PROMOTING HEALTH AND WELLBEING
For Nursing and Healthcare Students
**Note to readers:** throughout the book, and especially in many of the *Activities*, you will notice the use of quicklinks, such as [bit.ly/2-9A](https://bit.ly/2-9A).

We have used these shortened versions to save you having to re-key long web addresses. Just type them into any browser and you will be taken straight to the relevant webpage. In the case of the sample quicklink above, this will take you to the NHS *Why 5 a day?* healthy eating advice at [www.nhs.uk/live-well/eat-well/why-5-a-day/?tabname=food-and-diet](https://www.nhs.uk/live-well/eat-well/why-5-a-day/?tabname=food-and-diet).
## Contents

About the authors vii
Abbreviations xi
Introduction xiii

1. Theoretical perspectives: health promotion, health education and public health 1
2. Behaviour change: theories, models and approaches 21
3. Inequalities in health 45
4. Global health and wellbeing 69
5. Enabling, mediating and advocating in health promotion 85
6. Building a healthy public policy 103
7. Advocating mental health promotion 121
8. Strengthening community action 139
9. Professional responsibilities of the nurse as a health promoter 153
10. Leadership for health promotion 167
11. Evidence-based health promotion 183
Index 197
About the authors

Clare Bennett is a registered nurse with a background in immunology, HIV, infectious diseases and sexual health. She is currently a senior lecturer at Cardiff University and teaches health promotion, public health, leadership and quality improvement on undergraduate and postgraduate programmes for nurses and allied health professionals. Clare is also an honorary lecturer at the University of Freiburg, Germany. She is an active researcher in the field of sexual health promotion, teaches research methods and supervises doctoral students. She is widely published in academic journals and has co-authored three textbooks.

Sue Lillyman is a registered nurse and midwife with a background in older people, end of life, long-term conditions and care of people with dementia and frailty. She is currently working as an associate lecturer for the University of Worcester and as programme lead for Education for Health. Sue also teaches management and leadership in healthcare, teaching and learning for clinical practice, reflective practice and ethical issues. She is an active researcher in the fields of international students, student exchange and end of life issues. She is widely published in academic books and journals.

Judith Carrier is a reader in primary care/public health nursing and director of the Wales Centre for Evidence Based Care – a JBI Centre of Excellence, at Cardiff University School of Healthcare Sciences. Research and teaching interests include evidence synthesis and utilisation and long-term condition management. Judith has published several systematic reviews in addition to a textbook on the management of long-term conditions in primary care. Her PhD focused on the social organisation of practice nurses’ use of knowledge. Her clinical background was in practice nursing, where she specialised in the care of people with diabetes. Judith has presented at several national and international conferences on systematic review methods and long-term conditions and is a senior associate editor for the JBI Evidence Synthesis journal.

Sarah Fry is a lecturer and nurse with expertise in minority ethnic health and community engagement. Sarah worked in emergency medicine before working as a prostate cancer research nurse, which is where her interest in minority ethnic health developed. Sarah started a PhD in 2013 focusing on oncology, men’s health and community-developed perceptions of prostate cancer risk. The PhD was awarded in
2017 and Sarah carried out extensive community engagement work during her PhD, which has led to expertise relating to community-driven health action.

**Lucy Hope** is a registered midwife and senior lecturer in midwifery in the College of Health, Life and Environmental Sciences at the University of Worcester. She has experience in teaching across the undergraduate midwifery degree programme and is a PhD supervisor. Lucy has worked in a variety of clinical midwifery settings and gained considerable experience working as a midwifery researcher at the University of Birmingham on projects evaluating the effectiveness of peer support for breastfeeding and the support of pregnant women with identified social risk. Latterly she also worked as a research midwife for the National Institute for Health Research reproductive health and childbirth speciality group. In 2014 Lucy was awarded a PhD which focused on evaluating the effect of peer support for breastfeeding, utilising both quantitative and qualitative methodologies.

