province of B.C., Ministry of Health, 1993) was based on principles that support better health, greater public participation and responsibility, bringing health care closer to home, respecting the care provider, and effective management of the health care system. Many of these principles are supportive of health promotion. *Better teamwork, better care* (Province of B.C., Ministry of Health, 1996a) identified priorities for health reform including accessibility of services, quality of care, shortened hospital stays, innovative new health services, and affordability of the public health system.

Canadian health reform may highlight health promotion, but reform has had other goals to attain, including achieving a modified and economically sustainable health system to improve the health status of Canadians (Baumgart, 1992). Geddes (1995) noted that, while a health reform goal is to improve Canadians' health status, elected representatives of most of the Canadian provincial public health associations believe that the focus is not on Canadians' health. The associations contend that the focus of health reform is on cost savings, the shift of care from the hospital to the
community, downsizing, and reduction in health services.

This viewpoint is shared by others. Decentralization, fewer resources for all health programs, and more emphasis on health service outcomes to justify ongoing expenditures are factors in health reform (M. Hills & R. Labonte, personal communication, Health Promotion Institute, University of Victoria, June, 1995). These issues have the potential to significantly affect nursing and health promotion. While regionalization does not necessarily result in decentralization, in British Columbia regionalization is a central tenet of health reform, and appears to be resulting in the decentralization of public health nursing services. Public health nurses will be employed by regional boards throughout the province rather than by the Ministry of Health. Regional boards will administer public health nursing programs in British Columbia and will have more autonomy in planning and implementing nursing programs. While there are potential advantages, formal and informal communications and professional and discipline-specific linkages may not be easily maintained between the many regional boards. This may result in fragmentation which provides fewer opportunities for a united voice to address public health nursing issues and may result in diminishing the voice of nursing.

In British Columbia, community based illness prevention and health promotion services have consistently received a small percentage of the health care dollar prior to health
care reform. In British Columbia, from 1983 to 1990, an average of approximately two percent of the health care dollar was allocated to prevention/promotion programs in British Columbia (RNABC, 1990b). In recent years this has increased to four percent of the provincial health budget (RNABC, 1995).

Health reform emphasizes the outcomes of health care. Determining and measuring the outcomes of public health nursing practice is difficult (Goeppinger, 1988; Hayward et al. 1993). There has been minimal research conducted on public health nursing outcomes (Goeppinger, 1988).

It is anticipated that health reform will continue, nationally and provincially. Health promotion is seen as central to achieving the goals of health reform, but it is not always clear how or where health promotion "fits" in a reformed health system (M. Hills & R. Labonte, personal communication, Health Promotion Institute, University of Victoria, June, 1995).

The nursing profession in Canada values health promotion and believes it is integral to nursing (Canadian Nurses Association (CNA), 1992; RNABC, 1994). Nurses, including public health nurses, have a key role to play in health reform. However, nursing contributions are frequently not recognized in health promotion or in health reform. For example, nurses and nursing groups actively participated in the British Columbia Royal commission hearings by making more than one hundred submissions (Bruce, 1993). The Royal
Commission's report has served as the basis for provincial health reform but the report failed to specifically recognize the contributions that nurses can make to health care reform (Bruce, 1993).

Nursing, Health Promotion and Health Reform

Nursing leaders have advocated health promotion as an integral part of the practice of all nurses (CNA, 1992; Henning & Cox, 1994; RNABC, 1994; Styles, 1995). The Registered Nurses Association of British Columbia (1994) stated that "health promotion is an important part of nursing in all settings" (p. 23). Many authors have believed that nurses have a significant role to play in health promotion or have competencies that should reinforce the critical role they could play in health promotion (Deal, 1993; Halbert et al. 1993; Hayward et al. 1993; Matuk & Horsburgh, 1989; Mills & Ready, 1988; Mills & Relf, 1994; Williams, 1992).

Despite the size of the nursing profession in Canada, and the professional's positive beliefs and values about health promotion, nursing has not been in the forefront of health promotion or health reform. Gottlieb (1992) questioned nurses' failure to contribute their "unique perspectives and knowledge to the development of health promotion" (p.1).

Maglacas (1988) believed that nursing's responses to health promotion and health reform are mostly fragmented, sporadic, uncoordinated, and are not reflective of multidisciplinary and intersectoral collaboration. The RNABC
(1990a) noted that efforts to improve health have not relied on health promotion and that one of the critical issues that needs to be addressed is professional resistance.

The CNA (1993) identified the need for the demonstration of registered nurses' unique contributions to the health of Canadians. It maintained the position that basic, essential information about nursing is required by the profession and other key groups such as employers, policy makers, and clients. This information is required so informed decisions can be made about nursing's role in the evolving Canadian health care system.

Gogag (1996) noted that the reform process provides opportunities for nurses to create a distinctive and significant role. Bruce (1993) states that British Columbia's health reform challenges nurses to translate their vision for nursing and the health system into strategies that will guide health care into the next century.

**Public Health Nursing**

Health promotion has been integral to public health nursing practice (CPHA, 1990; Chambers et al. 1994; Province of B.C., Ministry of Health, 1996b). In a study by Clarke, Beddome, and Whyte (1990), the preferred future for public health nurses included activities that are supportive of health promotion. Public health nurses in Alberta (Alberta Health, 1993) identified core features of public health nursing that are similar to health promotion. Public health
nurses in British Columbia have also identified health promotion as a key strategy in public health nursing practice (Province of B.C., Ministry of Health, 1996b).

Historically and currently, community services including public health nursing have only received a small percentage of the total budget for health care. Public health nurses have expressed concerns that public health nursing may be greatly reduced or eliminated during fiscal restraint and in health reform. For example, in Saskatchewan the Community Health Nurse Interest Group developed a position statement on the role of community health nurses in health promotion and illness prevention for the provincial government (Chalmers & Kristjanson, 1992). This action was taken in response to public health nurses' growing concerns that their role in health promotion was being eroded, partly due to a lack of understanding by government about what public health nurses do.

Hayward et al. (1993), conducted a literature review to explore some of the underlying issues about outcomes in public health and the role of public health nurses. These authors suggest that public health nurses are being challenged to defend their central place in an evolving public health service. They also note that the new directions for health are congruent with the philosophy, aims, and approaches of public health nursing practice.

To date there have been few studies describing public
health nursing practice. Minimal research has been conducted on public health nursing and on the outcomes of nursing practice (Clarke, Beddome & Whyte, 1993; Chalmers & Kristjanson, 1992). It is unclear how nurses incorporate health promotion into their practice. There have been some beginning attempts with hospital nurses in British Columbia to identify attitudes, knowledge, and skills (Berland & Whyte, 1993). Further research is necessary to explore health promotion activities used by other groups of nurses, including public health nurses.

There is a need to strengthen and shape nursing work to support health promotion. Within the health promotion context it is imperative that the public health nurses' role be clearly articulated. The changes that will be implemented in response to health reform make this an urgent and timely issue. The findings of this research provides a basis for describing health promotion in public health nursing practice.

**Theoretical Model**

This study replicated a study (Berland & Whyte, 1993) that was based on the PRECEDE-PROCEED model developed by Green and Kreuter (1991). PRECEDE is an acronym for "predisposing, reinforcing, and enabling constructs in educational diagnosis and evaluation" (Green & Kreuter, 1991, p.1). PROCEED is an acronym for "policy, regulatory, and organizational constructs in education and environmental development" (Green & Kreuter, 1991, p.1)
PRECEDE is the diagnostic or needs assessment phase while PROCEED is a developmental stage of health promotion planning (Green & Kreuter, 1991). The PRECEDE-PROCEED model potentially has nine phases (see figure 1).

The model is based on two basic propositions. The first is that health and health behaviours are multifactorial and the second is that strategies must be multi-dimensional. The major advantage to the PRECEDE model is that it uses a problem solving approach and focuses on helping groups change behaviours. It takes into account environmental and social factors that influence health behaviours (Williams, 1992).

Phase one of the model is the social diagnosis. This phase considers the general problems or concerns. For the purpose of this proposal, the target population is public health nurses practicing in British Columbia. Based on the literature review and the identification of issues pertinent to public health nursing, the identified concern of this study is the public health nurses' role in health promotion.
Figure 1. PRECEDE-PROCEED MODEL (Green & Kreuter, 1991).
The epidemiological diagnosis, which is the second phase, identifies external factors that contribute to the social problem or concern identified in phase one. The epidemiological diagnosis for this study is the lack of clarification of the role of public health nurses' in health promotion.

The third phase, the behavioural and environmental diagnosis, and the fourth phase, the educational and organizational diagnosis, will be determined from the findings of the study. The latter phase focuses on the predisposing, enabling, and reinforcing factors.

According to Green and Kreuter (1991), predisposing, reinforcing, and enabling factors influence behaviour. They are convenient classifications for use with professionals because the concepts group specific influences such as knowledge, attitudes, beliefs, skills, incentives, and rewards under broad categories.

Predisposing factors include knowledge, attitudes, beliefs, values, and perceived needs and abilities. These facilitate or hinder motivation for change. Predisposing factors include "cognitive and affective dimensions of knowing, feeling, believing, valuing, and having self confidence or a sense of efficacy" (Green & Kreuter, 1991, p. 154).

Enabling factors are skills, resources, or barriers that can support or limit the desired behavioural and environmental
changes. Reinforcing factors include visible results, support from colleagues, and feedback from clients which serve to either encourage or discourage continuation of the behaviour.

Administrative and policy diagnosis is the fifth phase of the model. In this phase the strategies and resources required to influence the predisposing, reinforcing, and enabling factors influencing or supporting behaviour and environmental changes will be identified. Implications for nursing administration, practice, research and education will be determined by the findings of the study. The evaluation phases six to nine were not developed in this study.

Problem Statement

The health system is changing and evolving in British Columbia and health promotion is one of the main tenets of the reform initiatives. There is a lack of governmental understanding and recognition of public health nursing's current and potential contributions to health promotion. It is unclear how public health nurses incorporate health promotion into their practice. Currently, there is insufficient data upon which to make informed decisions about the nature and context of health promotion practice by public health nurses in British Columbia.

Purpose of the Study

The purpose of the study is to describe public health nurses' perceptions of their role in health promotion. The study is a replication of a study conducted with hospital
nurses by Berland & Whyte (1993). This study describes the attitudes, knowledge, and application of health promotion strategies in public health nursing practice in British Columbia. It also identifies barriers and supports affecting health promotion in public health nursing practice.

Research Questions

There are seven questions that are addressed:

1. What are public health nurses' attitudes about health promotion?
2. Do public health nurses' value health promotion?
3. What are public health nurses' perceptions of their knowledge about health promotion?
4. What factors, as perceived by public health nurses, enhance and inhibit health promotion by public health nurses?
5. What factors, as perceived by public health nurses, reinforce health promotion by public health nurses?
6. What health promotion activities do public health nurses' conduct?
7. What is the effect on practice and attitudes of demographic variables such as professional membership, length of experience in public health nursing, and geographic location of their practice?

Significance of the Study

The research findings of this study will begin to clarify the role of public health nurses in health promotion in
British Columbia. Role clarification will help to dispel inaccurate perceptions of public health nursing work and support public health nurses’ role and function within a reformed health system. For public health nursing practice to develop, roles must be identified and articulated (Chalmers & Kristjanson, 1992). Nurses’ knowledge and attitudes toward their nursing role determine how nursing services are delivered, therefore it is important to measure public health nurses’ attitudes in regard to health promotion (Dykeman & Ervin, 1993).

The quality of nurses’ working environment has an significant influence on nursing practice and therefore a direct effect on client care (CNA, 1995). This research assists in the identification of barriers and supports for nurses’ working environments.

Nursing practice will benefit from the study as it may encourage public health nurses to reflect on their nursing practice and assist them in identifying their own knowledge and nursing practices that promote health. The realization of the potential of nursing’s contribution to health requires clear understanding and articulation of nursing practice.

### Operational Definitions

For the purpose of this study the operational definitions are:

- **health promotion**: the process of enabling people to increase control over, and to improve their health (WHO,
1984). This definition of health promotion has been endorsed by the British Columbia Public Health Nurses (Province of B.C., Ministry of Health, 1996b) and the RNABC (1990a). It was also used in the study by Berland and Whyte (1993), upon which this study is based.

**public health nurse:** a registered nurse with a baccalaureate degree in nursing or a diploma in public health nursing. The nurse must be currently employed as a Public Health Nurse or Community Nurse with a municipal, regional, or provincial health unit or department practicing in an illness prevention or health promotion program in direct client care.

**public health nursing:** "the art and science that synthesizes knowledge from the public health sciences and professional nursing theories. Its goal is to promote and preserve the health of populations and is directed to communities, groups, families, and individuals across their life span in a continuous rather than episodic process" (CPHA, 1990, p. 3).

**client:** "an individual, family, group, or community who is a consumer of public health nursing services" (Province of B.C., Ministry of Health, 1995, p. 4).

**Assumptions**

There are three main assumptions in the study. Firstly, that public health nurses have a significant role in the future of nursing and the health system. Secondly, public health nurses who participate in this study will be
representative of public health nurses in British Columbia. Thirdly, public health nurses have a common understanding of health promotion and can respond to the questionnaire accurately.

**Limitations**

The survey was distributed by mail which can result in low response rates. The survey took approximately 20 to 30 minutes to complete which can affect the response rate.

The scope and practice of public health nurses is broad; it was demonstrated in the research project by Chambers et al. (1994) that not all nurses engaged in all nursing activities but rather it was a team or group effort that resulted in the scope of public health nursing practice. This is also supported by other research conducted in the United States (Kuehnert, 1995). The study does not identify the entire scope of public health nursing practice. Categorizing skills and strategies does not capture the richness or reality of effective health promotion interventions with clients. The measurement of attitudes and values can be difficult because respondents may provide socially acceptable rather than honest answers.

**Overview of Thesis Content**

This thesis is comprised of five chapters. In this chapter the following components of the study have been addressed: background to the problem, statement of the problem, purpose of the study, Green and Kreuter’s (1991)
theoretical framework, research questions, definition of terms, assumptions, and limitations. Chapter Two presents a review of the literature. The third chapter describes the methods used for this study. Chapter Four presents the results of the data analysis and a discussion of the findings. The final chapter presents the summary, conclusions, and implications for nursing including research, education, administration, and practice.
CHAPTER TWO

Literature Review

The purpose of this literature review was to support the identified problem of the absence of data upon which to base decisions about the nature and context of health promotion practice by public health nurses in British Columbia. The literature review provides an historical overview of health promotion in Canada. Health promotion concepts and definitions are highlighted; related concepts such as illness prevention, primary health care, and population health are presented. In the second section of the literature review the nursing role in health promotion was highlighted with a specific focus on public health nursing. Issues and challenges are identified for public health nursing such as public recognition, role definition, invisibility of public health nursing practice, and allocation of health care funds.

Health Promotion

Historical Perspective

Canada is generally perceived to be a world leader in health promotion policy and practice (Draper, 1988; Hagen, O'Neill, & Dellaire, 1995), beginning with the landmark Lalonde (1974) report, A new perspective on the health of Canadians. The report was significant because it advocated a shift from the dominant medical approach to health to a more holistic perspective. Lalonde (1974) suggested that changing individual lifestyles and improving the quality of the
environment would likely achieve health improvements. While
the report identified four health field components (human
biology, lifestyle, the environment, and health care), the
report was interpreted by many to focus on individual
lifestyle. Societal and economic issues that influence health
were not taken into account. The health promotion activities
that were generated from this report were related to public
education, mass communication, and marketing.

Two other key documents provided a framework for
supporting and directing health promotion. The Ottawa charter
for health promotion (WHO et al., 1986) and Achieving health
for all (Epp, 1986).

The Ottawa charter for health promotion (WHO et al.,
1986) identified healthy public policy, supportive
environments, community action, personal skills, and
reorientation of health services as the actions required for
health promotion. The Charter recognized the determinants of
health to include education, income, housing, food, social
justice, and equity.

Achieving health for all (Epp, 1986) addressed the
challenges of reducing inequities in health and enhancing the
capacities of individuals with chronic physical or mental
health conditions. The report highlighted a social view of
health and supported health promotion as the aim for Canada’s
health system. Self-care, mutual aid, and healthy
environments are three key health promotion mechanisms. The
strategies that support these mechanisms are coordinating healthy public policy, strengthening community health services, and fostering public participation. For this framework to be effective it is critical that all elements of the framework work together without focusing on one strategy or mechanism.

The Ottawa charter for health promotion (WHO et al., 1986) and Achieving health for all (Epp, 1986) have consistent themes. Both documents adopted the WHO (1984) definition of health promotion. They advocated for health promotion to have a strong position in the health system and to address health with a framework for healthy public policy. These two documents outlined strategies that could be translated into practical actions for health promotion. They marked the shift from a predominantly medical and behavioral approach to health to a broader approach addressing psychological, social, environmental, and political factors (Labonte, 1993).

A new perspective on the health of Canadians (Lalonde, 1974), Achieving health for all (Epp, 1986), and the Ottawa charter for health promotion (WHO et al., 1986) have been frequently cited as significant and responsible for creating a new approach to health and health promotion. Several authorities on health promotion have also suggested that health promotion emerged from health education (Green & Kreuter, 1991; Kickbusch, 1986). Hagen, et al. (1995) perceived that health promotion was based on health education
and primary health care, and that these merged in the 1980's. This merging has been evident in the *Ottawa charter for health promotion* (1986) and *Achieving health for all* (Epp, 1986).

Some nursing literature (Rodger & Gallagher, 1995; Styles, 1995) has traced the beginning of health promotion to the adoption of primary health care as means to achieving health for all as declared at Alma Ata (WHO, 1978). The Canadian Nurses Association (Rodger & Gallagher, 1995), the Canadian Public Health Association (1990) and provincial associations, such as the Registered Nurses Association of B.C. (1994), have supported primary health care. Health Promotion has been one component of primary health care.

