



Community Paediatric Review

A NATIONAL PUBLICATION FOR COMMUNITY CHILD HEALTH NURSES AND OTHER PROFESSIONALS

www.rchmelb.org/ccch

VOL 11 NO 1 APRIL 2002

An initiative of the
Centre for Community
Child Health,
Royal Children's
Hospital, Melbourne

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EDITORIAL NOTE:

Please read the Editorial Note on the inside flap. This introduces our new approach for 2002.

The health promoting nurse

Introduction

Health promotion has long been accepted as a mainstay of nursing practice, and indeed many community child health nurses would cite health promotion as a major activity in their daily work. However, there is a lack of clarity in the nursing literature regarding the concepts and activities of health promotion and studies on nurses, understanding of the term indicates some confusion and ambiguity (Macleod Clark et al, 1993). This is often compounded by the diversity of ways in which health promotion theory is cited and applied in the non-nursing literature: it is in many ways a 'contested concept' (Naidoo & Wills, 1994). Within the nursing literature there has been discussion on the concept of the 'health promoting nurse' and this paper will discuss the features of health promoting practice, beginning with a brief outline of the evolution of health promotion into its present diversity of practice.

Background to Health Promotion

The term 'health promotion' is of recent usage as prior to 1980 most writings cite definitions of health education and refer to health education, health prevention or health protection as activities to promote health (Maben, 1995). Early in its development in the 1960s health education was associated with bio-medicine where it was seen as an arm of preventative medicine (O'Connor & Parker, 2001). In this medical model health education was that which was delivered to patients as medical advice to maintain their health or as part of their instructions for improving their health status. Health education was initially aimed at individuals and fitted in with the

prevailing view of the patient/health practitioner relationship. It was essentially a 'top down' model, where the expert clinician instructed the patient on necessary modifications to their health habits. This style of health education is very familiar to nurses and is still seen as a component of routine nursing care. By the 1970's lifestyle health problems were beginning to dominate health care (and health budgets) and health education was perceived as a tool to prevent the emergence of lifestyle diseases (O'Connor & Parker, 2001). The union of behavioural psychology with health education theories led to a broadening of health education practice that was increasingly targeted at social groups seen to be at risk and aimed to change health habits through persuasion and behaviour modification. Increasingly health educationists were reaching out into the broader community with lifestyle programs for weight loss, cardiovascular fitness and quit smoking campaigns. Ten of these programs included large media programs funded by government health bodies. The success of these programs was difficult to assess and there was a growing realisation that education alone would not necessarily achieve an improvement in health status. During the 1980's several international conferences were held from which an alternative view to the bio-medical model and health education model emerged (Norton, 1998). By this time research findings on the social determinants of health were well known and it was accepted that the origins of the health of the community were located in social and environmental factors as well as the genetics and psychological characteristics of

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the individual. The most widely known of these conferences resulted in the formation of the Ottawa Charter, encapsulating the social model of health promotion, in which acknowledgement is given to the influence of socio-environmental forces on health, such as poverty, unsafe workplaces and degraded environments. The social model of health promotion advocates the use of indirect public health measures to improve the health of the individual and the community. It includes activities such as ensuring shelter, clean water, air and food for the population as a prerequisite of health, legislating to decrease risk of harm and disease, and promoting healthy living through healthy public policy. In the past decade health promotion has included government policies, programs and primary health care services so that in contemporary usage health promotion is an umbrella term used to indicate a range of activities encompassing both the biomedical and social view of health (O'Connor & Parker, 2001).

As health promotion has become a more visible component of health care there has emerged in the nursing literature a discussion on the role of nurses in contemporary health promotion and a debate on the characteristics of the 'health promoting nurse' a term which has come to signify a nurse whose practice incorporates many of the values and behaviours of health promotion theories and models. Whilst there is a consensus that health promoting nursing can be equally effective in acute care and community settings, for the purpose of this paper I will discuss its application in community health settings.

The features of health promoting nursing include:

- Moving away from the familiar problem based approach of clinical nursing that aims to identify and treat health problems towards empowering the client to identify and manage their own health needs. In this way the client sets the agenda, not the nurse (Lindsey, 1996).
- Encouraging a collaborative relationship between nurse and client that allows respect for the client's views and wishes and fosters client autonomy (Whitehead, 2001).
- Abandoning the role of the expert nurse, the 'knowledgeable doer' who feels the necessity to provide solutions and take action in order to help others (Robinson, 1998).

Robinson (1996) suggests that not all nurses would be willing to undertake the necessary change, and that nursing education programs do not always encourage them to do so. Community child health nurses are among

those nursing groups with the opportunity to take up the challenge of health promoting nursing practice.

A practice example: health promoting nursing and parenting support

Offering support to new parents is a familiar activity in community child health nursing. It is well recognised that community child health nurses have frequent contact with new parents, especially during infancy when the parents are learning the needs and behaviours of their infant and establishing their parenting style. During this vulnerable time, health promoting practices may have their greatest impact on parents.

Some suggestions for practice include:

- Developing an equalitarian relationship with parents that allows them to participate in the development of plans to meet their needs.
- Providing opportunities for the parents to learn new skills that will increase their confidence in their parenting. Skills and parenting behaviours may be learnt from meeting other parents and having an opportunity to express feelings and discuss common experiences.
- Acting as a role model for good parenting and sound health habits.
- Working together with parents in the local community to advocate for social and environmental improvements for families and children.