**Alison James** is a senior lecturer and doctorate student in the School of Healthcare Sciences at Cardiff University, teaching across the undergraduate and postgraduate programmes in adult nursing and healthcare sciences. She is a Registered General Nurse with a clinical background in neurosciences, critical care and clinical research in Creutzfeldt–Jakob disease and osteoporosis. She began her academic career in 2008 in knowledge transfer and postgraduate teaching in leadership and management in health and social care at the Institute of Public Care, Oxford Brookes University. Her special interests include leadership, action learning and interprofessional learning.

**Beverley Johnson** is an adult nursing lecturer in the School of Healthcare Sciences at Cardiff University and the Professional Head for nursing. She has a BA in adult nursing and an MSc in sociology. Beverley’s clinical background is in critical care and she has led a widening access project in the community. Beverley is currently working on quality improvement in Malawi and her teaching interests are sociology and inequalities in health.

**Anneyce Knight**, as a registered nurse, previously worked within the NHS and then moved into higher education in 2000. At the University of Greenwich, as programme leader for the BSc in health and combined studies, she led on the development of the then innovative BSc health and wellbeing. Currently, Anneyce is Acting Associate Dean for Global Engagement at Bournemouth University (Faculty of Health and Social Sciences). As part of her teaching portfolio she lectures on wellbeing, health promotion and public health. Her main research interest relates to wellbeing, presenting and writing papers nationally and internationally, as well as being co-editor of three books.

**Michelle Moseley** is a registered nurse with vast experience in children’s nursing, health visiting and as a lead nurse for safeguarding children. Since obtaining her master’s degree in 2012 she has worked as a lecturer in primary care and public health nursing within the School of Healthcare Sciences, Cardiff University, where she is also undertaking a PhD applicable to health visiting practice and safeguarding supervision. Michelle’s passion is health visiting, working with families with children.
0–5 years in promoting health and wellbeing, as well as the safeguarding of children and young people.

**Nita Muir** is a principal lecturer at the University of Brighton; she is a registered nurse, has a doctorate in education and is a senior fellow with AdvanceHE. Her current role is as the academic lead for the pre-registration nursing courses and she teaches a range of contemporary subjects in undergraduate and postgraduate programmes which includes global health, education for health professionals, research and professional knowledge. Nita has worked clinically in a range of acute and community settings both in the UK and internationally; she is a specialist community practitioner and regularly engages with community nurse settings. Her research interests are associated with organisational learning, particularly within the context of nursing. She is interested both in the individual’s resilience throughout learning and how wider organisations support this in researching learning about, through and at work.

**Stephen Scott** is a mental health lecturer at Cardiff University. He is a registered nurse in mental health and general nursing and is also accredited as an integrative counsellor and cognitive behavioural therapist. Stephen has led master’s level programmes in supervision and reflective practice as well as nursing and primary care mental health training for improving access to psychological therapy practitioners. He joined the team in Cardiff in 2018 and works across the pre-registration nursing programme. His interests span primary care mental health and acute mental health provision and his current practice is focused on cognitive behavioural intervention to promote behavioural change across a wide variety of presentations.

**Gemma Stacey-Emile** is a registered mental health nurse with a background of working within substance misuse services. She is currently a lecturer at Cardiff University and teaches on substance misuse, communication skills, leadership and quality improvement on the undergraduate and postgraduate programmes for nurses and allied health professionals. Gemma has a keen interest in reducing mental health stigma, promoting compassionate care and working at an international level to learn and share experiences and knowledge.

**Lisa Stephens** is a registered nurse and midwife and has occupied various clinical, managerial, teaching and governance positions. In addition, she has held roles in sexual health and teenage pregnancy. She is programme lead on the BSc (Hons) midwifery programme and lead midwife for education at the College of Health, Life and Environmental Sciences at the University of Worcester. She is also a physical activity clinical champion for Public Health England. She has developed and led postgraduate modules on reproductive health and health promotion and is committed to ensuring that student midwives have a full understanding of their role in public health. Lisa has always had a passion for maternal public health, particularly breastfeeding and maternal obesity.

