

THE ROLE OF THE NURSES IN HEALTH PROMOTION FROM THE VIEW POINT OF PATIENTS AT KING ABDULLAH HOSPITAL IN IRBID

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Abstract

This study aimed to know the viewpoint of patients at King Abdullah Hospital on the role of nurses in health promotion in general, and also aimed to investigate the effect of gender, age, area of residence, and academic level on the point of view of patients.

The study sample consisted of 120 patients 63 males and 57 females at King Abdullah Hospital. Means and standard deviations and t-test were used to analyze the results.

The results showed that there were statistically significant differences in the views of the patients on the role of nurses in health promotion in general, also showed a statistically significant differences at the level of significance ($\alpha \geq 0,05$) in their views attributed to the age, as there are statistically significant differences at the level of significance ($\alpha \geq 0,05$) in their views attributed to gender, and results also showed the existence of clear statistically significant differences in the views of the patients on the role of nurses in health promotion due to the Academic level and area of residence variables.

Keywords: Health Promotion, Nurse

1. Introduction

Health promotion was defined by The World Health Organization (WHO) as a procedure of enabling people to raise control over and to develop their healthiness (WHO, 1986). People must be provided with appropriate information in order to ease that process. Nurses have a key role in giving or introducing that information in the shape of health instruction. Nurses are extremely skilled, skilled health professionals who are available throughout

many situations.

In recent years the importance of nurses' roles in health promotion within the hospital setting has been widely acknowledged, as many of the major causes of the morbidity and mortality worldwide are preventable and linked to individuals' lifestyles (Uddin, 2001, Phillips 2002). Given the fact that hospital nurses spend much of their time with patients, it is argued that they have a potential key role in promoting patients' health (Irvine, 2005, Cross, 2005, Casey, 2007, Whitehead et al, 2008, Whitehead, 2009). However, much of nurses' health promotion work is opportunistic (Whitehead, 2009) and their ability to promote patients' health has been questioned (Irvine, 2007, Whitehead, 2011).

Although much has been achieved concerning health promotion within the community setting (Runciman et al 2006), there has been less investigation of nurses' health promoting roles in acute settings, exploring the experiences and factors involved.

Existing studies date from some time ago and are small in scale and relying only on one data collection method such as (Cross, 2005). The conclusions of others (Irvine, 2007, Whitehead et al, 2008) do not include the element of observation and thus the gap between theory and practice has not been fully examined.

The vast majority of nurses work in hospitals and thus they represent the biggest workforce in such settings. Nurses have close contacts with patients and their relatives creating a significant opportunity for delivering health promotion (Whitehead, 2005)

It is not surprising therefore that nurses are in a position to lead the new health promotion movement (WHO, 2003) and promote the health of individuals and communities (WHO, 2001). With this in mind, there are rallying calls in the international literature urging nurses to play a key role in health promotion (Whitehead, 2000, 2001, Tones and Green, 2004, Cross, 2005, Irvine, 2007, Whitehead et al, 2008). Yet the reviewed literature suggests that the majority of hospital health professionals like nurses do not really associate health promotion in their practice and devote more time to clinical duties than health promotion or even basic health education (WHO, 2003)

Tele health Ontario is a great example of how anyone can access the expertise of a nurse. Anyone can call in with a question, concern or health issue and gain information while being advised of a plan of action right over the phone. Of course, without being able to use hands-on assessment skills, this can be limiting when it comes to dealing with an acute scenario. Tele health is not for resolving situations that require immediate attention. Nurses can direct people to local resources and give out health and wellness information. Tele health would be useful when parents seek well-baby/well

child information, information on vaccines, smoking cessation, addiction counseling, adolescent mental health resources, nutrition information etc. These are examples of situations where access to accurate health information can assist people in staying healthy. (Hartford, J. 2009).

1.1 Significance of the Study

Every contact with a patient can be an educational interference when nurses are functioning inside a health promotion model (Rankin 2005). For example, while changing the dressing of a diabetic foot ulcer, there is the opportunity to discuss blood sugar testing and diabetic control. When in a clinic or doctor's office, if a patient comes in with a cut, it's the perfect time to check the chart for the last tetanus booster. During a home visit to discuss newborn care, it is the perfect opportunity for the nurse to discuss the childhood vaccine schedule, recommended vitamin supplements or even the developmental milestones of an older sibling. Nurses are practicing health promotion strategies constantly. Recognition of these subtle yet effective interactions is important in giving credit to the significance of nurses as health promoters.