**Health Promotion: Concept and Definitions**

There are multiple definitions of health promotion. As outlined in the historical perspective of health promotion, the definition and focus of health promotion differs over time, and is continuing to evolve.

Much of the general and nursing literature has adopted the WHO definition of health promotion - "the process of enabling people to increase control over, and to improve their health" (WHO, 1984). Other literature and research has adopted Green and Kreuter's (1991) definition of health promotion as "the combination of educational and environmental supports for actions and conditions of living conducive to health" (p. 4). Green and Kreuter (1991) have emphasized an educational approach to health promotion and developed their
model to provide a conceptual synthesis of health education and health promotion. Labonte has (1993) defined health promotion as "any activity or program designed to improve social and environmental living conditions such that people's experience of well-being is increased" (p. 89).

Health promotion has meant the encouragement and adoption of specific, healthier lifestyle behaviours (Lalonde, 1974). It has also meant efforts to address the determinants of health such as the standard of living, education, recreation, and physical environment (Epp, 1986). Health promotion has also been seen as a philosophy or ideology about what health is and what creates or hinders it (O'Neill & Pederson, 1994). Others (Brunt, 1994) have believed that health promotion is more a way of "being" with clients in a different way rather than "doing" with clients.

The differing interpretations of health promotion have implied or denoted different types of interventions (Epp, 1986; Green & Kreuter, 1991; Hayward et al. 1993; Labonte, 1993; Lalonde, 1974). Health promotion may have lead to activities such as the creation of healthy public policy, empowerment of communities, public participation in health planning, and education. Health promotion may also have included activities or strategies including health education, social marketing, mass communication, political action, community organization, and organizational development (O'Neill & Pederson, 1994). Labonte has (1993) identified
empowerment as the key to health promotion. Five empowering strategies have been identified: personal empowerment, small group development, community organization, coalition building and advocacy, and political action (Labonte, 1993).

The definitions of health promotion and the primary activities that are derived from the definitions are broad. While the definitions have differed, they are not incompatible and have some common elements. The definitions have supported a social view of health without a focus on the traditional medical view of health and health care. The activities that are generated from the definitions are interrelated and provide multistrategic approaches to the complex factors that influence health.

Related Concepts

Illness prevention, population health, primary health care, and health education have been frequently mentioned in the health promotion literature. At times, these terms have been used interchangeably. Hamilton and Bhatti (1996) have noted that many equate population health with public health.

Stachtchenko and Jenicek (1990) suggested that health promotion is an integration of ideas from health education, public health, and public policy. The interchangeable use of the concepts has created difficulty in understanding the concepts, identifying concept specific activities, articulating the role of those implementing the activities, and the outcomes of each of the concepts.
Illness prevention is a concept derived from the field of epidemiology, which is the study of illness and disease. Epidemiology focuses on the cause, consequences, and treatment of illness and disease (Stachtchenko & Jenicek, 1990). They have suggested that illness prevention is based on the concept of risk or probability to suffer from a given disease. CPHA (1990) has defined disease prevention as a set of strategies designed either to reduce risk factors for specific disease or to enhance host factors that reduce susceptibility to disease and/or the consequences of disease once established. In both definitions the focus of prevention has been on risk reduction related to disease.

Illness or disease prevention has generally been viewed as having three levels: primary, secondary, and tertiary. Primary prevention provides strategies to prevent disease or illness. An example of primary prevention is immunization programs. Secondary prevention identifies and attempts to prevent disease and health problems for those who are likely to develop specific diseases/illnesses. Tertiary prevention provides treatment that is aimed at health restoration or prevents the illness from worsening (Labonte, 1993).

The concept of population health has been derived mainly from the efforts of the Population Health Program of the Canadian Institute for Advanced Research (CIAR) (Frank, 1995; Labonte, 1995). The CIAR Population Health Programs developed a conceptual framework to address the determinants of health
at individual and population levels (Frank, 1995). The framework identified the major determinants of health status as cultural, social, and economic. It supports health policies to integrate biological, social, and economic factors. Population health advocates that social inequities and the policies that maintain them need to be critically examined. Community participation and intersectoral collaboration are two other important elements. According to Frank (1995), population health is not a major shift but is "a validation of and return to our historical roots", in public health (p. 163).

While the CIAR has presented population health as a framework to address health there are criticisms of this approach. Labonte (1995) believed that this framework supports a return to the epidemiological approach to health that is reflective of a medically dominated health care system.

The Alma Ata conference identified primary health care as the strategy that would achieve health for all by the year 2000 (WHO, 1978). Primary health care is based on five main principles including "health promotion, public participation, intersectoral and interdisciplinary collaboration, accessibility, and appropriate technology" (Rodger & Gallagher, 1995). Some of the principles and related strategies of primary health care, such as increasing accessibility, public participation, addressing environmental
and structural issues that affect health, are consistent with the principles of health promotion (Reutter, 1995).

Health education is "any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green & Kreuter, 1991, p. 17). Health education can be targeted at individuals, groups, or communities. Health education is a strategy that may be used in health promotion, population health, or primary health care.

Health education, health promotion, population health, and primary health care are interrelated and share common elements. All have a common goal of improving health outcomes. While they share this one common goal, they also have different goals, interventions, or strategies. For example, reducing the risk of disease is the primary goal of illness prevention. In health promotion, illness prevention is a secondary goal (RNABC, 1994). A health promotion program can improve health without necessarily reducing disease or disease risk factors (RNABC, 1994). Population health primarily addresses the community level, while health promotion can address issues at the individual, group, or community level. Both share the purpose of addressing political and structural changes to address the determinants of health. Health promotion, health education, population health, and primary health care are important to nursing, to the health system, and for the improvement of health.
Nursing's Role in Health Promotion

Overview and Discussion of How the Profession Views Health Promotion

Styles (1995), President of the International Council of Nurses from 1993-1997 stated: "nursing - because of its history, perspective and potential - has been recognized as having an important role to play in a community - and family-centered system emphasizing health promotion and disease prevention" (p.ix). Historical reviews of nursing and nursing practice have indicated that nurses practiced in health promoting ways (Green, 1984; Heinrich, 1983). Florence Nightingale has been frequently cited in nursing literature as being a historical influence supporting health promotion for nurses (Chalmers & Kristjanson, 1992; Dykeman & Ervin, 1993; Heinrich, 1983; Laffrey & Craig, 1995; Laffrey & Page, 1989; RNABC, 1994; Spellbring, 1991).

The Canadian Nurses Association's policy statement on health promotion has stated that the goal of health promotion "must be to promote positive self-esteem of individuals, families and communities: to help people understand the determinants of health; and to empower them to increase control over the determinants of health and well-being" (CNA, 1992). The role of the nurse in health promotion has been to provide leadership (CNA, 1992). Leadership can be provided through positive role modelling and demonstrating personal healthy life practices. Nurses can actively support self-help
activities that assist individuals, families, and communities to achieve optimal health. Nurses can also be involved in research and program planning, implementation, and evaluation related to health promotion initiatives.

The RNABC has stated that health promotion is concerned with creating living conditions in which peoples's experience of "health" (well-being) is increased" (1994, p.12). All nurses have a role to play in health promotion (RNABC, 1994).

International, national, and provincial nursing associations supported a role for nurses in health promotion. Historically nurses have played a role in health promotion. Leadership, research, and empowerment are only some of the activities in which nurses can be engaged to support health promotion.

Public Health Nursing Role in Health Promotion

The history of public health nursing can be traced to the earliest record of civilization (Lancaster, 1992). The development of public health nursing has been influenced by social, political, and economic factors, and human need (Hamilton & Bush, 1988). Many of the advances of public health nursing arose from necessity (Lancaster, 1992). Nursing practice was based on common sense, intuition, ritual and tradition, as well as medical and environmental science (Hamilton & Bush, 1988). White (1982) believed that public health nurses' ability to be socially responsive and relevant is based on ingenuity, resourcefulness, and entrepreneurship

The scope of Public Health nursing practice has been broad (CPHA, 1990) and has been a critical factor in understanding public health nursing practice. Practice has occurred on a continuum from one-on-one nursing interventions to a global perspective of world health (CPHA, 1990; White, 1982).

Public health nursing philosophy and policies have advocated the inclusion of population based health promotion strategies as an integral part of practice. This philosophy has been seen in the publications on the profession and in the policy statements of its professional bodies (Chambers, Underwood, & Halbert, 1989; Halbert et al. 1993). According to Williams (1992), the population focus has been the fundamental factor that has distinguished public health nursing from other specialities in nursing.

The Canadian Public Health Association (1990) stated that public health nurses provide primary health care. Health promotion is one component of primary health care. The role
of the public health nurse in health promotion is diverse and multi-faceted. This role has included the public health nurse as: caregiver/service provider, educator/consultant, facilitator/communicator/collaborator, community developer, social marketer, policy formulator, researcher/evaluator, and resource manager/planner/coordinator. Public health nurses' have worked with individuals, families, and communities.

Hayward et al. (1993) believed that public health nurses have a central role to play and crucial skills to offer health promotion intervention strategies. Health promotion has incorporated many strategies so that the specific activities and the role of the public health nurse will vary with the community and its needs (Province of B.C., Ministry of Health, 1996b). Examples of health promotion intervention strategies have been: community development, healthy public policy, coalition building, networking, advocacy, group facilitation, empowerment, self help, and self care (CPHA, 1990, 1996; Epp, 1986; Labonte, 1993; Stewart, 1995).

Healthy public policy has frequently been cited as a health promotion strategy. Public health nurses have supported healthy public policy by holding memberships on intersectoral boards and committees that influence public policy and program development. Public health nurses have also have used their professional strength to influence public policy through provincial associations or practice groups such as the RNABC Community Health Nurses Professional Practice
Self care and self help are also health promotion strategies. Public health nurses can support self care and self help by working with individuals, families, or groups to build confidence in themselves so they can believe in their capacities for self care or self help (Stewart, 1995).

Historically and presently, public health nurses have personal attributes, skills, and knowledge that support their active participation in health promotion. They can play an active and critical role in effectively implementing the diverse strategies of health promotion.

**Issues and Challenges**

Many issues and challenges have been identified in nursing, public health, and health promotion literature. Role definition, funding for illness prevention and health promotion, difficulty in articulating the contribution of public health nursing, lack of public and professional recognition, invisibility of practice, lack of a group identity, lack of research, and barriers to practice are some of the major issues and challenges facing public health nursing. The context in which public health nurses work, public health nurses' role, and their practice are influenced by these issues and challenges.

Role definition or clarity of roles (Alberta Health, 1993; Clarke et al. 1990, Laffrey & Page, 1989; Matuk & Horsburgh, 1989, 1992; Oda & Boyd, 1987) has often been
identified as a key factor that affects nursing practice. Chavigny and Kroske (1983) stated that "role confusion is probably the most salient factor in the problem of public health nursing today" (p. 313). Clarke et al. (1990) noted that the future of public health nursing is dependent on the ability to define the public health nurses' role and to promote role enhancement. Role clarification will strengthen public health nursing's voice in political decision-making, foster accurate perceptions of public health nursing work, and lead to an understanding of the adjustments nurses are making in response to health care reform (Hayward et al. 1993). Oda and Boyd (1987) have also supported the importance of role clarity noting that it is essential, especially during times of fiscal restraint and rapid changes in the health system. These factors are evident in Canada and in British Columbia with the focus on health reform and economic issues.

Zerwekh (1993) believed that public health nursing as a speciality has been declining since the late 1960's. She cited the situation in New York City as one example. In the 1970's, there were 1,000 public health nurses; today there are 225 (Zerwekh, 1993). This is consistent with the experience in the province of Ontario where the number of public health nurses has been greatly reduced in response to provincial health care reform (Fox, 1994).

Matuk and Horsburgh (1989) noted that curative rather than preventive services are favoured by Canadian health care
funding. Chalmers and Kristjanson (1992) also noted that community health nursing programs receive a small proportion of provincial health care budgets. Public health nursing is only one of several programs included in the umbrella of "community health programs" and would receive its allocation from the overall community health budget. Health care accounted for one third of the 1994-95 British Columbia budget, with 50% of this budget spent on hospital care and only four percent spent on health promotion and illness prevention (RNABC, 1995). While this is an increase from an average of two percent in previous years, it is a small percentage of the overall health budget.

Many public health nurses have shared the belief that their contributions to the health system are unique; however, public health nursing has not easily been described or articulated (Alberta Health, 1993). Additionally, it was found that the similarities and the differences between public health and other areas of nursing especially community based nursing, have not easily been articulated. The inability to clearly articulate the public health nurses' role, expertise, skill, and knowledge has led to a lack of recognition by the public, and by other nurses and professionals about the practice of public health nursing.

The lack of public and professional recognition of public health nursing at national, provincial, and local levels has been a significant issue for public health nursing. In
British Columbia, the RNABC and the Ministry of Health (Office of the Nurse Advisor) sponsored a demonstration project, the Comox Valley Nursing Centre. The centre was to demonstrate how effective nurses can be when they are able to implement the full scope of their professional practice, and establish an alternative approach to health care delivery by providing an additional entry point into the system (RNABC, 1993a, 1993b). Adams (1994), in an unpublished discussion paper, made the point that the nursing practices that were to be highlighted by nurses working in the centre would in fact not be new, and that public health nurses already included the components identified for the centre in their practices. Adams' viewpoint is shared by others working in public health nursing.

Difficulties in public recognition of public health nursing practice has been long standing and shared by many (Chavigny & Kroske, 1983; Josten, 1989; Martin, White, & Hansen, 1989; Mills & Relf, 1994; Matuk & Horsburgh, 1989; Rankin & Leversage, 1991). In 1924, Helen Kelly, a public health nurse practicing in British Columbia, stated: "if all the work accomplished by a public health nurse could be made public, there would no difficulty in obtaining the vote of the people" (to support public health nursing) and goes on to say "much of the benefits of the service are known to only a few." (Green, 1984, p. 24). More recently, Clarke et al. (1990) stated, "although public health nurses provide the majority of
public health care service, their contributions have been neither recognized nor sought in developing new directions in health care" (p. 1).

The nature of public health nursing may be a factor influencing public recognition. Public health nurses' work has been independent and broad in scope. At times, nurses work in isolation and their practice and their work is often invisible (Martin et al. 1989; Oda, 1992; Zerwekh, 1992a, 1992b, 1993). Oda (1992) stated that "working in isolation reduces effectiveness as well as visibility" and also noted that some equate "visibility with viability" (p.113). Public health nurses identified invisibility as an issue in the study by Clarke et al. (1990). Martin et al. (1989) believed that nursing must reverse its invisibility as a major contributor of effective health care before it will be able to mobilize its collective power to influence change in public health care policy. Lack of public recognition will also limit the involvement or requests for involvement by health leaders and the general community.

Zerwekh (1992b) proposed that the lack of a group identity that fits the experience of practising nurses has lead public health nurses to become a population at risk. She contended that the majority of public health nurses do not identify with the characteristics the profession has claimed. The profession has identified the community and aggregates of the population while many public health nurses work with the
individual and family. As a result, professional invisibility, isolation, estrangement from one another, and powerlessness is created. Goeppinger (1988) also noted that there is lack of agreement about the practice domain.

Halbert et al. (1993) indicated that public health nurses have not emphasized population-based health promotion in their practice and they have traditionally placed more emphasis on interventions such as counselling and teaching rather than supporting community action or developing healthy public policy. This is supported by the study conducted by Chambers et al. (1994).

There has been a scarcity of literature that discusses the current and future roles, responsibilities, and practices of public health nurses (Clarke et al. 1990). Public health nursing has often been described in relation to the programs that are provided rather than describing the work that nurses do. Efforts to document the necessity for public health nurses are hampered by the continuing difficulties to clearly describe public health nurses' contributions to health (Zerwekh, 1992a). Alberta Health (1993) has also recognized that public health nursing practice needed to be clarified to define its future position in the province's health system.

Geopppinger (1988) identified the need for research about public health nursing practice. Clarke et al. (1990) also recommended that further research be initiated to identify the knowledge, attitudes, and practices required of public health
nurses, today and in the future, and how these can best be learned.

Henning and Cox (1994) stated that "nurses already possess the knowledge and skills necessary to fill many of the identified gaps in the health care system" (p. 6). They recommended that the barriers that prevent nurses from practising to their full potential be identified and strategies to deal with these barriers be developed and implemented (Henning & Cox, 1994). Williams (1992) proposed that the organizational structure and the role socialization that occurs in the work environment of public health nurses acts as a barrier. Mills and Relf (1994) suggested that role diffusion, job dissatisfaction, role stress, competing priorities, excessive workloads, perceived lack of recognition, competition with the institutional sector, perceived duplication of services, and competition with primary care physicians are barriers to practice. Information and communication systems have often been inadequate, wasted time, and did not provide the health outcomes needed (Matuk & Horsburgh, 1992).

Halbert et al. (1993) reported that while doing workshops for public health nurses in Ontario, participants did not always recognize or articulate community level practice activities in which they were engaged. This was evident in the findings from the study of acute care nurses by Berland, Whyte, and Maxwell (1995). The study participants did not
initially identify the nursing activities that were supportive of health promotion until these were reinforced by the researchers.

**Research Studies**

A literature search was conducted and revealed four Canadian research studies related to the role of public health nurses in health promotion. A British and an American study are also included as their findings are useful in exploring the nursing role in health promotion.

Public health nurses in Ontario were surveyed by Chambers et al. (1994) to determine whether nurses' perceptions of their roles and activities concurred with the Canadian Public Health Association's (CPHA, 1990) report describing the roles and qualifications of public health nurses in Canada. Survey questionnaires were completed by 1,849 public health nurses from 42 health units. The researchers concluded that the CPHA document on public health nurse preparation and practice provides a credible picture of present and future public health nurse roles. The Ontario study provides information about the role in health promotion of the public health nurses and demonstrates that achievement of the role defined by CPHA is a team approach. Many of the activities of public health nurses support health promotion.