**Katharine Whittingham** is assistant professor at the University of Nottingham and is experienced in leading innovative curriculum development, reflecting her
About the authors

clinical and public health expertise. She previously worked as a health promotion specialist influencing public health policy development, implementing and evaluating projects including the smoking cessation service. Katharine is a member of Public Health England Cardiovascular Disease Prevention Board working to ensure the contribution of nursing is recognised and embedded in policy and service development. She is a member of the Institute of Health Promotion and Education. Katharine has advanced knowledge of research methods in nursing practice as demonstrated through doctoral studies.
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE</td>
<td>adverse childhood experiences</td>
</tr>
<tr>
<td>ACT</td>
<td>acceptance and commitment therapy</td>
</tr>
<tr>
<td>BAME</td>
<td>black, Asian, minority ethnic</td>
</tr>
<tr>
<td>CHV</td>
<td>community health volunteer</td>
</tr>
<tr>
<td>COM</td>
<td>capacity, opportunity and motivation</td>
</tr>
<tr>
<td>DNA</td>
<td>deoxyribonucleic acid</td>
</tr>
<tr>
<td>EBHC</td>
<td>evidence-based healthcare</td>
</tr>
<tr>
<td>EBM</td>
<td>evidence-based medicine</td>
</tr>
<tr>
<td>EBP</td>
<td>evidence-based practice</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EI</td>
<td>emotional intelligence</td>
</tr>
<tr>
<td>FGM</td>
<td>female genital mutilation</td>
</tr>
<tr>
<td>GP</td>
<td>general practitioner</td>
</tr>
<tr>
<td>HCP</td>
<td>healthcare practitioner</td>
</tr>
<tr>
<td>HIA</td>
<td>health impact assessment</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>HNA</td>
<td>health needs assessment</td>
</tr>
<tr>
<td>HPV</td>
<td>human papillomavirus</td>
</tr>
<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
</tr>
<tr>
<td>JSNA</td>
<td>joint strategic needs assessment</td>
</tr>
<tr>
<td>LMIC</td>
<td>low- and middle-income country</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MECC</td>
<td>Making Every Contact Count</td>
</tr>
</tbody>
</table>
Abbreviations

- MMR: measles, mumps and rubella
- MRSA: methicillin-resistant Staphylococcus aureus
- MSK: musculoskeletal
- NHS: National Health Service
- NICE: National Institute for Health and Care Excellence
- NMC: Nursing and Midwifery Council
- ONS: Office for National Statistics
- PHE: Public Health England
- QOL: quality of life
- RCN: Royal College of Nursing
- RN: registered nurse
- SDG: Sustainable Development Goal
- SMART: specific, measurable, achievable, realistic and time-bound
- TB: tuberculosis
- UN: United Nations
- WHO: World Health Organization
Welcome to *Promoting Health and Wellbeing*. This book has been written primarily for student nurses and nursing associates; however, the discussions are equally relevant to student midwives, allied health and social care students. It is also suitable for all health and social care professionals who are new to health promotion.

Health promotion is central to contemporary healthcare practice. This book provides you with an overview of the most relevant theories and policy initiatives. Through the activities that are included in each chapter, you will also learn how to apply these to your daily practice. The book commences with an overview of the theoretical perspectives of health promotion, health education and public health. You are then introduced to behaviour change, inequalities in health, global health and wellbeing and the World Health Organization’s strategies for health promotion across the lifespan. The book moves on to examining healthy public policy, promoting mental health and wellbeing, strengthening community action, the professional responsibilities of the nurse in health promotion, leadership for health promotion and evidence-based health promotion.

This book has been designed to enable you to address the outcomes of the NMC’s (2018) *Standards of Proficiency for Registered Nurses* second platform ‘Promoting health and preventing ill health’. Throughout the book, the discussions are underpinned by relevant psychological, sociological and nursing theory. The book can be read in sequence or as stand-alone chapters. Regardless of how you read it, to get the most out of your reading we encourage you to engage with the activities and case studies in each chapter, as these have been included to help you extend your understanding of how the various concepts relate to nursing practice.

All of the authors who have contributed to this book have a wealth of practice and educational experience and they are passionate about using health promotion theory and policy to enhance the health and wellbeing of individuals and populations. We do hope you enjoy reading this book and that your learning makes a positive contribution to how you carry out health promotion in practice.