Nurses have close contacts with patients and their relatives creating a significant opportunity for delivering health promotion (Kelly and Abraham, 2007). It is not surprising therefore that nurses are in a position to lead the new health promotion movement (WHO, 2003) and promote the health of individuals and communities (WHO, 2001)

1.2 Statement of the Problem

Everyone will interact with a nurse at some point in his lives. Nurses are high level thinkers with exceptional skills and considerable ability to communicate, negotiate, coordinate, and collaborate in order to deliver care (Sullivan, 2004). If anyone is in the presence of a nurse, he is advised to read a health-care article or is part of a health related discussion, think about nursing and the impact the occupation has on the health and wellness of the society. One may ask a nurse a question about his or her career, daily tasks, and routines and ask questions about how he/she can assist others to achieve their goals for health and wellness. Nurses always give advices about health and help others to get a better health and a better life. Do patients agree on that? This is what the researcher going to investigate in this study.

1.3 Purpose of the Study

This study aimed to know the viewpoint of patients at King Abdullah Hospital on the role of nurses in health promotion, and also aimed to investigate the effect of gender, age, area of residence, and academic qualification on the point of view of patients.

1.4 Questions of the study

- 1- What is the point of view of patients at King Abdullah Hospital on the role of nurses in the hospital in health promotion?
- 2- Are there any statistically significant differences between the views of patients at King Abdullah Hospital on the role of nurses in the hospital in health promotion due to gender (Male, Female)?
- 3- Are there any statistically significant differences between the views of patients at King Abdullah Hospital on the role of nurses in the hospital in health promotion due to Age (less than 30 years, 30 years and over)?
- 4- Are there any statistically significant differences between the views of patients at King Abdullah Hospital on the role of nurses in the hospital in health promotion due to area of residence (city, village)?
- 5- Are there any statistically significant differences between the views of patients at King Abdullah Hospital on the role of nurses in the hospital in health promotion due to the academic level (Tawjihi or less, Bachelor degree, Higher education)?

1.5 Definition of Terms

Health promotion: The science and art of helping people change their lifestyle to move toward a state of optimal health, which is a balance of physical, emotional, social, spiritual, and intellectual health.

Nurses: A person who is trained to care for sick or injured people and who usually works in a hospital or doctor's office. They graduated from either Nursing colleges or universities.

1.6 Limitations of the study

This study is limited to patients at King Abdullah Hospital in Irbid.

2. Literature Review

Some studies have shown that the aim of hospital nurses' roles in delivering health promotion was not being realized (Casey, 2007, Kelly and Abraham, 2007) and their ability to implement effective health promotion activities have been questioned (Whitehead, 2003, Casey, 2007, Whitehead et al, 2008). Indeed, findings of recent research revealed that socio-political health promotion is largely neglected by nurses (Casey, 2007, Kelly and Abraham, 2007, Whitehead, 2011) and there is a gap between rhetoric and reality (McDonald 2000, Seedhouse, 2004). That is, nurses may see themselves as health promoters but in reality, they are health educators (Whitehead, 2004, Whitehead, 2009).

Clark and Maben (1998) conducted a qualitative study to identify the understanding of health promotion and health education by student nurses in

England, as well as their understanding of their role as health promoters. The results indicated that the students' focus shifted from illness to health, but they remained confused about the terms health education and health promotion. These students' viewpoints were found to be reflective of the views and knowledge of their teachers.

Piper (2008) conducted a qualitative research study that focused on the definition and meaning of health education and health promotion within the United Kingdom. The United Kingdom's Hospital-based nurses had a formal understanding of health education which was specific to the needs of the patients and behavior changes patients needed to make in relation to their disease or health. These nurses had less of an understanding when it came to health promotion. They believed health promotion involved mass media campaigns for general health advice, but did not include a socio-political component.

Piper concluded that nurses who participated in the study did not have an understanding of health promotion. Other researchers such as Liimatainen, Poskiparta, Sjögren, Kettunen & Karhila's (2001) found that student nurses in the United Kingdom understood the concepts of health promotion and health education, but were unable to apply the ideas in complex situations, such as hospital wards. Irvine (2005) and Clark and Maben's (1998) findings also indicated the inability of nurses in the United Kingdom to transfer theory into practice.