Alberta Health reviewed ninety stories written by public health nurses that highlighted situations in which public health nurses' felt they "had really made a difference"
Ten core themes specifically relevant to public health nursing were identified: (1) upstream thinking, (2) facilitating change in populations, (3) reaching out, (4) being there, (5) looking ahead and beyond, (6) providing options, (7) advocating for the client, (8) linking up, and (9) courage to care and (10) being a constant in the community over time (Alberta Health, 1993). Many of these themes indicated health promotion practices were being implemented by the public health nurses.

Paul, Hagan, and Lambert (as cited in Hagan, et al. 1995) conducted a survey with 954 francophone nurses in Quebec. Their results suggest that nurses were infrequently implementing health promotion in their practice even though they valued health promotion concepts.

The research study by Clarke et al. (1990) focused on identifying and determining the importance of critical issues directing the preferred future of public health nursing in British Columbia. The study used a modified Delphi technique and items were rank ordered. There was strong consensus on the importance and meaning of ten issues. Many of these items indicate that public health nurses value health promotion and support health promotion principles. For example there was support for individual responsibility for self care, integration of health services, enabling for prevention, public education, research, intersectoral teamwork, and working conditions.
Dykeman and Ervin (1993) developed an instrument to measure the attitudes of nurses in primary health care which includes health promotion. The instrument was sent to 300 United States’ master and doctorate nursing students attending one university. While a response rate of only 26% was achieved, the findings of the study are still of interest. Nurses placed little emphasis on client accessibility to health services or on interdisciplinary and intersectoral collaboration. Some nurses did not believe that environmental or social issues were of importance in their nursing role. The authors note that "a fairly large number of nurses felt that medical personnel should always provide leadership for any health care initiative in the community" (p. 1571).

Gott and O’Brien (1990) conducted an exploratory study of nurses’ attitudes and beliefs about health promotion. Results from this British study indicate that the nurses tended to focus on lifestyle interventions rather than on broader approaches to health.

Public Health Nursing in British Columbia

Many public health nurses in British Columbia have expressed concern about the future of public health nursing, and anticipated role changes (Clarke et al., 1993; Province of B.C., Ministry of Health, 1994). Currently in British Columbia, public health nursing services are primarily provided by municipal health departments and provincial health units. There are currently six health departments and fifteen
health units. Public health nursing administrators for health
departments, health units, and from the Ministry of Health,
central office in Victoria, meet annually. In 1993, the
administrators group began planning for the transitions in
health that were beginning to occur in British Columbia. The
transition planning focused on the role of public health
nurses in relation to trends in health reform and health care.
The development of a mission statement and goals for public
health nursing, and delineation of public health nursing
activities were also included. The WHO (1984) definition of
health and health promotion were adopted. The mission
statement read: "Public Health Nurses work with individuals,
families, and communities where they live, work, learn, and
play to promote optimal health and well being for all"
(Province of B.C., Ministry of Health, 1996b, p.2).

Public health nurses have used health promotion
initiatives to develop conditions in communities that are
supportive of healthy choices and decisions (Province of B.C.,
Ministry of Health, 1996b). Public health nurses have
established partnerships in the community to identify
community needs/issues and to facilitate resolution of these
issues (Province of B.C., Ministry of Health, 1996b). Public
health nursing practice has been based on the following
principles of health promotion: 1. an inclusive population
focus, 2. coordinated and cooperative intersectoral action on
the determinants of health, 3. use of a diverse range of
methods including community development, healthy public policy, and 4. public participation (Province of B.C., Ministry of Health, 1996b).

Summary of Literature Review

The literature indicates that there is a strong role for nursing in shaping the health of our communities. Public health nurses themselves recognize health promotion as part of the public health nursing role, yet public health nurses have not been recognized by others as significant contributors to either health reform or to health promotion. The existing research points to confusion about the extent of health promotion activities in practice, particularly in relation to strategies that will address the broad social determinants of health. In other areas in Canada where health care reform is occurring public health nursing positions are decreasing and the future is unclear. While there are many factors influencing public health nursing such as lack of recognition, and invisibility of practice; health promotion should be a basic role of public health nurses.
CHAPTER THREE

Methods

Research Design

This study was a replication of a descriptive study that used a cross-sectional survey design (Berland & Whyte, 1993). Cross-sectional studies are appropriate for describing the status of phenomena at a fixed point in time (Brink & Wood, 1988; Polit & Hungler, 1995).

Sample Selection and Criteria

The target population was registered nurses who were currently employed with health departments, regional health boards, and provincial health units within British Columbia in a public health or community health preventive program providing direct client care. There were 27,818 registered nurses with practicing memberships in British Columbia; (RNABC, June 1997, personal communication), 1,021 nurses indicated on their 1997 registration form that they were employed in community health nursing in direct client care in community health, and held a baccalaureate or higher degree (C. Kermacks, RNABC, personal communication, May 20, 1997).

Sample size is determined by the size of the population, the expected response rate, the inherent variability in the population, the desired margin of error, the level of confidence, and the sample design (Polit & Hungler, 1995; Statistics Canada, 1977). The larger the sample, the more representative of the population it is likely to be.
According to the sample size table developed by Statistics Canada (1977), the sample size required for a 95% confidence level and a margin or error of +/-0.05 for a population of 1,500 to 2,500, is one of 316 to 345 subjects. The recommendations are based on a simple random sample, which was used for this study.

A sample of 400 was selected for this study and was accessed through the RNABC using their criteria for access to members of the RNABC. The RNABC's data is based on the annual registration form. A large sample was necessary since the RNABC categories on the registration form are inclusive for community health nursing, which includes public health nurses and also includes nurses employed in other community health programs such as long term care and mental health. It was also anticipated that the response rate may be low as is common with surveys conducted by mail. The response rate achieved in research conducted in British Columbia by Clarke et al. (1993) and Berland, Whyte, and Maxwell (1995) was 43.5% (average of two phases) and 57% respectively. The sample sizes of these studies were 278 public health nurses (Clarke et al. 1993) and 300 hospital nurses (Berland et al. 1995). In both studies the research was conducted by mail and with registered nurses, although the target populations were different.

The sample for this research was selected from nurses registered with the RNABC using simple random sampling with
the following inclusion criteria:
1. Registered nurse residing in British Columbia
2. Current practising membership with RNABC
3. Currently employed in a part time or full time position.
4. Primary area of responsibility is Community Health
5. Holds a community health nurse position
6. Employed by government (federal, provincial, municipal)
7. Holds a minimum of a baccalaureate in nursing

Instrumentation

The instrument used for this study was based on a questionnaire developed by Berland and Whyte (1993). The items in the original questionnaire were based on data collected in a focus group conducted with hospital nurses to determine nurses' knowledge, attitudes, and practices regarding health promotion. The content validity and clarity of the original questionnaire were established by three nursing researchers. Face validity was assessed through a pilot test with twenty nurses. Items that were unclear were deleted from the final instrument.

A five point Likert scale (strongly agree to strongly disagree) was used for the majority of the items in the original questionnaire. In the original study a visual analogue scale (10 cm.) was used to assess the value that nurses place on health promotion. To solicit information on barriers and facilitators, and to provide opportunities for additional comments, two open ended questions were included at
the end of the questionnaire. The inclusion of open ended questions was valuable as this provided more detail on some of the factors being examined in the original study.

Six subscales were used in the original study, three subscales were based on the PRECEDE-PROCEED (Green & Kreuter, 1991) framework and an additional three subscales were developed. In the original study the predisposing scale was based on thirty-three questions. From this scale two subscales to test actual knowledge and perceived self-efficacy were also developed. The actual knowledge subscale was tested with four items and five items were tested on the perceived self-efficacy subscale. In the original study the enabling subscale was based on sixteen items, and the reinforcing subscale was tested with four questions. A sixth subscale was developed to determine promotion activities with ten items.

Cronbach's coefficient alpha was used to assess internal consistency in the original study. The coefficient alpha of .87 indicated the reliability for all 53 items on the questionnaire was at an acceptable level (Burns & Grove, 1993). Reliability of the subscales varied but were acceptable, ranging from .52 to .88 with the exception of one subscale. The reinforcing subscale with a coefficient alpha of .04 was not used for subsequent analyses. In the original study all subscales were created by assigning a unit value of one to each of the items with responses of agree or strongly agree.
For this replication study some changes were made to items on the questionnaire to ensure relevance to the target population of public health nurses. The original questionnaire is included in Appendix A with the revisions noted. Modifications included wording changes that were more consistent with public health nursing practice, for example, patient was changed to client, hospital was changed to health unit. Items that were specific to hospital practice such as discharge planning were modified or deleted. There were a total of 58 items on the revised questionnaire as compared to the original questionnaire with 53 items. The revised questionnaire used in the replication study is included in Appendix B. Seven questions were deleted as they were not relevant to public health nursing and twelve questions were added to increase the number of items for the reinforcing subscale and to reflect activities that are consistent with public health nursing practice. To increase the value of the coefficient alpha of the subscale of reinforcing factors, the number of items was increased from four items to eight items on the revised questionnaire (Polit & Hungler, 1995).

A five point Likert scale was also used in the replication study. This is the most common method of attitude measurement and consists of several declarative statements expressing a viewpoint usually with five categories (Burns & Grove, 1993). A visual analogue scale of ten centimeters was used to measure the value that nurses place on health
promotion. The format of the original questionnaire was maintained in the revised questionnaire with the open-ended questions included at the end, followed by the demographic information (Burns & Grove, 1993, Statistics Canada, 1977).

The study by Berland and Whyte (1993) used six subscales in their data analysis: predisposing, enabling, reinforcing factors, health promotion activities, actual knowledge, and perceived self efficacy. In the replication study the latter two subscales were not used in the data analysis since the questionnaire items were not deemed to clearly reflect the concepts being tested.

The items in each of the subscales vary slightly between the two studies. This variation is due to deletions and revisions from the original survey, and additions to the revised questionnaire used in the replication study (See Appendix A). The number of items in three of the four subscales used in the replication study varied in the predisposing, reinforcing and health promotion activities subscales. The subscales used in the replication study are listed in Appendix C. The reinforcing subscale had 8 items (4 in the original study), the health promotion activities subscale had 21 items (10 in the original study) and the predisposing subscale had 36 items (33 in the original study). The enabling subscale had 16 items in both studies.

The main criteria to ensure internal consistency, reliability, and validity of the modified questionnaire are
outlined in the following section, with identified strategies to ensure rigor in this research. To ensure internal consistency cronbach's coefficient alpha was conducted for the entire instrument and for each of the four subscales used in the replication study, results are presented in Chapter 4. To confirm validity, the items for the questionnaire have been reviewed by thesis committee members, one of whom was an investigator for the original study with hospital nurses on which this study is based. The questionnaire was pilot tested with public health nurses in Community Nurse 3 positions in a focus group and with administrators of public health nursing programs by telephone and written responses to ensure clarity of questions, effectiveness of instruction, completeness of responses, and time required to complete the questionnaire (Burns & Grove, 1993). They also reviewed the questionnaire to ensure appropriateness, appearance of bias, grammar, and item construction flaws (Burns & Grove, 1993).

Means, response distributions, items left blank, and outliers were determined. Items were revised based on this analysis and from the comments from the respondents from the focus group. (Burns & Grove, 1993).

Data Collection Procedures

1. A random sample of 400 registered nurses was selected by the RNABC using the established eligibility criteria. The criteria for access as outlined by the RNABC was used to gain access to RNABC members (see Appendix D).
2. Questionnaires were distributed by mail to home addresses with a stamped self addressed envelope included.

3. A cover letter outlining the purpose of the study and possible outcomes accompanied the questionnaire. (see Appendix E)

4. Ten days following the initial mailout a reminder/thank you letter (see Appendix E) was mailed.

5. As questionnaires were returned, they were opened, checked for usability and assigned an identification number.

6. As completed questionnaires were received the data was entered using the software Survey It (1993).

**Ethical Considerations**

The form "Ethical Review of Activities Involving Human Subjects in Questionnaires, Interviews, Observations, Testing, Video & Audio Tapes, Etc." was completed and submitted as required by the University of British Columbia. This completed form was reviewed and approved by the University of British Columbia Behavioral Sciences Screening committee for Research and Other Studies Involving Human Subjects.

The RNABC selected the random sample following the criteria established in their policy and guidelines for access to RNABC members. They required an overview of the study, and copies of the questionnaire, cover, and reminder letters. They also requested confirmation of ethics approval from the University of British Columbia. Names, addresses, or any
other identifying information were not released by the RNABC. This procedure ensures that an individual's right to privacy will be protected by confidentiality and anonymity.

Permission for use of the questionnaire from the original research was requested from and granted by the Registered Nurses Association of British Columbia (Appendix F). The two primary investigators for the original study have been notified of this research proposal. One of the committee members for this thesis was one of the primary investigators for the research which this study replicated.

Data Analysis

The random sample for this study was selected by the RNABC using information from the RNABC 1997 annual registration form. Four hundred nurses (RN's) were randomly selected as the sample for this study. Questionnaires with a cover letter were mailed, followed ten days later by a reminder letter. The RNABC recommended that uncoded questionnaires and cover letters be mailed to the membership followed by a reminder letter. This recommendation is based on the perception that concerns have been expressed by some members when they receive coded materials.

There were seven research questions. Data were analyzed using four subscales: predisposing, enabling, reinforcing factors, and health promotion activities.

Three of the research questions identified predisposing factors:
1. What are public health nurses’ attitudes about health promotion?
2. Do public health nurses’ value health promotion?
3. What are public health nurses’ perceptions of their knowledge about health promotion?

There were thirty-six items on the survey that were tested for predisposing factors (see Appendix C). Additionally, a visual analogue scale was used to provide additional data for determining the value nurses place on health promotion.

The research question, "what health promotion activities do public health nurses' conduct?” was tested using twenty-one items. To test the research question "what factors, as perceived by public health nurses enhance or inhibit health promotion by public health nurses?", a subscale of sixteen items was used (Appendix C). These items identify enabling factors.

Reinforcing factors were identified by the responses to the research question "What factors, as perceived by public health nurses reinforce health promotion by public health nurses?" A subscale of eight questions was used for testing this question.

The seventh research question, "What is the effect on practice and attitudes of demographic variables such as professional membership, length of experience in public health nursing, and geographic location of their practice?" was tested from the data collected in the demographic form
included at the end of the questionnaire (see Appendix C).

The two open ended questions in the questionnaire (see Appendix B) were transcribed and coded into thematic categories. The responses were also categorized as enabling, predisposing or reinforcing factors as outlined by Green and Kreuter (1991).

Data from the returned questionnaires were entered into the software program. Survey It (Conway Information Systems, 1993) which is a survey management system. It has the capacity to export data to other computer programs for statistical analysis. The accuracy of coding closed ended responses was checked on 10% of the completed questionnaires. The data from the completed surveys were analyzed using Survey It and SPSS Version 6.1. Descriptive statistics such as means, frequency distribution, and standard deviations were calculated. Correlations were completed using a t-test for the demographic variables and the predisposing, reinforcing, enabling factors, and health promotion activities.
CHAPTER FOUR

Presentation and Discussion of the Findings

This chapter is organized into three sections. The first section presents the response rate and the demographic data. In the second section, findings are presented according to Green & Kreuter's (1991) framework. Predisposing, enabling, and reinforcing factors are identified and discussed. Health promotion activities of public health nurses are also outlined. The third section presents a comparison between this replication study and the original study by Berland and Whyte (1993).

Responses

A total of 273 out of 400 questionnaires were returned resulting in a response rate of 68.3%. Of these returned questionnaires, 211 (77.3%) were used in data analysis. The response rate based on questionnaires that could be used in data analysis is 52.8%. Sixty-two (22.7%) of returned questionnaires were not included in the data analysis as the respondents did not meet the criteria established for this study. These respondents were employed in long term care, home nursing care, and community mental health positions.

It was anticipated that some surveys would be mailed to individuals who did not meet the criteria for this study since the RNABC registrations used to draw the sample for this study do not differentiate between specific categories of community nursing. Several respondents who were aware that they did not
meet the study criteria noted that their work also included health promotion and illness prevention. Sixty-two nurses completed the questionnaire or returned the questionnaire indicating that they did not meet the criteria for the study. Completion of the questionnaire by those that did not meet the study criteria may have indicated a desire to have opportunities to address the issues facing all nursing and specifically community nursing. It may also suggest that nurses employed in other specialities of nursing are interested in describing their role in health promotion or interpret their activities as being in the realm of health promotion.

Several respondents provided positive notes and encouragement for addressing the role of public health nurses in health promotion and for completion of the thesis. These notes of encouragement were appreciated by the researcher.

**Demographic Characteristics of the Sample**

**Experience**

Public health nurses had an average of just over 10 years experience. Approximately 52% of the respondents had 0 to 10 years of experience and 48% had 11 - 25 years or more experience (see Table 1).
Table 1

Years of Experience

<table>
<thead>
<tr>
<th>Years</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>27</td>
<td>12.8</td>
</tr>
<tr>
<td>3-5</td>
<td>38</td>
<td>18.0</td>
</tr>
<tr>
<td>6-10</td>
<td>44</td>
<td>20.9</td>
</tr>
<tr>
<td>11-14</td>
<td>29</td>
<td>13.7</td>
</tr>
<tr>
<td>15-19</td>
<td>41</td>
<td>19.4</td>
</tr>
<tr>
<td>20-24</td>
<td>27</td>
<td>12.8</td>
</tr>
<tr>
<td>25+</td>
<td>5</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Education

All of the respondents had earned a baccalaureate degree (see Table 2). Only three (1.4%) respondents indicated they held a graduate degree with three additional people currently working towards completion of a magistral degree. There were no respondents with doctoral preparation. Nurses with doctorates may be employed at post secondary institutions or in management positions rather than in direct client service.
Table 2

**Education - Highest Level Attained**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baccalaureate</td>
<td>208</td>
<td>98.6</td>
</tr>
<tr>
<td>Master's</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>PhD</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Master's in progress</td>
<td>3</td>
<td>1.4</td>
</tr>
</tbody>
</table>

**Geographic Location**

The majority (48.1%) of respondents worked primarily in urban centres. The rural areas accounted for 21.4% of the respondents and the remainder (30.5%) worked in mixed urban/rural locations. A survey of the number of positions in public health nursing by health unit was completed by the Ministry of Health for 1996/97 (Province of British Columbia, Ministry of Health, 1996c). For this study the location of the health units were designated as rural, urban, or mixed urban/rural. Based on these designations and the number of positions in each health unit the approximate distribution pattern for the geographic work locations are: 50% urban, 30% mixed urban/rural, and 20% rural. This is consistent with the distribution of the respondents in this study.