Clare Bennett and Sue Lillyman, Editors
LEARNING OUTCOMES
When you have finished this chapter, you should be able to:

10.1 Discuss why leadership is important for health promotion
10.2 Outline the key skills for effective leadership
10.3 Describe approaches to leading change
10.4 Demonstrate an understanding of health-promoting leadership

10.1 Introduction

In considering why leadership is important in health promotion, it is useful to provide a definition. As we have seen in previous chapters, the WHO defines health promotion thus:

*Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.*

(WHO, 2016)

Within this definition there is a key phrase which suggests that effective leadership is a driving force: "enables people to increase control over their own health". As leadership requires vision and direction and is concerned with aligning people and partnerships, building relationships, motivating and empowering, it is possible to see that in order to facilitate this definition, effective leadership is required. Responding to changing populations and changes in health, wellbeing and disease trajectory requires these abilities so that a vision of what challenges may present are anticipated and responded to appropriately.

To understand the role of leadership in health promotion further, it is important to first explore what ‘leadership’ means. As a student, you will be learning and observing many different approaches to leadership within healthcare. As you gain
experience, you will form your own ideas of what it means to you as a professional and what it means within the healthcare context.

This chapter will present some of the key concepts of leadership in health promotion. Thinking of how leadership may influence the delivery of care, as well as how it can influence health promotion in our patients and our colleagues and areas of work, will support your formation of ideas while also enabling you to understand why developing an insight is important.

**ACTIVITY 10.1**

Identify who you consider to be a leader, in work or in your personal life. Write down the qualities and characteristics that make them a leader.

**10.2 Defining leadership**

Since 1948 the WHO has provided a macro level core leadership role for global health promotion in its functions of:

- leadership in essential areas of need and enabling a partnership approach to tackle those needs
- directing a research programme and motivating the progress and distribution of evidence-based knowledge
- establishing standards for health and evaluating their application
- conveying ethical policy based on evidence
- being agents for change and promoting sustainable programmes
- observing and scrutinising health trends globally.

(WHO, 2014)

While the WHO provides this important element of macro leadership, we also need to consider personal (micro) leadership roles and organisational (meso) leadership in the context of health promotion (*Figure 10.1*).

![Levels of leadership in the context of health promotion](image)

*Figure 10.1 Levels of leadership in the context of health promotion.*
First, it is necessary to create a definition. Leadership can be defined in many ways and numerous leadership theories have been developed and discussed within the texts; all are relevant and can help you to think about what leadership means to you. However, while these theories provide different approaches to leadership, none provides the absolute definition and solution to what approach works well. Some of these theories are presented in Figure 10.2; it will be useful for you to explore sources and texts which provide a further overview of theories and qualities of leadership to provide a broad exploration of defining leadership qualities, such as Jones and Bennett (2018) and Barr and Dowding (2019).

![Leadership Theories Diagram](image)

**Figure 10.2 Examples of leadership theories.**

**ACTIVITY 10.2**

Consider the leadership styles in Figure 10.2 and write down your definition of what leadership is.

Thinking of your own experience of leadership and reading about different theories will help you to identify your own thoughts of what it means to you and allow you to think of where you apply leadership skills. Burns (2010) presents leadership as two different types: transactional and transformational. Transactional leaders focus on standards, targets, goals and performance, with penalties for not achieving these. An example of this approach within healthcare is provided by Barr and Dowding (2019) as the 4-hour rule for waiting in Accident and Emergency.
Transformational leaders act in the interests of the team or followers by responding to a need through positive change, having a vision for change and engaging the team in the vision (Barr and Dowding, 2019). It is also important to understand that more than one approach can be used and there are times when one may be more effective in gaining the best outcome. For example, a transactional approach may be more effective when targets for improvements in health are urgent; for example, the Ebola crisis needed urgent action with stringent measures for preventing and minimising spread. However, a transformational approach may be more effective in implementing a change over a long period within a team, by agreeing a vision and engaging all in the process. For example, when there is a local policy change which needs to be implemented in a multidisciplinary clinical area, an engaging transformational style would ensure the team take ownership by having a shared vision. Leadership skills are needed in healthcare and nursing to ensure that the main vision and aspiration of the organisation and those that work within it are achieved; to deliver safe and effective patient care to maximum effect, despite the challenges.