The goals of the health promoting nurse are to raise self-awareness and provide information to new parents, and in doing so to improve their self esteem and confidence in their parenting abilities. Many child health nurses could argue that their practice already incorporates many or most of these characteristics. By recognising the core concepts of health promotion in their practice, community child health nurses are truly espousing holistic care.

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REFERENCES

The references for this article can be accessed through the following website – www.rchmelb.org/ccch/pub

Brain research and the early years

The following two articles are extracts from “Childcare and Children’s Health” Vol 3 No 1 2000 published by the Centre for Community Child Health.

What is the message from brain research?

Introduction

In recent years there has been an explosion of new research pointing to the importance of the first three years of life. The results provide important confirmation of what we have all felt intuitively, and that early childhood researchers have known for over a decade – that the caregiving environment that an infant and toddler experiences in those early years plays a significant role in shaping later outcomes. The report by J. Fraser Mustard expands on our understanding of how nurturing by parents in the early years has “a decisive and long lasting impact on how people develop, their capacity to learn, their behaviour, and ability to regulate their emotions and their risk of disease later in life.”

Brain Development

This new evidence helps us to understand that the way children turn out is a complex and dynamic interplay between genes and the environment. Whilst genes provide the “map” for future brain development it is the experiences an infant has after birth that shape the way the brain develops. Healthy development depends on a good environment – good nutrition, health, and nourishing and stimulating relationships.

At birth the infant has literally billions of nerve cells, ready to be organised by the sorts of experiences that the infant has. Over the first three years of life, the way that the brain is “wired” is influenced greatly by the caregiving environment. The way that the infant functions – vision, language, temperament, reaction to the outside world – is influenced by the stimuli that the infant takes in from the environment. On the other hand, lack of early nurturing and prolonged stress increases the chance of difficulties later on in the young child’s social interactions and behaviour. Relationships are critical to development. The infant and toddler will do best when the caregiving environment is consistent and nurturing. Because the brain reflects what it experiences, creating rich, nurturing and stimulating environments facilitate good outcomes. Conversely, the developing brain is very vulnerable to trauma. If experiences are of fear and stress, then these are

Editorial Note

Welcome to the first edition of the CPR for 2002.

When reading through this publication you will notice some changes. These are based on three significant decisions from the last editorial board, these being:

1. Take a health promoting nurse approach to all topics covered throughout the year. The inclusion of an article on “The health promoting nurse” in this edition sets the scene and ensures a common understanding of this concept.
2. Challenge the reader to reflect on current practice and identify any areas for potential change. You will find “*Reflection questions*” included at the end of the article to facilitate this process.
3. Provide the opportunity for the reader to share their thoughts and/or responses to questions with others. A “CPR Noticeboard” has been set up on the web at www.rchmelb.org/ccch/pub You can simply e-mail to cpreview@cryptic.rch.unimelb.edu.au, and your thoughts/responses will be posted to this noticeboard. This noticeboard will be available for all to see, and supports further sharing of ideas. There will also be the opportunity for “experts” to respond to your comments.

We hope that this new approach provides you with some quality professional development and the opportunity to share your thoughts with others.

appropriate caregiving environment is important for the child at any age. The increased focus on brain development and the early years of life will translate into an increased awareness of the importance of quality across all areas of early childhood services. It also provides both an exciting opportunity and renewed status for all those who work with very young children and their families.

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Common misinterpretations about the brain research

As with any concepts that capture people's interest and enthusiasm, there have been distortions of the brain research. It has been misused by some to promote products, books, or collections of "brain games" that mistakenly promote the idea that what is best for young children is for adults to "get in there early" and teach them things sooner rather than later, in fact the sooner the better.

There are several inaccurate and unhelpful messages that can come from distortions of the brain research. We must use the findings from the brain research to promote excellent practice with young children and the policies and funding that underpin that practice. At the same time we need to be vigilant about misinterpretations and distortions, which are not helpful to the children's services field, to parents, and most importantly, to babies and toddlers themselves.

Common misinterpretation from the brain research are:

- what young children need is intense doses of cognitively oriented, highly structured activities
- the earlier children learn things, the better off they will be
- only professionals are competent to rear children.

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Reflection questions:

Parents may be aware of the intense interest and research on early brain development as they are reported in the mass media.

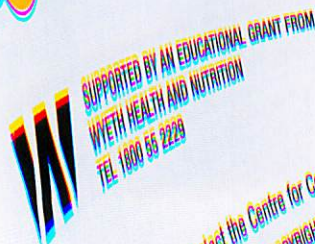
Please use the following questions to reflect on your current practice as a health promoting nurse in light of the new brain research.

1. *How could you modify your current parent education program to include opportunities for parents to discuss the implications of the research:*
 - a. *with each other?*
 - b. *with you?*
2. *Have you been able to foster an equalitarian relationship with the parents so that they would feel comfortable in raising with you feelings and fears aroused by the research?*
3. *How would you assist parents to gain confidence in their parenting so that they can provide a supportive and nurturing environment for their child in the first three years?*

You can email your responses to these questions and/or general comments to cpreview@cryptic.rch.unimelb.edu.au Your responses will be placed on the "CPR Notice board" at www.rchmelb.org/ccch/pub



Community Pædiatric Review



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