**Findings and Discussion Related to Research Questions**

The means, standard deviations, and Cronbach's alpha for the four subscales used in this study are presented in Table 3. Cronbach's coefficient alpha was used for assessing the
internal-consistency reliability of the subscales. Cronbach's alpha for the entire 57 items on the questionnaire was .88 which is an acceptable level. Among the subscales, reliability varied from .62 to .88 as shown in Table 3. There are no standards for the required level of the reliability coefficient but generally coefficients within .60 or .70 are considered to be adequate for group level comparisons (Polit & Hungler, 1995). For this study reliability is adequate for all subscales since comparisons are at the group level rather than at individual levels.

The means are based on the Likert scale rating of 1 to 5. The scale was: one represents strong agreement, two is agree, three is neutral, four is disagree, and five is strongly disagree. As shown in Table 3, the mean varies from 1.70 to 2.01 which indicates agreement with the items on the subscales.

Table 3
Means, Standard Deviations, and Cronbach's Alpha for subscales

<table>
<thead>
<tr>
<th>Subscale</th>
<th>X</th>
<th>SD</th>
<th>Items</th>
<th>n</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predisposing Factors</td>
<td>1.77</td>
<td>.30</td>
<td>36</td>
<td></td>
<td>.88</td>
</tr>
<tr>
<td>Enabling Factors</td>
<td>2.01</td>
<td>.33</td>
<td>16</td>
<td></td>
<td>.62</td>
</tr>
<tr>
<td>Reinforcing Factors</td>
<td>1.84</td>
<td>.46</td>
<td>8</td>
<td></td>
<td>.75</td>
</tr>
<tr>
<td>Health Promotion Activities</td>
<td>1.70</td>
<td>.30</td>
<td>21</td>
<td></td>
<td>.82</td>
</tr>
</tbody>
</table>
**Predisposing factors (Research Questions 1, 2, 3)**

Predisposing factors include knowledge, attitudes, beliefs, values, perceived needs, and abilities. The identification of predisposing factors provides information to answer three research questions describing public health nurses' attitudes and perceived knowledge about health promotion, and the value they place on health promotion. The research questions addressed are:

1. What are public health nurses' attitudes about health promotion?
2. Do public health nurses' value health promotion?
3. What are public health nurses' perceptions of their knowledge about health promotion?

Thirty-six items on the questionnaire tested for predisposing factors. In all items the majority of public health nurses indicated they strongly agreed or agreed with the statements (see Table 4). The percentage of affirmative responses varied from 51.2% to 100%.
Table 4

Predisposing Factors

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Frequency</th>
<th>Strongly agree/agree (percent %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy lifestyles is a important topic for client teaching.</td>
<td>208</td>
<td>98.6</td>
</tr>
<tr>
<td>Teaching clients how to care for themselves is an important part of a nurse’s role.</td>
<td>205</td>
<td>97.2</td>
</tr>
<tr>
<td>Teaching clients about disease processes is part of a public health nurse’s role in health promotion.</td>
<td>185</td>
<td>87.7</td>
</tr>
<tr>
<td>Clients expect public health nurses to encourage them to adopt healthy lifestyles.</td>
<td>169</td>
<td>80.1</td>
</tr>
<tr>
<td>I encourage clients to be involved in health promoting activities.</td>
<td>205</td>
<td>97.2</td>
</tr>
<tr>
<td>Public health nurses’ counselling efforts can help depressed clients.</td>
<td>169</td>
<td>80.1</td>
</tr>
<tr>
<td>Public health nurses’ practice includes supporting clients and their families/caregivers.</td>
<td>209</td>
<td>99.1</td>
</tr>
<tr>
<td>Counselling clients that have been physically abused is sometimes part of a public health nurses’ role.</td>
<td>164</td>
<td>77.7</td>
</tr>
<tr>
<td>Health promotion activities include enhancing clients coping skills.</td>
<td>209</td>
<td>99.1</td>
</tr>
<tr>
<td>Health promotion group work with clients is sometimes part of a public health nurse practice.</td>
<td>208</td>
<td>98.6</td>
</tr>
</tbody>
</table>

(table continues)
<table>
<thead>
<tr>
<th>Survey item</th>
<th>Frequency</th>
<th>Strongly agree/ agree (percent %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I generally model healthful lifestyles for my clients.</td>
<td>199</td>
<td>94.3</td>
</tr>
<tr>
<td>Encouraging clients to advocate for themselves is a part of a public health nurses' role in health promotion.</td>
<td>208</td>
<td>98.6</td>
</tr>
<tr>
<td>A public health nurse may assume the role of client advocate.</td>
<td>206</td>
<td>97.6</td>
</tr>
<tr>
<td>Ensuring a healthful work environment is important to me.</td>
<td>207</td>
<td>98.1</td>
</tr>
<tr>
<td>Health promotion is an important part of my role.</td>
<td>208</td>
<td>98.6</td>
</tr>
<tr>
<td>A public health nurse’s health promotion activities are planned.</td>
<td>142</td>
<td>67.3</td>
</tr>
<tr>
<td>I change health unit rules or routines to accommodate client’s control.</td>
<td>108</td>
<td>51.2</td>
</tr>
<tr>
<td>I involve client’s families/caregivers in health promotion when appropriate.</td>
<td>207</td>
<td>98.1</td>
</tr>
<tr>
<td>I participate in health promotion activities with my nursing colleagues in my workplace.</td>
<td>190</td>
<td>90.1</td>
</tr>
<tr>
<td>Research based practice is important in health promotion.</td>
<td>188</td>
<td>89.1</td>
</tr>
<tr>
<td>Public health nurses’ play an important role in helping clients become more confident in their ability to manage.</td>
<td>203</td>
<td>96.2</td>
</tr>
<tr>
<td>Public health nurses’ have membership on intersectoral or multidisciplinary boards or committees.</td>
<td>181</td>
<td>85.8</td>
</tr>
<tr>
<td>I take opportunities to make the public aware of health issues.</td>
<td>188</td>
<td>89.1</td>
</tr>
</tbody>
</table>

*(table continues)*
<table>
<thead>
<tr>
<th>Survey item</th>
<th>Frequency</th>
<th>Strongly agree/agree percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client participation in identifying their health issues is important.</td>
<td>211</td>
<td>100.0</td>
</tr>
<tr>
<td>Knowing about cultural values helps nurses in their health promotion efforts.</td>
<td>211</td>
<td>100.0</td>
</tr>
<tr>
<td>My experience as a public health nurse has taught me about health promotion.</td>
<td>192</td>
<td>91.0</td>
</tr>
<tr>
<td>In my basic nursing, degree, or post RN certification program, health promotion was included in the course work.</td>
<td>135</td>
<td>64.0</td>
</tr>
<tr>
<td>Since graduation I have taken courses on health promotion.</td>
<td>124</td>
<td>58.8</td>
</tr>
<tr>
<td>I am comfortable with my skills in health promotion.</td>
<td>146</td>
<td>69.2</td>
</tr>
<tr>
<td>My knowledge about nurse-client relationships that are health promoting is adequate.</td>
<td>132</td>
<td>62.6</td>
</tr>
<tr>
<td>I am comfortable supporting clients to be self-reliant.</td>
<td>202</td>
<td>95.7</td>
</tr>
<tr>
<td>Health promotion is an &quot;everyday&quot; thing for public health nurses.</td>
<td>195</td>
<td>92.4</td>
</tr>
<tr>
<td>I have the knowledge to advocate for a healthy health unit.</td>
<td>165</td>
<td>78.2</td>
</tr>
<tr>
<td>I have the knowledge to advocate for a healthy community.</td>
<td>182</td>
<td>86.3</td>
</tr>
<tr>
<td>Health education is one component of health promotion.</td>
<td>209</td>
<td>99.1</td>
</tr>
<tr>
<td>I am involved in health promotion activities in my community.</td>
<td>172</td>
<td>81.5</td>
</tr>
</tbody>
</table>
While not shown in Table 4, public health nurses valued health promotion; mean score was 9.06 on the visual analogue scale (item # 59) where 1 indicated "no role" and 10 "extremely important role". Most (72.0%) public health nurse carried out health promotion activities daily. As shown in Table 4, this fits with the rating of 98.6% (agree/strongly agree) of the statement on the questionnaire "health promotion is an important part of my role" and 92.4% that "health promotion is an "everyday" thing...".

As shown in Table 4, the majority (64%) of public health nurses noted that they had taken health promotion courses in their basic nursing or degree programs. Just over half (58.8%) of the nurses indicated they had taken courses in health promotion since their graduation. Only positive responses are shown in Table 4; however, 20.4% of respondents indicated that health promotion was not included in their courses and 28.4% indicated they had not taken health promotion courses since graduation. A neutral response was provided by 33 (15.6%) public health nurses as to whether courses were included in their nursing program and 27 (12.8%) indicated a neutral response to taking health promotion courses since graduation. Ninety-one percent of public health nurses indicated that experience as a public health nurse contributed to their knowledge about health promotion (see Table 4).

The majority (62.6%) of public health nurses were
satisfied with their knowledge about health promoting nurse-client relationships (see Table 4) and that they felt comfortable with their skills in supporting clients to be self-reliant (95.7%). The affirmative responses are shown in Table 4, but thirty-seven percent of public health nurses indicated they were either neutral or not comfortable with their knowledge about nurse-client relationships.

One hundred percent of public health nurses supported the statement that knowledge about cultural values is important (see Table 4). In the open ended questions, several respondents noted that working with multicultural groups was a significant component of their public health nursing practice.

The majority (69.2%) of public health nurses indicated they were comfortable with their skills in health promotion (see Table 4). Only affirmative responses are shown in Table 4, however, some (30.8%) public health nurses indicated they were either neutral or disagreed with the questionnaire item.

Public health nurses indicated that healthy lifestyles (98.6%) and disease processes (87.7%) were important topics for client teaching (see Table 4). Public health nurses think that clients expect to be encouraged to adopt health lifestyles (80.1%). Public health nurses also believe they have an important role in helping clients become confident in their ability to manage (96.2%). Health information is important as it supports client decision making and provides a basis for self reliance and confidence.
Most (80.1%) respondents agreed public health nurses' counselling efforts for depressed clients were helpful and counselling with abused clients was part of their role (77.7%). Affirmative responses are shown in Table 4 but some nurses also provided neutral responses (16.1%, 10.4% respectively) or disagreed (3.8%, 11.8%) with these statements. Several nurses commented in the open ended questions on their rating, one stated: "I disagreed with the use of the word counselling. I may help a person look at her/his situation and to access another community resources, but do not do actual counselling around the abuse". Another said: "I may talk with them and listen to their story but any formal counselling I believe should come from trained individuals, although being there for clients to talk, I think can be very helpful to them". Another respondent had a differing viewpoint writing: "I feel there is a huge need for public health nurses to be good at counselling skills."

Many public health nurses do work with clients that have been abused or are depressed, for example, children that have been abused or women who have experienced an abusive relationship, or women with postpartum depression. While a variety of nursing services may be provided, clients often receive support, encouragement, and information from public health nurses. This may or may not fit with individual definitions of counselling. CPHA (1990) identifies supportive and crisis counselling as skills required in the role of a
public health nurse. The CNA's (1996) vision of nursing states that "registered nurses, as expert health educators and counsellors, are sought to help people change their health behaviours, and to help families and communities stay healthy" (p.1).

Just over half (51.2%) of the public health nurses agreed that they changed or modified health unit rules (see Table 4). Approximately one third (30.3%) provided neutral responses or disagreed (18.5%) but one respondent noted in the open ended questions, "I do not change health unit rules because I strongly believe in policy - but I do change routines (eg. appointment times to accommodate clients needs)". The intent of the question was not to have nurses challenge safe practice or professional standards but to support access for clients.

An overwhelming majority (97.6%) of respondents indicated that public health nurses have an advocacy role (see Table 4). CPHA (1990) describes the advocate role as one of helping the socially disadvantaged to become aware of issues relevant to their health and promoting the development of resources that would result in "equal access to health and health related services". Labonte (1993) describes two types of advocacy. The first type, "advocacy for" is described as actions taken by professionals as a group in response to health and public policy issues that have been expressed by individual clients or community groups of clients (Labonte, 1993). The second advocacy role is "advocacy with" which is described as
professionals encouraging and supporting community groups in their own advocacy to address the health issues that have been identified (Labonte, 1993). The responses to two items on the questionnaire that relate to advocacy roles indicate that public health nurses have a role in both "advocacy for" and "advocacy with". The statement, "A public health nurse may assume the role of client advocate" received 97.6% affirmative responses. Almost all (98.6%) respondents indicated agreement with the second statement, "Encouraging clients to advocate for themselves is part of a public health nurse's role in health promotion". The first statement reflects "advocacy for" and the second statement supports "advocacy with".

Public health nurses also indicated they have the knowledge to advocate for a healthy health unit (78.2%) and a healthy community (86.3%).

Approximately 89% of respondents agreed with the statement "research based practice is important in health promotion" (see Table 4). In the open ended questions many respondents indicated their support for research based practice and noted that it was a positive factor in health promotion practice. However, many respondents indicated that research and evaluation were needed and that the lack of research and evaluation were barriers to health promotion practice. Respondents also identified specific issues that need to be researched. For example, whether health fairs and classroom presentations on health topics are effective and
result in behaviour change, and research to identify the economic benefits of health promotion practice. Respondents also suggested that the role of the public health nurse in schools and in teaching prenatal classes needs to be evaluated.

As shown in Table 4, 67.3% of public health nurses indicated that their health promotion activities were planned. In the open ended questions public health nurses identified planning as an important facilitative factor for health promotion. They suggested that long term planning with clear goals and objectives were important.

Public health nurses have positive attitudes and beliefs about the value of public health nursing, and their nursing practice. They made positive comments in the open ended questions about public health nurses' knowledge, skills, attitudes, abilities, and expertise.

In the open ended questions, public health nurses' noted they have general knowledge, knowledge of health, health issues, and health promotion. This knowledge base was seen as important in facilitating health promotion. Many also noted that public health nurses' had communication, interviewing, listening, teaching, and group facilitation skills.

Trusting, professional, confident, and positive attitudes of public health nurses were seen as facilitating factors for health promotion in the open ended questions. Abilities to problem solve, organize, set priorities, and identify
different community needs were also noted as facilitative factors. Additionally, public health nurses' abilities to think creatively and take on challenges were noted.

In the open ended questions, public health nurses identified their holistic understanding of health, family, and community as a facilitator of health promotion. Public health nurses' also identified the factors of motivation and willingness to change the way they practice, their enthusiasm, and caring. Other factors identified by public health nurses were: experience, insight, open mindedness, willingness to take risks, and dedication to client service delivery. The independence and autonomy of public health nursing were also identified as positive factors facilitating health promotion.

These findings are supported by the study of public health nurses perceptions of public health nursing conducted by Reutter and Ford (1996). Public health nurses in their study also identified their broad knowledge base, understanding of community, and autonomy as important factors in their work.

**Enabling Factors (Research Question 4)**

The identification of enabling factors provides information for the research question "what factors, as perceived by public health nurses enhance and inhibit health promotion by public health nurses?". Enabling factors influence behaviours and environmental change by acting as barriers or supports to these changes. Factors include skills
and resources. There were sixteen items on the questionnaire that tested enabling factors.

Public health nurses strongly indicated that team work, health unit support, the ability to refer to community agencies, knowledge about cultural values, and experience in public health nursing contributes positively to their health promotion practice. Issues related to the limited availability of resources, health unit activities, lack of continuity of information, inconsistent client teaching, time constraints, lack of computerized records, and an insufficient amount of learning opportunities were seen as negatively affecting health promotion practice.

There was mixed response from public health nurses in regard to the accessibility of up to date resources on health topics. Affirmative responses are shown in Table 5; respondents were evenly split between agreeing (42.2%) and disagreeing (42.1%) that resources were easily accessible. It was clear that adequate resources are not available for teaching coping skills to clients with chronic conditions. Only 17.1% indicated that adequate resources were available (see Table 5) and 51.5 % responded that they were not. A sizeable number (31.4%) of respondents indicated they neither agreed or disagreed.
Table 5

**Enabling Factors**

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Frequency</th>
<th>Strongly agree agree (percent %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health nurses health promotion efforts would be strengthened by consistent client teaching.</td>
<td>190</td>
<td>90.1</td>
</tr>
<tr>
<td>Knowing about cultural values help nurses in their health promotion efforts.</td>
<td>211</td>
<td>100.0</td>
</tr>
<tr>
<td>Health Promotion efforts would improve if there were more time for client conferences, inservices and client teaching.</td>
<td>180</td>
<td>85.3</td>
</tr>
<tr>
<td>Time constraints are a barrier to nurses undertaking health promotion activities.</td>
<td>198</td>
<td>93.8</td>
</tr>
<tr>
<td>Learning more about health promotion will help me provide better client care.</td>
<td>203</td>
<td>96.2</td>
</tr>
<tr>
<td>The team approach to client care strengthens a nurse’s health promotion efforts.</td>
<td>196</td>
<td>92.9</td>
</tr>
<tr>
<td>My experience as a public health nurse has taught me about health promotion.</td>
<td>192</td>
<td>91.0</td>
</tr>
<tr>
<td>Computerized records would help a public health nurse’s health promotion efforts.</td>
<td>148</td>
<td>70.1</td>
</tr>
<tr>
<td>I can refer client to community agencies.</td>
<td>211</td>
<td>100.0</td>
</tr>
<tr>
<td>Lack of continuity of information between different health unit departments interferes with a nurse’s health promotion efforts.</td>
<td>145</td>
<td>68.7</td>
</tr>
</tbody>
</table>

(table continues)
<table>
<thead>
<tr>
<th>Survey item</th>
<th>Frequency</th>
<th>Strongly agree/ agree (percent %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My health unit is supportive of health promotion activities.</td>
<td>183</td>
<td>86.7</td>
</tr>
<tr>
<td>In my basic nursing, degree, or post certification program, health promotion was included in the course work.</td>
<td>135</td>
<td>64.0</td>
</tr>
<tr>
<td>Health unit activities on health promotion topics support a nurse’s ability to carry out health promotion activities.</td>
<td>121</td>
<td>57.3</td>
</tr>
<tr>
<td>There is easy access to up-dated resources on health related topics that help me in my health promotion efforts.</td>
<td>89</td>
<td>42.2</td>
</tr>
<tr>
<td>Since graduation I have taken courses on health promotion.</td>
<td>124</td>
<td>58.8</td>
</tr>
<tr>
<td>There are adequate resources for teaching coping skills to clients with chronic conditions.</td>
<td>36</td>
<td>17.1</td>
</tr>
</tbody>
</table>
In the open ended questions resources were frequently noted to be a major factor, acting as either a barrier or facilitator. Many of the comments indicated that resources were often lacking and that resources for those with specific needs, or target populations were lacking, for example, there are minimal materials available for individuals with low literacy and multicultural groups.