Defining an approach to leadership can be helpful for you as it will impact your approach to clinical practice as you progress in your career. This is important for leading health promotion initiatives and providing influence in improving health and preventing disease.

**ACTIVITY 10.3**

Think about the differences between transactional and transformational leadership, as defined above. Which do you think is more aligned to your values and approach to nursing?

Recent development of leadership theory includes ‘compassionate leadership’, ‘values-based leadership’ and ‘congruent leadership’. West *et al.* (2017) describe compassionate leadership as aligning well to healthcare, as it approaches leadership as an open, non-blaming, collective style. Congruent leadership is defined by Stanley (2019) as the actions of the leader being compatible with their values and beliefs. Guided by commitment and compassion, congruent leaders have a high regard for others, establish strong relationships and are values-driven (Stanley, 2019). Both approaches to leadership break from the more traditional styles from industry and business, such as those shown in Figure 10.2, and are well situated within health as they reflect the elements of professional practice in basing decisions on evidence and taking a caring, helping and empathetic approach (James, 2019).

**ACTIVITY 10.4**

Consider Figure 10.3 and reflect on how the elements of compassionate and congruent leadership fit with the professional values, beliefs and standards within health promotion, as set out by the Code (Nursing and Midwifery Council, 2018).
Thinking further about your own leadership style from different perspectives may help you to become more self-aware. For example, in Activity 10.1, what were the qualities and characteristics you noted down? Do you have any of these characteristics? Do you think these are essential or are there other characteristics that you have which are equally important for good leadership? This can be considered as getting to know your own ‘traits’ or characteristics of leadership.

Other aspects which may be useful for you to consider are:
- How important is someone’s position in an organisation for leadership?
- Is leadership a process rather than a quality or position?
- Are leaders always considered powerful?

**ACTIVITY 10.5**

Considering the questions above and your own role and professional practice, do you think you can be a leader in your current position? What are the challenges and how might you overcome these to influence your own practice and that of others?

10.3 **Self-awareness and emotional intelligence**

Being aware of your own personal skills, your own emotions and how you respond to others is known as emotional intelligence (EI) (Goleman, 1996). As we saw in Chapter 7, having EI means that a person is aware of how knowledge and emotions
influence the way in which decisions are made and how a person responds and acts. Having high EI, self-awareness and awareness for others means a person recognises their own and others’ emotional reactions. They can respond to people empathetically, while taking a positive, respectful and problem-solving approach to the situation (Barr and Dowding, 2019). This is important for all nursing professionals and for effective leadership as it promotes respect and honesty and ensures we are considering others’ emotional situations, which may affect the way they act or behave, while also being aware of our own emotions and how we respond. EI can be applied to interactions and relationships with patients, team members and other staff, as it allows you to consider the whole context of an interaction and what the most positive and suitable response may be to promote good relationships and outcomes.

To understand and develop self-awareness, a model such as the Johari window (Luft, 1969) could be used, as seen in Chapter 7. This model (Figure 10.4) allows exploration of four areas: the open, the blind, the hidden and the unknown. Jones and Bennett helpfully describe the areas as follows:

The open area is the area that we know about ourselves and that others also know about us. Examples may be physical characteristics and personality traits.

The blind area is made up of characteristics that others know about us, but we are not aware of. This may include communication skills that others are aware of, but we have no insight into.

The hidden area is made up of things we know about ourselves that we wish to keep private.

The unknown area is unknown to both ourselves and others.

(Jones and Bennett, 2018, pp. 41–2)

![Figure 10.4 The Johari window (Luft, 1969).](attachment://figure10.4.png)
Another way you can become more self-aware is through reflection and keeping reflective diaries. As this forms part of our professional requirements by the Nursing and Midwifery Council, this can be an effective way of exploring your EI and self-awareness, as your experience as a professional nurse develops and extends.