Public health nurses indicated in the open ended questions that resources for teaching and information on health related topics are needed. One respondent suggested that "having a well stocked RNABC or worksite library with health promotion program binders..." would facilitate program implementation. Public health nurses also noted that resources such as food and transportation for clients to access services were not available.

In the open ended questions public health nurses identified resource coordination as important. They also noted that it was important to have opportunities to brainstorm new ideas and share resources with each other. Respondents indicated that there was no vehicle for dissemination of innovations and that national and provincial networks were lacking. They identified libraries and the RNABC as providing useful resources. The internet was perceived to be useful but that it was not available through the worksite and some respondents used their personal resources such as computers and internet access. This
finding is reinforced by the survey conducted with public
health nurses in British Columbia (Province of B.C., Ministry
of Health and Ministry of Children and Families, 1997).
Public health nurses were surveyed to determine their interest
in a web site. The results indicated that nurses were
interested in having access to information. They supported
public access to health information and information about
public health nursing services. A web site and internet
access were seen as desirable. While public health nurses
supported this, there was also the recognition that most
nurses did not have access to computers at their worksites and
would require computer training.

In the open ended questions respondents indicated that
timely, focused interventions with a common definition or
understanding of health promotion would be of assistance to
health promotion practice. Respondents noted that job
descriptions should be reviewed and should clearly indicate
health promotion as a component of the public health nurses
responsibilities. Others suggested that practice standards be
clearly defined.

Some respondents noted there were different nursing
philosophies and nursing models being used in public health
nursing practice. Several respondents made comments in the
open ended questions about service delivery models for public
health nursing services. Two service delivery models were
identified, the generalist public health nursing services
model and the focused or speciality model. Public health nursing services using a generalist model provide services to all age groups and public health nursing programs. Focused nursing is often designed by age groups or programs such as school-aged, perinatal, or preschool. There was a mixed response to this issue with some nurses noting their support for focused nursing and others supporting the generalist model.

The majority (93.8%) of public health nurses indicated that time constraints are a barrier (see Table 5) with an additional 109 comments made in the open ended questions. It is clear that most nurses believe that lack of time is a major barrier to health promoting practice. Although one respondent noted that if health promotion was truly valued and seen as a high priority, time would not be an issue. Another said: "It's very frustrating to have the knowledge and the ideas to promote change, but not to have the time." As shown in Table 5, respondents (85.3%) also indicated that if there was more time available for client conferences, inservices, and client teaching that health promotion efforts would improve.

The majority (90.0%) agreed that consistent client teaching would also strengthen health promotion efforts (see Table 5). One respondent wrote in the open ended questions, "I agree that consistency in content is critical but the method of teaching/intervention must be free to be creatively unique". Consistency of information between health unit
departments was seen as an issue with 68.7% of respondents agreeing that the lack of continuity of information interferes with health promotion efforts. Health unit departments may include services such as dental, nutrition, hearing, speech, long term care, and home care programs.

In the open ended questions public health nurses indicated that the lack of staff acted as a barrier to health promotion practice. A few people noted that "staffing has never kept up with population growth and demands of the public health nursing program".

Funding and money were also identified as barriers in the open ended questions. It was noted that funding was necessary for adequate staffing and for research. Heavy work load was identified by several respondents as a negative factor. Workload, staffing levels, and time pressures are interrelated and will affect the working environment. One public health nurse wrote: "staff morale is low because of chronic heavy workloads so that it's hard (if not impossible) to motivate people to be involved in a lot of the community health promotion events we used to do, because it all has to come out of our own time".

Health unit activities on health promoting topics were generally perceived as supporting public health nurses' health promotion activities, with 57.4% of respondents agreeing with this statement (see Table 5). Neutral or responses of disagreement are not presented in Table 5; however, 23.4% of
responses were neutral and 18.7% disagreed that health unit activities were supportive. Respondents (86.7%) indicated that the health unit was supportive of health promotion activities. This was also reflected in many of the comments in the open ended questions.

In the open ended questions many public health nurses noted the importance of support, respect, and encouragement from their co-workers in enabling health promotion. Many noted that team work with colleagues and other health professionals was important. The affirmative response (92.9%) to the questionnaire item "the team approach to client care strengthens a nurses' health promotion efforts" indicates strong support (see Table 5).

In the open ended questions support, commitment, and encouragement from the organization and administration, such as supervisors, were identified as significant factors enabling health promotion. Strong and competent leaders in the field with a strong vision for health promotion were seen as facilitating health promotion practice. It was noted that the philosophy of management needed to include "support for line workers' perceptions" and place "value on clients' input".

Public health nurses indicated in their responses to the open ended questions that they wanted administrators to be broad minded and innovative, and to support and encourage innovative and creative practice. Public health nurses wanted
to be able to get ideas and encouragement to try new things, and take some risks. The recognition of work done was also important in fostering health promotion practice.

Several respondents in the written comments section indicated there was lack of support and leadership from administrators or supervisors. They indicated that communication and stimulation were lacking. A few respondents identified that administration was not providing staff with current clinical information and did not provide good management of public health nurses' creativity, abilities, and knowledge. Others noted that there was insufficient positive feedback from supervisors in regard to health promotion.

Public health nurses indicated in the open ended questions that the government and bureaucracy are not seen as facilitative factors for health promotion. Many said that government policies and politics negatively affected health promotion. There was a belief that policies were made according to "politics of the day rather than health prevention and promotion needs". Some indicated that the governments' belief and value system were directed more towards acute care rather than promotion. Others indicated there was lack of importance and value for health promotion and prevention activities which was reflected by the lack of an adequate financial commitment to health promotion programs.

Stewart and Arklie's (1994) study found that insufficient time for client care, insufficient staff, perceived lack of
support from supervisors, heavy workload, and lack of value placed on work, affected stress levels of public health nurses. A supportive work environment has a positive influence on job satisfaction, which is associated with quality of care, enjoyment of work, and time to care. According to the CNA (1995), environments that foster quality care include fostering a spirit of inquiry and professional growth, and facilitating continued learning, protecting and promoting the health, safety and personal well-being of nurses. Chambers et al. (1989) suggested that the public health nurses' role in health promotion would be facilitated by the development of participatory cultures in organizations.

The majority of respondents (70.1%) indicated that computerization of records would contribute to health promotion efforts by public health nurses (see Table 5). Over one quarter (29.8%) of the respondents indicated they were either neutral or disagreed that computerization would help health promotion practice.

While computerization may not contribute directly to health promoting practice, health systems information can be useful in determining outcomes of health promoting practices, client outcomes, and health issues for communities and aggregates. Such systems can be used to link information needs to interventions (Stewart & Langille, 1995) and support research or evidence based practice. Information systems can improve efficiency, support resource allocation, and have the
potential to decrease paperwork and save nursing time. In the open ended questions public health nurses recognized that the amount of paperwork is an issue negatively affecting health promotion in their practice. One public health nurse said, "Computers would be extremely helpful to decrease time spent doing paperwork and accessing records." Another said, "we spend an awful lot of wasted time - it should all be on computer, if these tasks (paperwork) could be eliminated we would be free to do more health promotion".

Most (96.2%) public health nurses indicated they would be assisted in providing better client care if they learned more about health promotion (see Table 5). In the open ended responses many nurses said that continuing education and inservices were facilitators of health promotion practice or barriers if they were not available. Even though many public health nurses had taken courses in their basic program (64.0%) or taken postgraduate courses (58.8%), they identified the need for additional continuing education opportunities. One nurse noted that professional development was necessary "to keep public health nurses' knowledge/skill on the leading edge". Public health nurses suggested that workshops, inservices, and resources to gain new skills in health promotion, upgrade current practices, and to stay up to date with changes would be helpful. One respondent noted that the RNABC could play a more active role in providing inservices on topics such as health promotion. Another respondent indicated
that continuing education increases knowledge and also fosters enthusiasm.

Reinforcing factors (Research Question 5)

The identification of reinforcing factors answers the research question "what factors, as perceived by public health nurses reinforce health promotion by public health nurses?" Reinforcing factors support or discourage continuation of health promoting behaviours and include factors such as visible results, collegial support and client feedback. Eight items on the questionnaire tested for reinforcing factors.

As shown in Table 6, the majority (84.8%) of public health nurses indicated that feedback about the effectiveness of health teaching is lacking. In the open ended questions the lack of outcomes and evaluation were also identified as barriers to health promotion practice. Public health nurses identified the need for "better tools to measure outcomes" noting that it is "difficult to measure outcomes".

The majority (87.7%) of public health nurses indicated they felt positive about their activities and 91.0% believed they made a difference in the lives of clients (see Table 6). The majority (80.0%) also felt challenged and stimulated in their nursing practice and many (76.8%) public health nurses indicated that they had opportunities to be innovative and creative. Approximately sixty nine percent of the public health nurses felt a sense of accomplishment at the end of the day. These findings are supported by the study by Clarke et
al. (1990) and Reutter and Ford (1996) that found that contributing factors to feelings of success and satisfaction included making a difference in the lives of clients, positive outcomes, and the sense of accomplishment at the end of the day.

Table 6
Reinforcing factors

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Frequency</th>
<th>Percent(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback about the effectiveness of health teaching is lacking.</td>
<td>179</td>
<td>84.8</td>
</tr>
<tr>
<td>If the family/caregiver supports client's lifestyle changes a nurse’s health promotion efforts are more effective.</td>
<td>205</td>
<td>97.2</td>
</tr>
<tr>
<td>Societal values that are in opposition to the values of health promotion are a barrier to health promotion efforts.</td>
<td>197</td>
<td>93.4</td>
</tr>
<tr>
<td>I feel positive and good about what I am doing.</td>
<td>183</td>
<td>86.7</td>
</tr>
<tr>
<td>I am challenged and stimulated in my nursing practice.</td>
<td>168</td>
<td>79.6</td>
</tr>
<tr>
<td>I think I make a difference in the lives of clients by assisting them with their health goals.</td>
<td>192</td>
<td>91.0</td>
</tr>
<tr>
<td>I feel a sense of accomplishment at the end of the day.</td>
<td>146</td>
<td>69.2</td>
</tr>
<tr>
<td>I have opportunities to be innovative or creative in my nursing practice.</td>
<td>162</td>
<td>76.8</td>
</tr>
</tbody>
</table>

Public health nurses expressed the desire to have more opportunities to talk to other public health nurses who are
trying new things and to discuss programs and jointly develop creative ways to do health promotion. Proactive and motivated colleagues were also identified as reinforcing factors. In the open ended questions several respondents noted that colleagues were not always supportive and that some coworkers were apathetic or acted as barriers when trying to set up new programs.

In the open ended questions, characteristics of the community or clients that supported health promotion practice were identified as community ownership, involvement, and interest. One respondent noted that general awareness of the public of healthy lifestyles enhances public health nurses' abilities to connect effectively in these areas. Client confidence in skills and knowledge of public health nurses' contributed positively to health promotion practice. It was noted that clients also have trust and believe that the nurse is a credible resource. As shown in Table 6, public health nurses indicated that health promotion efforts are more effective when supported by a client's family or caregivers (97.2%).

There were other characteristics of the client or community that were identified as not supportive or acted as barriers to health promotion: for example, community reluctance or resistance, or that the community/client saw no need for health promotion. Sometimes language and cultural differences were perceived as barriers. Public health nurses
(93.4%) supported the statement that societal values that are in opposition to the values of health promotion are a barrier to health promotion efforts.

Public, client, and other professionals' awareness and attitudes about the role of public health nurses and health promotion were identified as facilitators or inhibitors of health promotion in the open ended questions. The facilitators include the belief that public health nurses are widely accepted by the public, generally seen as positive and non-threatening, respected for their expertise, and regarded as credible sources of information. This viewpoint is supported by Rankin and Leversage (1991) who noted that public health nurses are seen by people as nonthreatening health experts and who can often assist in high risk situations where others cannot.

In the open ended questions public health nurses identified that a major barrier to health promotion practice is a lack of awareness of the public health nurses' role by the medical profession, other health care professionals, and the public. As one nurse noted, "they need a better understanding of what we do." Another respondent stated there is lack of recognition of the set of skills that public health nurses have and there is a perception that "anyone" can do the work of public health nurses. It was also noted that greater public awareness of the public health nurses' role would result in better utilization of public health nurses as
resources. Several respondents suggested that public health nurses need to take an active role in addressing the issue of public recognition by "each public health nurse promoting positive public awareness of the role of public health nursing in prevention and promotion" and by "nurses being more assertive about their important role".

Respondents in the open ended questions also indicated there is a lack of understanding at the political level of the value of health promotion and that health promotion initiatives can decrease health care costs. The respondents believe that politicians do not understand the role of public health nurses. Chambers et al. (1989) indicated that public health nurses play a significant role in health promotion and suggested that health care strategists should examine public health nurses' contributions to community health and health promotion before suggesting alternative approaches.

The concern that the role of public health nursing is not understood is a concerned shared by other nurses. The RNABC (1990c) noted that there is a persistent lack of understanding of the full scope of nurses' knowledge and skills. This lack of understanding has led to under utilization of nurses in the overall health care system.

Health Promotion Activities (Research Question 6)

The research question "what health promotion activities do public health nurses conduct?" was tested using twenty-one items from the questionnaire. Responses from the open ended
questions were also categorized and included in the analysis.

As shown in Table 7, public health nurses strongly supported teaching clients self care (97.2%) and enhancing clients coping skills (99.1%). Public health nurses indicated that client involvement in health promoting activities (97.2%) and client participation in identifying their own health issues (100%) are important. These responses indicate that public health nurses support the principles of health promotion and empowering strategies in their work with clients.

Respondents indicated that they included client's families/caregivers when appropriate (98.1%) and support was provided to them (99.1%) as well. These are also important strategies as social support is an important element in health promotion.

The respondents (98.6%) indicated that group work is part of public health nursing practice (see Table 7). Labonte (1993) proposes that the small group may be the most important vehicle of empowerment because it promotes connectedness and the feeling that the individual is not alone. Groups can decrease social isolation and increase social support. According to Labonte (1993) small groups can become the precursors for broad community action.
Table 7

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Frequency</th>
<th>Strongly agree agree (percent %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I encourage clients to be involved in health promoting activities.</td>
<td>205</td>
<td>97.2</td>
</tr>
<tr>
<td>I generally model healthful lifestyles for my clients.</td>
<td>199</td>
<td>94.3</td>
</tr>
<tr>
<td>Ensuring a healthful work environment is important to me.</td>
<td>207</td>
<td>98.1</td>
</tr>
<tr>
<td>I involve clients’ families/caregivers in health promotion when appropriate.</td>
<td>207</td>
<td>98.1</td>
</tr>
<tr>
<td>I can refer clients to community agencies.</td>
<td>211</td>
<td>100.0</td>
</tr>
<tr>
<td>I change health unit rules or routines to accommodate clients’ control.</td>
<td>108</td>
<td>51.2</td>
</tr>
<tr>
<td>I participate in health promotion activities with my nursing colleagues in the workplace.</td>
<td>190</td>
<td>90.0</td>
</tr>
<tr>
<td>I am involved in health promotion activities in my community.</td>
<td>172</td>
<td>81.5</td>
</tr>
<tr>
<td>I take opportunities to make the public aware of health issues.</td>
<td>188</td>
<td>89.1</td>
</tr>
<tr>
<td>Public health nurses’ have membership on intersectoral or multidisciplinary boards or committees.</td>
<td>181</td>
<td>85.8</td>
</tr>
<tr>
<td>Public health nurses’ practice includes supporting clients and their families/caregivers.</td>
<td>209</td>
<td>99.1</td>
</tr>
</tbody>
</table>

(table continues)
<table>
<thead>
<tr>
<th>Survey item</th>
<th>Frequency</th>
<th>Strongly agree/agree (percent %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching clients about disease processes is part of a public health nurses' role in health promotion.</td>
<td>185</td>
<td>87.7</td>
</tr>
<tr>
<td>Teaching clients how to care for themselves is an important part of a public health nurses role.</td>
<td>205</td>
<td>97.2</td>
</tr>
<tr>
<td>Health promotion group work with clients is sometimes part of a public health nurses' practice.</td>
<td>208</td>
<td>98.6</td>
</tr>
<tr>
<td>A public health nurse may assume the role of advocate.</td>
<td>206</td>
<td>97.6</td>
</tr>
<tr>
<td>Client participation in identifying their health issues is important.</td>
<td>211</td>
<td>100.0</td>
</tr>
<tr>
<td>Health promotion activities include enhancing client’s coping skills.</td>
<td>209</td>
<td>99.1</td>
</tr>
<tr>
<td>The health promotion activity that I mainly use in my nursing practice is health education.</td>
<td>185</td>
<td>87.7</td>
</tr>
<tr>
<td>Health promotion is an everyday thing for public health nurses.</td>
<td>195</td>
<td>92.4</td>
</tr>
<tr>
<td>Public health nurses' counselling efforts can help depressed clients.</td>
<td>169</td>
<td>80.1</td>
</tr>
<tr>
<td>Counselling clients that have been physically abused is sometimes part of a public health nurses' role.</td>
<td>164</td>
<td>77.8</td>
</tr>
</tbody>
</table>
Approximately 95% of the respondents indicated they model healthy lifestyles for their clients (see Table 7). Most (90.0%) nurses indicated that they participated in health promotion activities in the workplace, and that a healthful work environment was important (98.1%). The majority of public health nurses (81.5%) participated in health promotion activities in the community.

Public health nurses (85.5%) indicated that public health nurses are members of intersectoral or multidisciplinary boards or committees (see Table 7). Membership on community boards can influence health and facilitate nursing participation in policy and program development (Stewart, 1995). As shown in Table 7, public health nurses (89.1%) stated they took opportunities to make the public aware of health issues.

All respondents are members of the Registered Nurses' Association of British Columbia. As shown in Table 8, the majority (64.5%) of respondents reported they were not a member of a professional association or practice group while approximately one third (31.3%) indicated they held memberships. Respondents who stated that they held memberships were requested to specify in the demographic information the group in which they were members. Fifty percent reported that they were members of the RNABC Community Health Nurses Group while others stated that memberships are held in a variety of groups such as the perinatal, global
health, holistic, pediatric practice groups, British Columbia Public Health Association (BCPHA), and CPHA.

Table 8

Membership in Professional Associations or Practice Groups

<table>
<thead>
<tr>
<th>Membership</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>66</td>
<td>31.3</td>
</tr>
<tr>
<td>No</td>
<td>136</td>
<td>64.5</td>
</tr>
<tr>
<td>No response</td>
<td>9</td>
<td>4.3</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>100.0</td>
</tr>
</tbody>
</table>

An effective strategy to increase visibility and influence change and support public policy is to hold membership in national and provincial nursing organizations, and professional practice groups. Public policy can be influenced through memberships and participation in national associations such as the CPHA or the Community Health Nurses Association of Canada. On the provincial level, the BCPHA and the provincial nursing associations or interest groups may also take political action, function as a networking resource, and sponsor continuing education.

As shown in Table 7, 87.7% of nurses stated that health education was the health promotion activity most frequently used in nursing practice. However, in the open ended questions public health nurses identified a variety of health promoting strategies they use in their practice; these include developing community profiles, collaboration with community,
community development, and healthy public policy. Practice is community based, and nurses' visits are in the community. It was also noted that nurses work in ways that foster client empowerment. Public health nurses are skilled in empowering clients to take responsibility for their health (Rankin & Leversage, 1991).

Public health nurses responses in the open ended questions supported the use of local, municipal, and provincial initiatives. The use of the media such as television, radio, and magazines can be "powerful message makers". Several nurses suggested that developing community profiles and then collaborating with the community to create activities and programs that would address the identified health issues are important health promoting strategies.

In the open ended questions, nurses identified the liaison role between family and community resources and community development as health promoting activities. Other health promotion strategies that were reported were connections with agencies and with multidisciplinary committees throughout the community, working with community groups, and ensuring that public health nursing services are available when needed.

Practice, Attitudes, and Demographics (Research Question 7)

The seventh research question was: "what is the effect on practice and attitudes of demographic variables such as professional membership, length of experience in public health
nursing, and geographic location?" This question was tested using the data collected in the demographic form included with the questionnaire.

The demographic variables were tested using SPSS Version 6.1. The t-test and one-way analysis of variance was conducted on three demographic variables: years of public health nursing experience, membership in professional associations/practice groups, and geographic location of nursing practice. These variables were tested with the predisposing, enabling, and reinforcing factors, and health promotion activities subscales. The results of the data analysis indicate that there were no differences between the predisposing, enabling, reinforcing factors or health promotion activities (HPA) in relation to the demographic variables (see Table 9). There was no significant difference at the .05 level for any of the demographic variables and the four subscales.

Table 9

Results of t-test and One-Way Analysis of Variance

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Predisposing</th>
<th>Enabling</th>
<th>Reinforcing</th>
<th>HPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years experience</td>
<td>.4370</td>
<td>.1454</td>
<td>.5817</td>
<td>.3461</td>
</tr>
<tr>
<td>Geographic Location</td>
<td>.2196</td>
<td>.3157</td>
<td>.6926</td>
<td>.3304</td>
</tr>
<tr>
<td>Membership</td>
<td>.683</td>
<td>.315</td>
<td>.670</td>
<td>.904</td>
</tr>
</tbody>
</table>
Diagnoses - Green and Kreuter's Framework

As outlined in Green and Kreuter's framework (1991), diagnoses are established in all phases of the framework. The social and epidemiological diagnoses from phases one and two were presented in Chapter One.

The behavioural and environmental diagnoses in the third phase were established by analysis of the literature review, questionnaire items, and the responses to the open ended questions. Findings are included in the discussion of the three factors: predisposing, enabling, and reinforcing factors. Environmental factors are often external to the individual or group and are often not affected by actions of the individual or group. In this study significant environmental factors were the limited resources allocated by the provincial government to public health nursing and the lack of public recognition of public health nurses knowledge and skills.

The fourth phase of the framework, the educational and organizational diagnoses were established by identifying the predisposing, enabling, and reinforcing factors. Questionnaire items and responses to the open ended questions were categorized into these three factors. Predisposing factors include knowledge, attitudes, beliefs, values, and perceived needs and abilities. Enabling factors are skills, resources, or barriers that can support or limit the desired behavioural and environmental changes. Reinforcing factors
encourage or discourage continuation of the desired behaviours. Findings for each of the factors were presented in this chapter. Significant predisposing factors identified in this study were public health nurses knowledge, abilities, characteristics and the value they place on health promotion. Enabling factors that facilitated health promotion were teamwork, supportive administration, and adequate knowledge, skills and resources. Barriers that hindered health promotion efforts were insufficient funding, teaching and educational resources, time and computerized records. Reinforcing factors identified include job satisfaction and peer support.

The administrative and policy diagnosis is presented in Chapter Five. In this phase the strategies and resources required to facilitate the role of public health nurses' in health promotion are identified. These include strategies and resources that have implication for nursing practice, education, research, and administration.

Comparison between Original Study and Replication Study
Instrumentation

There were several differences between the instrument used in the original study and the instrument used in the replication study. The original questionnaire was revised to increase the items for the reinforcing subscale and to reflect public health nursing practice and language. Other differences have been described in Chapter Three.
Sample and Response

The population of interest in the original study was nurses working in hospitals and the sample was a convenience sample. This replication study used random sampling and the population of interest was public health nurses. The response rate for the replication study was 68%. The response rate was 52% after eliminating questionnaires from respondents that did not meet the selection criteria. The response rate for the original study was 53%.

Demographics

Years of Nursing Experience and Geographic Location

In both studies the average respondent had worked over 10 years in hospital nursing or public health nursing. The location of nursing practice of the original study was an urban teaching hospital and eight community hospitals ranging in size from 500 to fewer than 50 beds. The replication study identified location of public health nursing practice in health units as urban, rural, or as a urban/rural mix. In the original study approximately half (47.5%) of the respondents were from the urban area and the remainder worked in community hospitals. Given the size of these community hospitals it is likely that some of them were located in either rural areas or rural/urban areas. In the replication study 48.1% worked in urban areas and 51.5% worked in rural or urban/rural mix.

Education

There was a difference in educational preparation of the
respondents in the studies. Approximately 45% of hospital nurses held baccalaureate degrees compared to 100% of public health nurses. It was anticipated that educational preparation would be different since the sampling criteria for the two studies were different and a bachelors degree or diploma in public health/community nursing is a basic qualification for employment for nurses in public health nursing.

Data Analysis

Cronbach's alpha for all of the items on the original survey was acceptable at .87. The results were variable for the subscales but were adequate except for the reinforcing subscale. In this replication study, Cronbach's alpha was .88 for the all of the items on the survey. The results for the subcales varied from .62 to .88 but all subcales were considered adequate (see Table 3). The alpha for the predisposing factors subscale in both studies was identical (.88). There was a small difference in the enabling factors subscale with .69 in the original study and .62 in the replication study. There was a large difference in the alpha for the reinforcing factors subscale with .04 in the original study and .75 in the replication study. The original study and the replication study did not analyze data similarly for the promotion activities so the coefficient could not be compared for this subscale.

In both studies correlations between the demographic
variables and the subscales were conducted using t-tests. The demographic variables vary between the two studies. In the original study; age, highest level of education, length of time in practice, and hospital size were used in the data analysis. In the replication study, length of time of practice and location of practice (urban, rural, rural/urban mixed) were used in data analysis. The highest level of education was not tested since all respondents held a baccalaureate degree.

In the original study, there was no significant difference at the .05 level between the predisposing factors, enabling, and health promotion subscales, and age and length of time of practice. There was a significant difference related to education on the predisposing and health promotion subscales. In both of these subscales there were significantly higher scores by nurses who had post RN certification than nurses with a diploma. There was no difference for nurses with a baccalaureate degree. The findings of the replication study indicate that there was no significant difference at the .05 level for all the subscales for the demographic variables including years of experience, geographic location of practice, or professional membership.

**Findings**

**Predisposing Factors**

The means of the predisposing scale in both studies indicates that the respondents understood and accepted the
health promotion concepts and practices identified in the survey. The mean response in the original study and the replication study were "agree". In the study by Berland and Whyte (1993) the predisposing factors were tested with subcales for knowledge and perceived self efficacy. This replication study did not test the data using these subscales. Data for each item included in the predisposing subscale is not included in the report by Berland and Whyte (1993).

In both studies, respondents report that they believe health promotion is valued, a component of their role, and generally feel positive about their skills. Respondents in both studies indicated that health promotion was included in nursing program curriculum. There was a difference in the number of nurses completing health promotion courses since graduation, with 58.7% of public health nurses taking courses compared to 39.2% of hospital nurses. The lack of knowledge and skills in health promotion were identified as significant barriers for hospital nurses. In both studies respondents identified a desire for opportunities for continuing education courses. In the replication study public health nurses identified a wide range of knowledge and skills that supported health promotion and these were identified as facilitators of health promotion.

**Enabling Factors**

In the study by Berland and Whyte (1993) enabling factors were indeterminate with an average response of 3.06 which
indicates neither agreement or disagreement with the item. In the replication study the findings indicated that enabling factors were identifiable. The average response on the Likert scale on the revised questionnaire was 2.1 (agree).

Enabling factors from the questionnaire were compared by determining the difference in percentages of the affirmative responses to items included in the subscale. Percentage differences greater than 9% are shown in Table 9. The main differences in the responses were: referrals to community agencies (100% public health nurses compared to 76% hospital nurses) and agency support of health promotion activities (86.7% public health nurses compared to 66.1% hospital nurses).

In both studies the most critical enabling factor affecting nurses’ health promoting activities was time, with 93.8% of public health nurses and 98.9% of hospital nurses responding "time constraints are a barrier to nurses undertaking health promotion activities". In both studies nurses repeatedly noted time as an issue in the qualitative data.

In the original study, 76% of respondents agreed "I can refer clients to community agencies", compared to 100% of respondents in the replication study. The questionnaire item and the responses do not provide information about the number or type of community agencies to which hospital nurses or public health nurses actually refer. In the replication study
the responses in the open ended questions do not provide additional information on this issue and the report of the original study does not indicate if there was additional information provided in the qualitative data.

Table 10

Enabling Factors - Original and Replication Study

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Original Percent (%)</th>
<th>Replication Percent (%)</th>
<th>Difference Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can refer clients to community agencies.</td>
<td>76.0</td>
<td>100.0</td>
<td>24.0</td>
</tr>
<tr>
<td>My health unit (hospital) is supportive of health promotion activities.</td>
<td>66.1</td>
<td>86.7</td>
<td>20.6</td>
</tr>
<tr>
<td>Health unit (hospital) activities on health promotion topics support a nurse’s ability to carry out health promotion activities.</td>
<td>48.0</td>
<td>57.4</td>
<td>9.4</td>
</tr>
<tr>
<td>Health promotion efforts would improve if there were more time for client conferences, inservices and client teaching.</td>
<td>95.3</td>
<td>85.3</td>
<td>10.0</td>
</tr>
</tbody>
</table>

In the open ended questions lack of funding, heavy workloads, and lack of sufficient staff were barriers to health promotion in both studies. In the original study, hospital nurses also identified inadequate care plans, lack of authority in decision making, and nurses' task orientation as barriers to health promotion. The need for improvements in continuity of care, consistency in health teaching, and
communication between hospital and community nurses were identified as barriers. These barriers were not identified by public health nurses in the replication study. However, public health nurses identified barriers such as lack of public and professional awareness of the public health nursing role, and lack of political commitment to health promotion.

In both studies there were expressed needs for additional resources and for more emphasis on measuring outcomes of health promotion. Nursing attitudes, knowledge, skills, teamwork, and administrative support were identified as positive enabling factors in both studies.

Reinforcing Factors

In the study by Berland and Whyte (1993), the reinforcing scale was not used in their analysis due to its lack of reliability. However there were several factors identified in their study that are similar to the findings of the replication study. In both studies the qualitative data suggested that support from colleagues was an essential factor in supporting health promotion activities.

Client related factors were identified in both studies as barriers to health promotion practice in the open ended questions. Hospital nurses identified client related factors such as unwillingness to learn, acuity of illness, and emotional problems as barriers. Public health nurses identified factors such as lack of support from families and community reluctance to participate.
Health Promotion Activities

Responses to items that identified health promotion activities were compared using percentages. In the original study a questionnaire item stated, "I direct my health promotion activities to my nursing colleagues"; in the replication study this item was revised to read: "I participate in health promotion activities with my nursing colleagues in the workplace". Since this item was revised a direct comparison is not possible but it is still interesting to note there was a significant difference in the responses. In the original study the affirmative response was 48.6% and in the replication study using the revised item, the response was 90%.

Public health nurses strongly indicated (98.6%) that "health promotion group work is sometimes part of a public health nurses' practice". Hospital nurses were less likely (57.3%) to respond that health promotion group work was sometimes part of their nursing practice.

Fifty-seven percent of hospital nurses agreed that "Counselling patients following physical abuse is part of a nurse's role". In the replication study this item was revised and stated, "Counselling clients that have been physically abused is sometimes part of a public health nurses' role". Seventy-eight percent of public health nurses agreed with this item. In the replication study there were several comments in the open ended questions that indicated that "counselling" was
not necessarily defined consistently. In the report of the original study additional information was not noted about this viewpoint but this may also have been applicable to the original study.

Health promotion was seen as an everyday thing by 92.4% of public health nurses and 81.2% of hospital nurses. Ninety-two percent of public health nurses indicated that they conducted health promotion activities daily compared to 61% of hospital nurses. Public health nurses (98.1%) were slightly more likely to involve families or caregivers in health promotion than hospital nurses (91.2%).

In both studies teaching, promotion of self-care, and advocacy were regarded as health promotion activities. A number of health promotion activities were identified in the open ended responses in the replication study including community assessment, community development, marketing, and public policy. The report from the original study does not include information about additional health promotion activities conducted by hospital nurses.

**Summary**

There were similarities in the findings of both studies in the responses to the questionnaire and the open ended questions. These were reflected in the review of the findings for the predisposing, enabling, reinforcing, and health promotion subscales.

Respondents in both studies value health promotion. They
provide teaching, advocacy, and support for self care.
Respondents identified time constraints, lack of funding, lack of staff, inadequate resources, and heavy workloads as factors inhibiting health promotion practice. In both studies increased opportunities for courses in health promotion were desired to increase nurses' knowledge and skills in health promotion.

There were also differences between the studies. The populations studied were different, and the questionnaire was modified. In the original questionnaire the term "patient" was used and this term most likely represents the individual only. Client was defined in the replication study as an individual, group or community. This difference in definition will likely have an impact on the scope of practice and how health promotion activities are implemented.

Respondents in the original study were concerned about continuity of care and improving communication between hospital and community nurses. They identified their skills and knowledge in health promotion as a facilitator of health promotion practice and their lack of knowledge and skill as a barrier.

Respondents in the replication study were more likely to engage in group work with clients, make referrals to community agencies, and their workplace was more supportive of health promotion activities. They were concerned about the lack of computerization, the lack of awareness of the public health
nursing role, and the lack of political commitment to health 
promotion. Respondents identified their skills, abilities, 
and knowledge as a facilitator for health promotion.

There was a lapse of four years between the original 
study and the replication study. There have been significant 
events and changes occurring in the health care system during 
this time which may affect attitudes, knowledge, and awareness 
of issues related to health, nursing, and health promotion.
CHAPTER FIVE

Summary, Conclusions, and Implications for Nursing

This chapter includes a summary of the study findings and the conclusions based on the findings. Implications for nursing practice, administration, research, and education are outlined.

Summary

This study articulated the role of public health nursing in health promotion. This was a pertinent and timely study given the major health reforms currently underway in British Columbia and across Canada. Minimal research is available, and there is a great need for information about public health nursing practice. Historically public health nursing has had a key role in health promotion; today role the contributions public health nurses make to improving the health of individuals, families, groups, and communities requires clarification.

The purpose of this study was to describe the current role of public health nurses in health promotion. The study was a replication of a study conducted with hospital nurses by Berland and Whyte (1993). This study also identified barriers and supports affecting health promotion in public health nursing practice.