### 10.4 Emotional intelligence and health promotion

Public health and health promotion are concerned with enhancing quality of life and health within populations. Understanding emotions and responses to health and lifestyle can allow nurses to design and effect the best outcomes for people by providing insight into why choices are made. Here, examples of research are provided such as Bhochhibhoya and Branscum (2015) who consider the importance of EI and how health promotion may be approached. They suggest that working with adolescents and young adults on developing self-awareness and EI may contribute to their lifestyle choices and therefore longer-term health outcomes. Further research is needed in this area which may support insight into how EI could be used within health promotion as a preventative approach.

#### 10.4.1 Smoking

Smoking tobacco and the associated preventable conditions of lung disease, cardiovascular disease and cancer are a public health issue and adolescents are a vulnerable population due to peer pressure and tobacco advertising. Trinidad and Johnson (2002) explored the relationship between EI and adolescent smoking and drinking alcohol in 205 adolescents in southern California. Using an EI measuring scale, an association between smoking and low EI in adolescents in the 7th and 8th grade found they were twice as likely to be involved in smoking than those students with higher EI.

#### 10.4.2 Negative lifestyle behaviours

Brackett, Mayer and Warner (2004) found low EI to be a predictor of negative life outcomes. The researchers explored 330 students’ self-care behaviour, leisure activity and interpersonal relationships. Female students measured higher levels of EI, and lower EI in male students was associated with negative lifestyle outcomes which included illegal drug use, alcohol use and reduced peer relationships. The researchers suggest low EI to be associated with negative behaviours for male higher education students.
10.4.3 EI in nursing

The concepts that comprise EI have been acknowledged as important in relation to leadership in healthcare professions; ensuring challenges are confronted and provision of appropriate and effective service provision is led with consideration (Carragher and Gormley, 2016; Akerjordet and Severinsson, 2008). Furthermore, evidence suggests developing EI in undergraduate nursing students to enhance future leadership strengths is needed. In public health, this would enable a caring, compassionate and values-based approach to leading healthcare delivery and health promotion (Codier et al., 2010; Duygulu, Hiçdurmaz and Akyar, 2011; Benson et al., 2012; Foster et al., 2015).

ACTIVITY 10.7

Think of a situation where you have been involved in, or witnessed, a challenging interaction in a health promotion activity, either with a colleague or between a professional and a patient. Think about the situation from both sides. How did those involved respond and do you think they considered each other’s emotions?

Reflect on how this may have been different if both had applied consideration of the other’s experience.

10.5 Leadership skills in practice

In your experience as a student and when you qualify, you will develop skills which all include aspects of leadership, for example:

- planning and organising the provision of care
- making decisions
- working effectively within teams
- communicating clearly
- planning and implementing change
- evaluating care.

ACTIVITY 10.8

The list above is relevant to all aspects of leadership and all areas of healthcare. Reflect on how you think these are important to health promotion. For example, you may want to consider how you would use your leadership style in planning a health promotion project. Who would you need to engage with and who would be involved in making decisions? In terms of working within the team, do you know the strengths and characteristics of the team and would you consider allocating certain tasks to some? If so, why? How would you know if your project is successful – what would you need to measure and when?
Leadership or management?

It is useful to further define your view of your own leadership competencies by considering the differences between management and leadership. Management can be defined as a more functional activity and role which involves setting goals, allocating resources, generating solutions and ensuring targets and aims are met. The managerial role is usually hierarchical and takes a transactional approach to ensure the organisation functions in its parts.

Leaders, however, tend to influence rather than direct; they have a broader view of the end vision and consider the relationships needed to achieve this. In health promotion this distinction is important as we see from the WHO (2016) definition at the beginning of this chapter; it is concerned with having an overall view of the aim and goal for a wider population and considering how to achieve that. A useful way to differentiate between leadership and management is to consider management as **analysis**, the separation of issues into different parts or tasks, and leadership as **synthesis**, the combination of factors to provide a combined vision (Porter-O’Grady and Malloch, 2016). In the context of health promotion, while management is also important to deliver appropriate activities and functions, leadership sets the extended course for improving the health of a population.

**Activity 10.9**

Consider the elements of management and leadership below. Reflect on your experience of management and leadership and how these activities fit or overlap between both. Using the overlapping circles in *Figure 10.5*, plot these elements and consider how some may overlap.