The conceptual framework by Green & Kreuter (1991) was used to guide this study. The social diagnosis for this study was the role of public health nursing in health promotion.
The lack of clarity of the role of public health nurses' in health promotion was the epidemiological diagnosis. The behavioral and environmental diagnosis determined that resources including lack of funding, staffing, public awareness of the public health nurses' role, and the political commitment to health promotion are negative factors. Administrative support and teamwork were positive factors in the environmental diagnosis. The educational and organizational diagnosis are based on the findings for predisposing, enabling, and reinforcing factors that were presented in Chapter 4. The administrative and policy diagnoses are identified in the implications for practice, administration, research, and education in the last section of this chapter. The diagnoses are based on strategies that support public health nurses' role in health promotion such as information and research dissemination, encouraging positive work environments, fostering teamwork, memberships in professional groups, and developing and implementing inservices.

The respondents in this study were 211 registered nurses working in public health nursing in British Columbia. All respondents had bachelors degrees and the majority had at least ten years of experience in public health nursing.

The questionnaire completed by the respondents was based on the original survey by Berland and Whyte (1993) with some modifications. These modifications included revisions of some
wording in the questionnaire to use more common words for public health nurses. Some items were deleted that were not relevant to public health nursing, and some additions were made to test additional aspects of public health nurses' practice.

Conclusions

The study provided information about the role of public health nursing in health promotion. The following conclusions are drawn from the study findings:

1. Public health nurses value health promotion and believe it is an important part of their practice. Most reported including health promotion activities in their nursing practice on a daily basis.

2. Public health nurses perceived that they have the knowledge, skills, abilities, and positive attitudes that support health promotion practice. They note they have skills such as communication, interviewing, listening, teaching, problem solving, organizational, and group facilitation skills. Public health nurses identified themselves as being creative, willing to take on challenges, caring, motivated, and enthusiastic. Their experience, independence, and autonomy also contributed to their health promotion practice.

3. Most public health nurses work in an environment that supports health promotion practice as evidenced by team work, supportive administration, and adequate resources. However, not all public health nurses have access to adequate resources.
and a supportive working environment. Resources including staff, funding, teaching materials, adequate time, and computerized records are lacking. Educational opportunities need to be increased as do dissemination of information and opportunities to share resources. Research and evaluation are required. Professional, public, and political understanding and awareness of public health nurses' role in health promotion are insufficient.

4. Public health nurses work with individuals, groups, and communities in empowering ways. Public health nurses conduct health education as the main health promoting strategy and are also involved in a range of other strategies including community development, advocacy, and community assessment. They support clients' participation in all phases of their care. Public health nurses provide a liaison role or link between families and community resources, they facilitate groups, hold memberships on intersectoral and multidisciplinary committees, and they increase public awareness of health issues.

5. Public health nurses believe they make a difference in their client's lives, they feel a sense of accomplishment, and are stimulated by their practice.

6. Years of experience in public health nursing, geographical location of their practice and their membership in professional associations or practice groups did not have a statistically significant influence on public health nurses'
According to the RNABC (1990c), the purpose of nursing is to assist individuals, families, groups and communities to strengthen their health. Nurses contribute to health care through nurse-client relationships. These relationships are characterized by expert caring, health promotion, equal partnerships, and effective leadership (RNABC, 1990c). The RNABC (1990c) believes the role of the health professional is to help individuals and families acquire the knowledge and skills needed to be managers of their own health situations and control their lives. Based on the findings of this study public health nurses' practice fulfils the purpose of nursing, contributes to health care, and meets the role requirements as outlined by the RNABC.

The RNABC (1990c) describes health promotion as a broad concept involving more than providing health education and includes encouraging personal empowerment and public responsibility. Health promotion also embodies a number of activities that support client participation, address the social determinants of health, and address health from the individual, the family, and the community or population perspective. Using these descriptions of health promotion and health promotion activities, public health nurses are actively engaged in health promotion in their nursing practice.
Implications for Nursing

Nursing Practice

It is important that public health nursing define and describe health promotion and the public health nursing activities that reflect health promotion practice. The development of guidelines or standards for health promotion practice may be useful.

Resources and health promotion initiatives have been developed, implemented, and evaluated in public health nursing. Nurses are interested in sharing this information and learning from each other. Local, regional, and provincial strategies need to be developed to support disseminating this information. A provincial web site for public health nursing, access to the internet, and use of existing resources such as reading the Community Health Nurses Group's newsletter and the RNABC publication Nursing B.C. could be helpful. Writing articles about public health nursing activities and submitting articles for publication would be useful.

Nurses may wish to consider active participation in professional associations and practice groups. These groups can provide a forum to share information and resources. They may also be useful for identifying and addressing nursing issues through political action. Further information is required to determine if membership is perceived as valuable to public health nurses, personally, as a professional, or in their role in health promotion. There may also be barriers to
membership and participation such as time, energy, and money since membership dues can be expensive.

Nurses have a responsibility to participate in creating and maintaining supportive working environments. Nurses need to take individual responsibility for building support for themselves and their colleagues. There is a collective responsibility for identifying issues and developing creative and innovative strategies to develop supportive working environments. For those nurses who work in supportive environments it is important to acknowledge this to themselves, their colleagues, and their administrators. It is important to acknowledge successes.

It be may useful to review the title of the nursing positions working in prevention/promotion programs. Currently public health nurse, community nurse, or prevention nurse may be used. It is important for the discipline to reach consensus on one title. This likely will be contentious but it would be useful to reopen discussion on this issue. This may not be a priority issue but there would be some benefits to having consistency across the province. Consistent usage of a title may support the marketing of public health nursing and address the visibility of public health nurses and their activities. Marketing strategies to foster public and other professional’s awareness and understanding of public health practice, programs, services, and contributions to health are required.
Public health nurses support the importance of research-based practice and it is important to develop or make available the resources to support research. Resources required include identification of research as a priority, time, access to research and information, computer expertise and access, and development of written documentation. It is important to develop strategies that will support the sharing of this information across the regional health areas. Public health nursing in British Columbia will have to foster research utilization but also foster original research as well. The development of partnerships and linkages with educational institutions may be useful.

Nurses need to describe their role in health promotion activities, the value of public health nursing and health promotion, and become more assertive about their importance and their contributions. Public health nurse must seek opportunities to talk about the role of nursing.

Nursing Education

Nursing curricula in basic nursing, baccalaureate, and graduate programs need to be reviewed to ensure leadership roles, knowledge, and skill development about health promotion are included. Courses, both credit and non-credit courses, and workshops need to be available to nurses. It is important that public health nurses be involved in the identification of topics and the methods of delivery for continuing education. Courses need to be made available through innovative
mechanisms such as teleconferences, distance education, and regional programs. Possible topics are health information systems, research, and health promotion, including information on power.

Joint appointments should be considered between colleges, universities, and community agencies/regional boards. Increasing partnerships and collaboration between public health nurses and faculty would support research, projects, programs, and courses. The clinical resource people from the educational institutions and the practitioners from the agency could develop joint initiatives to share information, and provide inservices. Student course assignments should be reviewed for relevance and if appropriate the completed assignments could be shared with the community agency to support staff information and provide up-to-date information.

Nursing Administration

Nursing administration needs to assess the working environments to ensure that supportive environments for practice exist. The findings of this study indicate that supportive environments include support for risk taking, innovation and creativity, recognition of work done, opportunities for sharing with colleagues, and teamwork.

The focused and generalized service delivery models need to be reviewed and investigated to ensure that service delivery is designed to meet client needs from a health promotion perspective. While nurses' needs have to be met to
support their practice, it is also critical that delivery models remain client centered and based on the values and beliefs on which public health nursing and health promotion are based. Given the scarcity of research on this issue it is likely that research will need to be conducted to support effective decision making for selecting effective service delivery models.

The British Columbia Public Health Nursing Council has a critical role to play in ensuring issues are identified and actions are taken to address these issues. The existence and role of the Nursing Council is critical in British Columbia since the central voice for public health nursing has been split between two provincial ministries. The social and health reform that have been occurring in British Columbia has resulted in the formation of a new ministry, the Ministry of Children and Families. Prior to the formation of this new ministry, a provincial office for public health nursing was located within the Ministry of Health. The changes in the provincial structures resulted in personnel from this central office being divided between the Ministry of Health and the Ministry of Children and Families. The Council can play a significant role in providing a unified "voice" for public health nursing.

Job descriptions need to be reviewed and updated to include health promotion. This will provide an understanding of the expectations of public health nurses' practice related
to health promotion.

Nurses need to be involved in identifying their learning needs. Inservices need to be developed and implemented with input from public health nurses. Partnerships with educational institutions and linkages with professional practice groups or community agencies may be useful in providing joint sponsorship of educational events and inservices.

Nursing Research

Research is important for nursing. It is also critical for public health nursing. Research and evaluation studies are required for health promotion activities, to test new ideas and initiatives, to identify health needs, and outcome measures for health promotion strategies.

It is important to have access to research information but it is also important to build the capacities of nurses to conduct or participate actively in research. Strategies need to be developed and implemented that decreases the mystique of research.

Many research questions can be developed such as:

1. Do public health nurse believe that professional practice groups or associations can influence practice and policy?

2. Why do public health nurses not become more involved in professional associations and practice groups?
3. What is public health nurses' definition of health promotion and how do they operationalize this in their practice?

4. Is there a difference between public health nurses practice and public health nursing administrators' view about health promotion practice?

5. Do different service delivery models influence client/community outcomes?

6. What are the economic benefits to the community of nursing health promotion practice?

Dissemination of research is very important. While public health nurses recognized the importance of research based practice they also indicated that up to date information was not always readily available. Researchers have a major role to ensure that information is more readily available. Important mechanisms for dissemination of information are publication of articles in magazines and journals, information on a nursing web site, and support for research practice groups which can provide forums for information sharing. The RNABC has developed useful mechanisms via their support for nursing research practice groups, funded research position, Nursing B.C., and the web site. The universities and colleges can also provide more support in disseminating research findings and supporting research utilization. Additional infrastructures need to be developed to support research dissemination.
Summary

The health care changes that are currently evolving will, hopefully, support all nurses in achieving recognition for their contributions to health as well as enhance their knowledge, skills, and abilities in whatever setting or nursing specialty they work. Supportive work environments will need to be created to strengthen nurses' efforts to achieve excellence in practice with an emphasis on health promotion.
References


APPENDIX A: Original Survey with Revisions Noted
Original Questionnaire with revisions noted

Revisions: Underlined words or phrases indicate word changes.
The symbol * indicates items or underlined phrases that have been deleted.
The symbol + indicates items that have been revised and are listed at the end of the questionnaire.
New items have been listed at the end of the questionnaire.

THE ROLE OF THE HOSPITAL NURSE IN HEALTH PROMOTION

Directions:

The statements provided below apply to the role of the hospital nurse in health promotion. Health Promotion is defined by the World Health Organization as "the process of enabling people to increase control over and to improve their health."*

Read each statement and circle the letter to the right of the statement that best indicates your role in health promotion as a hospital nurse. Try to answer every question. Although some questions may ask about situations that are not commonplace for you, answer the question as if you were called upon to respond to that situation. Please respond to the questions from your experience as a hospital nurse. The key for the responses is:

SA Strongly Agree
A Agree
N Neither agree nor disagree
D Disagree
SD Strongly Disagree

1. Healthful lifestyles is an important topic for patient teaching.  
   SA A N D SD

2. There are potential health benefits for patients when I teach them about their medications. *
   SA A N D SD

3. Teaching patients how to care for themselves is an important part of a nurse’s role.
   SA A N D SD
4. Teaching patients about disease processes is an important part of a nurse’s role in health promotion. * SA A N D SD

5. Feedback about the effectiveness of health teaching is lacking. SA A N D SD

6. Patients expect nurses to encourage them to adopt healthy lifestyles. SA A N D SD

7. I encourage patients facing discharge to carry on with healthful behaviours learned in the hospital. * SA A N D SD

8. There is easy access to up-dated resources on health-related topics that help me in my health promotion efforts. SA A N D SD

9. There are adequate resources for teaching chronically ill patients coping skills. SA A N D SD

10. Hospital activities on health promotion topics support a nurse’s ability to carry out health promotion activities. SA A N D SD

11. If the family/caregiver supports a patient’s lifestyle change, a nurse’s health promotion efforts are more effective. SA A N D SD

12. Family members/caregivers who expect a nurse to give the patient total care hinder health promotion efforts. * SA A N D SD

13. The team approach to patient care strengthens a nurse’s health promotion efforts. SA A N D SD

14. My hospital is supportive of health promotion activities. SA A N D SD
15. Societal values that are in opposition to the values of health promotion are a barrier to health promotion efforts. SA A N D SD

16. There are health benefits for depressed patients that result from a nurse's counselling efforts. + SA A N D SD

17. Nursing practice includes comforting patients and their families/caregivers. + SA A N D SD

18. Counselling patients following physical abuse is part of a nurse's role. + SA A N D SD

19. Health promotion activities include enhancing client's coping skills. SA A N D SD

20. Sometimes nurses plan activities that "normalize" the hospital environment. * SA A D D SD

21. Health promotion group work with patients is sometimes part of a hospital nurses' practice. SA A N D SD

22. I generally model healthful lifestyles for my patients. SA A N D SD

23. Encouraging patients to advocate for themselves is part of a nurse's role in health promotion. SA A N D SD

24. Encouraging patients to share experiences about procedures is part of my role in health promotion. * SA A N D SD

25. Health promotion in the community is part of a nurse's role as a member of the community. SA A N D SD

26. A nurse must assume the role of patient advocate. SA A N D SD
27. Ensuring a healthful work environment is important to me. 
SA A N D SD

28. Health promotion is an important part of my role. 
SA A N D SD

29. A hospital nurse's health promotion activities are incidental rather than planned. 
SA A N D SD

30. Lack of continuity of care between different hospital departments interferes with a nurse's health promotion efforts. 
SA A N D SD

31. Time constraints are a barrier to nurses undertaking health promotion activities. 
SA A N D SD

32. Health promotion efforts would improve if there were more time for patient conferences, inservices, and bedside teaching. 
SA A N D SD

33. Hospital nurse's health promotion efforts would be strengthened by consistent client teaching. 
SA A N D SD

34. Incomplete written records hinder a nurses' health promotion efforts. + SA A N D SD

35. I change hospital rules or routines to accommodate patients' control. 
SA A N D SD

36. It is important that hospital nurses are involved in discharge planning. * SA A N D SD

37. I can refer patients to community agencies. 
SA A N D SD

38. I involve patients' families/caregivers in health promotion when appropriate. SA A N D SD
39. Family members/caregivers are included in a hospital nurses's health promotion efforts.  
40. Health promotion principles apply in caring for terminally ill patients.* 
41. I direct my health promotion activities to my nursing colleagues.+ 
42. Knowing about cultural values helps nurses in their health promotion efforts. 
43. Learning more about health promotion will help me provide better patient care. 
44. My experience as a nurse has taught me about health promotion. 
45. In my basic nursing program, health promotion was included in the course work.+ 
46. Since graduation I have taken courses on health promotion. 
47. I am satisfied with my skills in health promotion. 
48. My knowledge on self care is adequate. 
49. I am comfortable teaching patients about self-care. 
50. Health promotion is an "everyday thing" for nurses. 
51. I have the ability to advocate for a healthy hospital. 
52. I have the ability to advocate for a healthy community.
53. I am involved in health promotion activities in my community.

54. How often do you carry out health promotion activities including health teaching? +

Once a day  Once a Week  Once a Month  Never

55. How strongly do you believe health promotion is part of a nurse’s role? Place a mark on the line indicating your opinion on a scale of 0 to 10. A mark of 0 indicates that you believe that a nurse has no role in health promotion. A mark at 10 indicates that you believe that health promotion is an extremely important role for nurses.

no role  __________________________  Extremely important role

56. What do you think are the most important factors (facilitators/barriers) influencing the hospital nurses’ role in health promotion?

57. Additional comments:
Demographic Information

Please place an X in the appropriate box.

58. Gender M ( ) F ( )

59. Age
   20 - 29 ( )
   30 - 39 ( )
   40 - 49 ( )
   50 - 59 ( )
   Over 60 ( )

Education:

60. My basic nursing education is RN ( ) BSN ( )

61. Please indicate your highest level of education below

   RN ( )
   Post RN Certification ( )
   BSN ( )
   MSN ( )
   PHD ( )
   Other

62. Please list specialized nursing programs completed.

63. I have practicing since my basic nursing program for:
   0 - 4 yrs ( )
   5 - 9 yrs ( )
   10 - 14 yrs ( )
   15 - 19 yrs ( )
   over 20 yrs ( )

64. I have attending continuing education programs that include content on health promotion. YES ( ) NO ( )

65. Please list courses you have taken that include health promotion content: Please indicate when these courses were taken

   ________________________________________________________________
66. My current area of practice is:

Medical ( ) Psychiatry ( )
Surgical ( ) Obstetrics ( )
Palliative Care ( ) Critical Care ( )
Ambulatory Care ( ) Long Term Care ( )
Operating Room ( ) Other (specify)
Cardiovascular ( )
Pediatrics ( )
Emergency ( )

67. Do you work outside the hospital in another health care setting?
   Yes ( ) No ( )

68. I have had experience in the following areas:

69. My hospital has
   less than 100 beds ( )
   100 - 199 beds ( )
   200 - 500 beds ( )
   over 500 beds ( )

70. I am employed
   Full time ( )
   Part time ( )
   Casual ( )

Thank you for taking time to complete this questionnaire.
### Revised Items

<table>
<thead>
<tr>
<th>Original Item #</th>
<th>Revised items and Item Number</th>
</tr>
</thead>
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<table>
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<table>
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<tr>
<th>Item #</th>
<th>Revised Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>I encourage clients to be involved in health promoting activities</td>
</tr>
<tr>
<td>16.</td>
<td>Public health nurses' counselling efforts can help depressed clients.</td>
</tr>
<tr>
<td>17.</td>
<td>Public health nurses' practice includes supporting clients and their families/caregivers.</td>
</tr>
<tr>
<td>18.</td>
<td>Counselling clients that have been physically abused is sometimes part of a public health nurses' role.</td>
</tr>
<tr>
<td>34.</td>
<td>Computerized records would help a public health nurse's health promotion efforts.</td>
</tr>
<tr>
<td>41.</td>
<td>I participate in health promotion activities with my nursing colleagues in our workplace.</td>
</tr>
<tr>
<td>45.</td>
<td>In my basic nursing, degree, or post RN certification program, health promotion was included in the course work.</td>
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<thead>
<tr>
<th>Item #</th>
<th>New items</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.</td>
<td>I am challenged and stimulated in my nursing practice.</td>
</tr>
<tr>
<td>47.</td>
<td>I feel positive and good about what I am doing.</td>
</tr>
<tr>
<td>48.</td>
<td>I think I make a difference in the lives of clients by assisting them with their health goals.</td>
</tr>
<tr>
<td>49.</td>
<td>Client participation in identifying their health goals is important.</td>
</tr>
<tr>
<td>50.</td>
<td>I feel a sense of accomplishment at the end of the day.</td>
</tr>
<tr>
<td>51.</td>
<td>I have opportunities to be innovative or creative in my nursing practice.</td>
</tr>
<tr>
<td>52.</td>
<td>Research based practice is important in public health nursing.</td>
</tr>
</tbody>
</table>
53. Public health nurses play an important role in helping clients become more confident in their ability to manage.

54. Public health nurses have membership on intersectoral or multidisciplinary boards or committees.

55. I take opportunities to make the public aware of health issues.

56. Health education is one component of health promotion.

57. The health promotion activity that I mainly use in my nursing practice is health education.
APPENDIX B: Questionnaire
THE ROLE OF THE PUBLIC HEALTH NURSE IN HEALTH PROMOTION

The statements provided below apply to the role of the public health nurse in health promotion. It would be helpful to me to have your completed questionnaire returned to me by June 6, 1997 in the enclosed stamped, self-addressed envelope.

The term client(s) may be defined as an individual, family, group or community who is a consumer of nursing services.

Directions:

Read each statement and circle the letter to the right of the statement that best indicates your role in health promotion as a public health nurse. Please answer every question. Although some questions may ask about situations that are not commonplace for you, answer the question as if you were called upon to respond to that situation. Please respond to the questions from your experience in public health nursing.

The key for the responses is:

SA Strongly Agree
A Agree
N Neither agree nor disagree
D Disagree
SD Strongly Disagree

1. Healthy lifestyle is an important topic for client teaching. SA A N D SD

2. Teaching clients how to care for themselves is an important part of a public health nurse’s role. SA A N D SD

3. Teaching clients about disease processes is part of a public health nurse’s role in health promotion. SA A N D SD

4. Feedback about the effectiveness of health teaching is lacking. SA A N D SD

5. Clients expect public health nurses to encourage them to adopt healthy lifestyles. SA A N D SD

6. I encourage clients to be involved in health promoting activities. SA A N D SD
7. There is easy access to up-dated resources on health-related topics that help me in my health promotion efforts. SA A N D SD

8. There are adequate resources for teaching clients with chronic conditions coping skills. SA A N D SD

9. Health unit activities on health promotion topics support a public health nurse's ability to carry out health promotion activities. SA A N D SD

10. If the family/caregiver supports clients' lifestyle changes, a public health nurse's health promotion efforts are more effective. SA A N D SD

11. The team approach to client care strengthens a public health nurse's health promotion efforts. SA A N D SD

12. My health unit is supportive of health promotion activities. SA A N D SD

13. Societal values that are in opposition to the values of health promotion are a barrier to health promotion efforts. SA A N D SD

14. Public Health Nurses' counselling efforts can help depressed clients. SA A N D SD

15. Public Health Nurses' practice includes supporting clients and their families/caregivers. SA A N D SD

16. Counselling clients that have been physically abused is sometimes part of a public health nurse's role. SA A N D SD

17. Health promotion activities include enhancing client's coping skills. SA A N D SD

18. Health promotion group work with clients is sometimes part of a public health nurse's practice. SA A N D SD

19. I generally model healthful lifestyles for my clients. SA A N D SD
20. Encouraging clients to advocate for themselves is part of a public health nurse's role in health promotion.

SA A N D SD

21. A public health nurse may assume the role of client advocate.

SA A N D SD

22. Ensuring a healthful work environment is important to me.

SA A N D SD

23. Health promotion is an important part of my role.

SA A N D SD

24. A public health nurse's health promotion activities are planned.

SA A N D SD

25. Lack of continuity of information between different health unit departments interferes with a nurse's health promotion efforts.

SA A N D SD

26. Time constraints are a barrier to nurses undertaking health promotion activities.

SA A N D SD

27. Health promotion efforts would improve if there were more time for client conferences, inservices and client teaching.

SA A N D SD

28. Public health nurses' health promotion efforts would be strengthened by consistent client teaching.

SA A N D SD

29. Computerized records would help public health nursing practice.

SA A N D SD

30. I change health unit rules or routines to accommodate clients' control.

SA A N D SD

31. I can refer clients to community agencies.

SA A N D SD

32. I involve client's families/caregivers in health promotion when appropriate.

SA A N D SD
33. I participate in health promotion activities with my nursing colleagues in our workplace.  
34. Knowing about cultural values helps nurses in their health promotion efforts.  
35. Learning more about health promotion will help me provide better client care.  
36. My experience as a public health nurse has taught me about health promotion.  
37. In my basic nursing, degree, or post RN certification program, health promotion was included in the course work.  
38. Since graduation I have taken courses on health promotion.  
39. I am comfortable with my skills in health promotion.  
40. My knowledge about nurse-client relationships that are health promoting is adequate.  
41. I am comfortable supporting clients to be self reliant.  
42. Health promotion is an everyday thing for public health nurses.  
43. I have the knowledge to advocate for a healthy health unit.  
44. I have the knowledge to advocate for a healthy community.  
45. I am involved in health promotion activities in my community.  
46. I am challenged and stimulated in my nursing practice.  
47. I feel positive and good about what I am doing.
48. I think I make a difference in the lives of clients by assisting them with their health goals. SA A N D SD

49. Client participation in identifying their health issues is important. SA A N D SD

50. I feel a sense of accomplishment at the end of the day. SA A N D SD

51. I have opportunities to be innovative or creative in my nursing practice. SA A N D SD

52. Research based practice is important in health promotion. SA A N D SD

53. Public health nurses play an important role in helping clients become more confident in their ability to manage. SA A N D SD

54. Public health nurses have membership on intersectoral or multidisciplinary boards or committees. SA A N D SD

55. I take opportunities to make the public aware of health issues. SA A D N SD

56. Health education is one component of health promotion. SA A N D SD

57. The health promotion activity that I mainly use in my nursing practice is health education. SA A N D SD

58. How often do you carry out health promotion activities in your practice.

   Daily   Once a week   Once a month   Never

59. How strongly do you believe health promotion is part of a nurse's role? Place a mark on the line indicating your opinion on a scale of 0-10. A mark of 0 indicates that you believe a nurse has no role in health promotion. A mark at 10 indicates that you believe that health promotion is an extremely important role for nurses.

   no role extremely important role
60. What do you think are important factors (facilitators/barriers) influencing the PHN's role in health promotion?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

61. Additional comments:

________________________________________________________________________

________________________________________________________________________

(Only a few more questions to go, thanks for your perseverance.)
Demographics

Please circle the applicable responses and fill in the blanks as appropriate.

62. I am currently employed in a preventive or promotion program.
   YES  NO  If no, please specify position ____________________________

63. My current position is classified as:
   CN1  CN2  CN3  CN4  CN5  CN6
   Other (please specify) ____________________________
   My position title is: ____________________________

64. I have worked in preventive/public health nursing for:
   0-2yrs  3-5yrs  6-10yrs  11-14yrs  15-19yrs  20-24yrs  25+

65. I have a baccalaureate degree in nursing or a diploma in public health nursing?
   YES  NO

66. Please indicate your highest level of education completed:
   R.N.  Post RN certification (diploma)  BSN  MSN  PHD
   Other (please specify) ____________________________
   In progress (please specify type of program)
   ____________________________

67. I currently work in a geographical area that is:
   rural  _______ urban  _______ urban/rural  _______

68. I am a member of a professional association or practice group(s). For example: Community Health Nurses Interest Group, CPHA, BCPHA, Perinatal Interest Group.
   YES  NO
   If yes, please specify ____________________________

Thank for taking time to complete this survey.

Please return the questionnaire in the enclosed stamped self-addressed envelope to C. Anderson.
APPENDIX C: Subscales
Predisposing Subscale

Healthy lifestyles is an important topic for client teaching.

Teaching clients how to care for themselves is an important part of a nurses’ role.

Teaching clients about disease processes is part of a public health nurse’s role in health promotion.

Clients expect public health nurses to encourage them to adopt healthy lifestyles.

I encourage clients to be involved in health promoting activities.

Public health nurses’ counselling efforts can help depressed clients.

Public health nurses’ practice includes supporting clients and their families/caregivers.

Counselling clients that have been physically abused is sometimes part of a public health nurse’s role.

Health promotion activities include enhancing clients coping skills.

Health promotion group work with clients is sometimes part of a public health nurse’s practice.

I generally model healthful lifestyles for my clients.

Encouraging clients to advocate for themselves is part of a public health nurses’ role in health promotion.

A public health nurse may assume the role of client advocate.

Ensuring a healthful work environment is important to me.

Health promotion is an important part of my role.

A public health nurse’s health promotion activities are planned.

I change health unit roles or routines to accommodate client’s control.

I involve clients’ families/caregivers in health promotion when appropriate.
I participate in health promotion activities with my nursing colleagues in my workplace.

Research based practice is important in health promotion.

Public health nurses play an important role in helping clients become more confident in their ability to manage.

Public health nurses' have membership on intersectoral or multidisciplinary boards or committees.

I take opportunities to make the public aware of health issues.

Client participation in identifying their health issues is important.

Knowing about cultural values helps nurses in their health promotion efforts.

My experience as a public health nurse has taught me about health promotion.

In my basic nursing, degree, or post RN certification program, health promotion was included in the course work.

Since graduation I have taken courses on health promotion.

I am comfortable with my skills in health promotion.

My knowledge about nurse-client relationships that are health promoting is adequate.

I am comfortable supporting clients to be self-reliant.

Health promotion is an "everyday" thing for public health nurses.

I have the knowledge to advocate for a healthy health unit.

I have the knowledge to advocate for a healthy community.

Health education is one component of health promotion.

I am involved in health promotion activities in my community.
Enabling Subscale

Public Health Nurses' health promotion efforts would be strengthened by consistent client teaching.

Knowing about cultural values help nurses in their health promotion efforts.

Health promotion efforts would improve if there were more time for client conferences, inservices and client teaching.

Time constraints are a barrier to nurses undertaking health promotion activities.

Learning more about health promotion will help me provide better client care.

The team approach to client care strengthens a nurses' health promotion efforts.

My experience as a public health nurse has taught me about health promotion.

Computerized records would help a public health nurse's health promotion efforts.

I can refer clients to community agencies.

Lack of continuity of information between different health unit departments interferes with a nurse's health promotion efforts.

My health unit is supportive of health promotion activities.

In my basic nursing, degree, or post certification program, health promotion was included in the course work.

Health unit activities on health promotion topics support a nurse's ability to carry out health promotion activities.

There is easy access to up-dated resources on health related topics that help me in my health promotion efforts.

Since graduation I have taken courses on health promotion.

There are adequate resources for teaching coping skills to clients with chronic conditions.
**Reinforcing Subscale**

Feedback about the effectiveness of health teaching is lacking.

If the family/caregiver supports a client's lifestyle change, a nurse's health promotion efforts are more effective.

Societal values that are in opposition to the values of health promotion are a barrier to health promotion efforts.

I feel positive and good about what I am doing.

I am challenged and stimulated in my nursing practice.

I think I make a difference in the lives of clients by assisting them with their health goals.

I feel as sense of accomplishment at the end of the day.

I have opportunities to be innovative or creative in my nursing practice.

**Health Promotion Activities Subscale**

I encourage clients to be involved in health promoting activities.

I generally model healthful lifestyles for my clients.

Ensuring a healthful work environment is important to me.

I involve clients' families/caregivers in health promotion when appropriate.

I can refer clients to community agencies.

I change health unit rules or routines to accommodate clients' control.

I participate in health promotion activities with my nursing colleagues in the workplace.

I am involved in health promotion activities in my community.

I take opportunities to make the public aware of health issues.

Public health nurses' have membership on intersectoral or multidisciplinary boards or committees.
Public health nurses’ practice includes supporting clients and their families/caregivers.

Public health nurses’ counselling efforts can help depressed clients.

Counselling clients that have been physically abused is sometimes part of a public health nurses’ role.

Teaching clients how to care for themselves is an important part of a public health nurses’ role.

Teaching clients about disease processes is part of a public health nurses’ role in health promotion.

Health promotion group work is sometimes part of a public health nurses’ practice.

A public health nurse may assume the role of client advocate.

Client participation in identifying their health issues is important.

Health promotion activities include enhancing client’s coping skills.

Health promotion is an everyday thing for public health nurses.

The health promotion activity that I mainly use in my nursing practice is health education.
APPENDIX D: Registered Nurses Association of British Columbia Criteria for Access to RNABC Members
CURRENT POLICIES:

1. Names and addresses of members printed on mailing label are released to RNABC Chapters and Professional Practice Groups on written request, and upon agreement to specified conditions, for the purpose of distributing information about education programs. The mailing labels are provided at cost.

2. The Executive Director has discretionary power to approve the release of data from membership records, provided the following criteria are met:
   
   (a) No information which permits identification of individual members is released.

   (b) Provision is made for review and approval by an agent of the Association of the interpretation of data in major studies which have implications for RNABC.

   (c) The purpose of the project is not inconsistent with RNABC objects and positions.

3. Use of the member list for commercial mailings, unless sponsored by RNABC, is specifically excluded.

ACCESS FOR RESEARCH PURPOSES:

Personal information about members is not released. If researchers or others with similar goals wish to contact RNABC members, we can help you by mailing information to them. Here is how it’s done.

You Provide:

A brief one-page overview of your study, eg. objectives, methods, time-frame, etc.

Specification for your sample, eg. random sample of 200 RN’s employed in B.C. acute care hospitals, or all RN’s working in home care in B.C. (information form attached)

A copy of the information, eg. cover letter, survey questionnaire, etc. you plan to send to our members.

A letter indicating "ethics" approval from university, if applicable.

Payments for costs involved.
APPENDIX E: Cover Letter and Reminder Letter
May 1997

Dear Colleague,

I am a student from the University of British Columbia currently enrolled in the Master of Science Nursing Program. I would appreciate your support for my research which is being conducted for a thesis. The purpose of the study is to describe the role of public health nurses in health promotion.

As you are aware currently there are major changes occurring in health and social services in British Columbia. I am a Public Health Nurse, and we are being impacted by these changes. Public Health Nursing services are effective and valuable. However our role and contributions are not consistently recognized. I hope the outcome of this study will contribute to supporting and enhancing public health nursing and nursing practice.

The Registered Nurses Association of British Columbia has randomly selected your name and they are forwarding this letter and survey to you. RNABC has not released your name or address to me, so your confidentiality is assured. I have paid the costs of this service to RNABC.

The RNABC uses information from the annual registration renewal form. The category for community health is inclusive. If you are not currently employed as a public health nurse or community nurse working in illness prevention or health promotion please disregard this letter and questionnaire. You may return it to me in the enclosed stamped self addressed envelope.

Only a small number of nurses have been selected to receive this survey so your contribution is very important. I know that your time is valuable. I hope that you will be able to find 20-25 minutes to complete this survey! Your support is appreciated. If you have any questions please contact me at work ( ) _______ from 8:30 - 4:30 or in the evenings, call collect ( )_______. Ray Thompson, Chair of my Thesis committee, is available to answer any questions as well, and can be contacted at UBC, telephone ( )_______.

If you would like to receive a completed report of this study please send your name and address under separate cover or contact me at the above telephone numbers. The completed survey and your request for a completed report must be separate to ensure your confidentiality.

Please return your completed survey in the stamped self-addressed envelope by June 6, 1997. If the questionnaire is completed it will be assumed that consent has been given to participate in this research. You have the right to refuse to participate in this research at any time.

Thank you for taking time to compete the survey. I look forward to hearing from you.

Cindy Anderson
May 1997

Dear Colleague

Approximately two weeks ago you received a letter and a survey from me. If you have already returned the completed survey to me I would like to thank you for your time and support. Your input is very valuable. I hope you will be able to take a few minutes and have a cup of tea - a small token of my appreciation. If you are not working in illness prevention or health promotion please disregard this letter, but please enjoy a cup of tea!

If you have not completed the survey I ask again for your support and request that you take 20-25 minutes to complete the survey. The purpose of the research is to describe the role of public health nursing in health promotion. Only a small number of nurses were selected to participate in this study so your contribution is very important.

Public health nurses do make a difference. It is important that our role and contributions are recognized given the significant changes that are occurring in health and social services. I hope that the findings of the study will support public health nursing practice. The research is being conducted as a thesis to partially fulfil requirements to complete a Masters of Nursing at the University of British Columbia.

If you would like to receive a completed report of this study please send your name and address under separate cover or contact me at the following telephone numbers. The completed survey and your request for a completed report must be separate to ensure your confidentiality. The RNABC randomly has selected your name and has forwarded this letter and questionnaire to you. They do not release information to me.

If this questionnaire is completed it will be assumed that consent has been given to participate in this research. You have the right to refuse to participate in this research at any time.
If you have any questions please contact me at ( ) ________ or ( ) ________ (collect). You may also contact Ray Thompson, Chair of my thesis committee at ( ) ________, School of Nursing, University of British Columbia, for further information.

Please return the completed survey in the stamped self-addressed envelope. I would appreciate your response as soon as possible. Thanks for your time and support.

Cindy Anderson