**Management**
- Organising staffing
- Managing budgets
- Developing solutions
- Allocating tasks and roles
- Organising workload
- Risk averse
- Coordinating activities
- Ensuring targets are met

**Leadership**
- Communicating aims and goals
- Inspiring teams
- Providing the vision
- Empowering individuals
- Motivating change
- Accepting risk
- Establishing strategic direction
- Influencing stakeholders

*Figure 10.5* Interrelationship between leadership and management.
Chapter 10: Leadership for health promotion

10.7 Leading for change

Change is a constant in healthcare; whether it is due to an increasing ageing population, the prevalence of disease or the effects of global warming (WHO, 2018). Promoting health and wellbeing within populations requires an ability to adapt and respond to the challenges of implementing change. Leaders are channels for implementing change and for driving agendas for change and responding to anticipated demands. As countries become increasingly connected and inter-dependent with moving workforces, leading change presents further challenges; issues such as the culture, beliefs and values of all populations need to be considered, as well as equality of provision of healthcare. Globalisation has given many opportunities for sharing practice, supporting innovation in research and healthcare; however, it also produces challenges.

ACTIVITY 10.10

Consider your response to change in practice. How do you usually feel when a new way of working is introduced? Do you respond positively? Write down the negative and positive feelings you have about changes in your working practice. Think of others in your team – do they respond well to change?

In undertaking Activity 10.10 you may have noticed that people respond differently to change. Being prepared for how people respond is an important part of leadership, as there are methods to manage this and ensure the team can move into the new way or approach needed, to ensure the vision of change is achieved. Kotter and Schlesinger (1979) set out four reasons for resisting change:

- self-interest – people may feel the change is not helpful or beneficial for them
- lack of trust or misunderstanding
- people prefer stability and security
- different expectations.

Being aware of these issues can allow a leader to prepare the team by providing clear communication of the reasons for change and the evidence for making the change. In health promotion, this may need further planning as it may involve addressing large populations in making lifestyle changes. Empowering people to enable them to take control of their health is a key role in health promotion; providing people with the information, methods, resources and support can enable change to occur.

It is possible people may experience an array of feelings when faced with changes to their lifestyle, such as loss, anger, frustration and stress, as well as more positive feelings such as achievement, pride and happiness. Therefore, being aware of possible responses to change can be useful in your choice of approach and leading the change. Health practitioners can lead by ensuring the message and reason for improving health are clear, by planning for all the possible responses and being flexible in adapting to the needs of the person. Imposed change can result in unsuccessful outcomes and may be less likely to be sustained, so careful consideration of how a change is to be introduced is important, as we have seen in
Chapter 2. Barr and Dowding (2019) set out the possible effects of a change that is imposed, including:

- feelings of anxiety and uncertainty
- lack of control
- lack of understanding
- resistance
- uncertain commitment.

These effects are the opposite to enabling empowerment; so when leading change, it may be helpful to adopt strategies suggested by Kotter and Schlesinger (1979) such as:

- educating and persuading
- including and involving
- supporting and enabling
- negotiating
- influencing
- reviewing at each stage
- responding appropriately
- being creative in seeking out alternative approaches
- providing the evidence base for change.

**ACTIVITY 10.11**

Think of a successful health promotion campaign. Why do you think it went well? Were any of the above strategies used?

Examples may be found on the following websites:

- Public Health Scotland: bit.ly/A10-11C
- Public Health Agency Northern Ireland: bit.ly/A10-11D

**10.8 Planning, implementing and evaluating**

In health promotion, it is necessary to consider the impact of the proposed change, as well as considering how it can be sustained. It is useful to consider the strengths and drivers which can support the implementation of the change. Lewin’s (1951) force field analysis is a useful tool to support the planning, implementation and evaluation of sustainability. Using qualitative (soft) and quantitative (hard) information, it is possible to use the tool to plan the impact of the change and consider its positive driving forces and negative resisting forces, in order to provide a possible estimated prediction of success. This is also a useful tool as it can be used with all stakeholders; the team, service users and patients, to engage all in the planning and process of implementing change, encouraging commitment and empowering those involved.
Chapter 10: Leadership for health promotion

One example of using a force field analysis to plot the driving forces and resisting forces might be for increasing activity in those aged over 65 years in a rural area. Driving forces may be improving social contact for isolated people, enhanced wellbeing, improved health and reduced aches and pains. Resisting forces may be difficulty in reaching the meeting point due to lack of transport, lack of confidence, lack of knowledge about health benefits and mobility issues. By plotting the forces using different sized arrows to indicate the strength of the influence, it is possible to view which forces are stronger (Figure 10.6). Consider how established and immovable those strong forces are, which forces can be influenced to overcome the challenges, and what strategies need to be implemented to take the plan forward.

![Image of Force Field Analysis](Figure 10.6)

**Figure 10.6** Force field analysis.

**Activity 10.12**

Using *Figure 10.6*, think of a small change you would like to make personally or in practice. Plot the forces and consider your approach to taking the change forward.

A shared decision-making approach to health promotion may be adopted more widely and in strategic public health directions, for example as seen in the prudent healthcare policy in Wales (Bevan Commission, 2013). Within this policy, prudent healthcare aims to provide patients and the public with an equal partnership with the healthcare professionals in making decisions about their treatment and care, as well as shaping future health services. This can enable leadership to be shared also, by professionals and all stakeholders, taking a collaborative approach to leading change. This approach can also encourage sustainability and build capacity, as investment in the programme by those at whom it is aimed can result in a commitment and engagement in its success.
10.9 **Health-promoting leadership**

While we have discussed the importance of leadership in health promotion, there is a further aspect of leadership which relates to the work environment and culture of our organisations, which needs consideration. Staffing shortages, pressures of the demand of workload and maintaining the quality of care provision we want to provide, mean mastery in nursing leadership is important to support and drive forward professional integrity. Being able to lead in maintaining and nurturing a healthy supportive collegiate workplace is the responsibility of all nurses to ensure we are effective and maintain high standards of care. Akerjordet, Furunes and Haver (2018) suggest strong leadership within nursing can encourage increased satisfaction in the workplace, decrease costs and promote high quality nursing care. Ensuring the organisation promotes a culture of health and wellbeing may encourage a valued and motivated workforce.

‘Health-promoting leadership concerns creating a culture for health-promoting workplaces and values that inspire and motivate employees to participate in such a development.’

(Eriksson, Axelsson and Axelsson, 2011, p. 17)

This applies across the healthcare professions to ensure optimum patient outcomes and effective teamworking. While nurses try to provide high quality care for patients and service users, there is sometimes a tendency to place personal health and wellbeing as a lower priority. Evidence from research demonstrates high rates of burnout and negative health outcomes in nurses where workplace empowerment is lacking (Laschinger, Wong and Grau, 2013). There is, therefore, a place for health-promoting leadership to ensure responsibility is acknowledged for the workforce’s wellbeing, recognising the feelings and needs of colleagues and peers within the workplace. A health-focused and motivating work environment is essential if nursing is to flourish and nursing leadership at all levels can encourage this holistic approach.

An integrative review by Akerjordet, Furunes and Haver (2018) of research into health-promoting leadership found attributes of a health-promoting leader in nursing requires:
- courage and responsibility
- a holistic view of leadership
- an approach to enhance recovery and reduce stress
- acknowledgement of the context of the organisation.

**ACTIVITY 10.13**

Consider your own work environment and colleagues. Is there an emphasis on health and wellbeing for staff? Reflecting on your leadership skills, what could you do to make improvements in how staff wellbeing is considered?
Chapter 10: Leadership for health promotion

KEY LEARNING POINTS

Three key points to take away from Chapter 10:

- Defining an approach to leadership can be helpful for you as it will impact on your approach to clinical practice as you progress in your health promotion role.
- EI is important for all nursing professionals and for effective leadership, as it promotes respect and honesty and ensures consideration of others’ emotional situations.
- Leaders are channels for implementing change and for driving agendas for change, responding to anticipated demands; planning and anticipating responses to change is a useful strategy.
REFERENCES


Chapter 10: Leadership for health promotion