A study conducted by Irvine (2005) on district nurses found that nurses have an individualist ideology practice that focuses on disease and individual behavior changes, but not the socio-political health promotion role. Clark and Maben's (1998) findings indicated that student nurses, diplomats and nursing educators were unclear about the meanings of health education and health promotion. The study recognized that the inability of students to understand these terms was directly related to the limited knowledge and understanding of their nurse educators.

Other studies designed to look at nursing in regards to health promotion revealed similar findings to those conducted in the United Kingdom (Whitehead, Wang, Wang, Zhang, Sun & Xie, 2007; Whitehead, 2008). A study conducted in England found hospital-based nurses who worked with a health promotion facilitator had an increased understanding of health promotion and reported more health promoting activities as compared to nurses working on a ward that did not have a health promotion facilitator (Irvine, 2005).

Whitehead (2008) conducted an international Delphi study to define health education and health promotion. A purposive sample of 62 international nurses, who were 30 considered to be experts in health promotion and health education, were selected for the study. The study

hypothesized that the nursing profession had been unable to incorporate health promotion into theory, practice, or policy because of the inability to agree on what constitutes health promotion activities. The findings of the study indicated that experts were in agreement in regards to the definition of health promotion and health education, but total agreement was elusive in regards to policy, practice, and theory. This study was the first time a group of nurses agreed on definitions for health promotion and health education.

3. Design and Methodology

3.1 Population of the study

The population of the study consisted of all patients at King Abdullah Hospital in Irbid.

3.2 Sample of the study

The sample of the study consisted of 120 patients, 63 males and 57 females at King Abdullah Hospital in Irbid, a questionnaire was distributed among them.

3.3 Instrument of the study

A questionnaire was distributed among the patients at King Abdullah Hospital and this questionnaire was designed by the researcher herself, it consisted of 25 items. Many variables were included such as the gender of the patients, age, area of residence and academic level.

3.4 Reliability of the instrument

To ensure the questionnaire reliability, the researcher applied it to a pilot sample of (15) patients excluded of the study sample in the same hospital from which the sample was chosen with a two-week period between the first and second time it was distributed. The reliability of the questionnaire was calculated using correlation coefficient and it was found 0.91 which is suitable to conduct such a study.

3.5 Procedures of the study

A questionnaire about patients' point of view about the role of the nurses in health promotion was given to 120 patients (63 male, and 57 female). After that the researcher collected the questionnaires and collected data, and then this data was analyzed statistically.

3.6 Statistical Analysis

The results were analyzed for each item in the questionnaire using suitable statistical methods such as mean and standard deviation. The researcher also used figures to clarify the results more.

4. Findings of the study

The purpose of the study is to know the viewpoint of patients at King Abdullah Hospital on the role nurses in health promotion, and also it aimed to investigate the effect of gender, age, area of residence and academic level on the point of view of the patients.

A questionnaire was distributed among 120 patients, 63 males and 57 females at King Abdullah Hospital in Irbid. Means and standard deviations and T-test were used to analyze the results

To answer the first question about the patients' point of view about the role of the nurses in health promotion: What is the point of view of patients at King Abdullah Hospital on the role of the nurses in the hospital on health promotion? A questionnaire was distributed among them and means and standard deviation were calculated. Results were shown in table 1

Table 1: Patients' point of view about the role of the nurses on health promotion

	Mean	Std. Deviation
Q1	4.61	.698
Q2	4.49	.715
Q3	4.42	.805
Q4	4.49	.858
Q5	4.33	.848
Q6	4.32	.767
Q7	4.59	.693
Q8	4.51	.732
Q9	4.18	.907
Q10	4.43	.877
Q11	3.97	1.000
Q12	4.23	.884
Q13	4.47	.905
Q14	4.46	.880
Q15	4.30	.837
Q16	4.41	.806
Q17	4.47	.759
Q18	4.39	.879
Q19	4.54	.741
Q20	4.44	.784
Q21	4.33	.945
Q22	4.63	.679
Q23	4.52	.755
Q24	4.54	.672
Q25	4.42	.812
QALL	4.42	.584

Table (1) shows that there are statistically significant differences in

patients' point of views about the role of the nurses on health promotion. It shows the results of the questionnaire which was distributed among (120) patients about their point of view about the nurses' role in health promotion. Means and standard deviations were calculated and results show that question 22 got the highest mean which was (4.63); question 11 comes next with a mean of (3.97).

Standard deviation for question 22 was (0.679) which is higher than ($\alpha \leq 0, 05$) so it means that it is statistically significant. Standard deviation for question 11 was nearly the same; it was (1.000) which is also statistically significant.

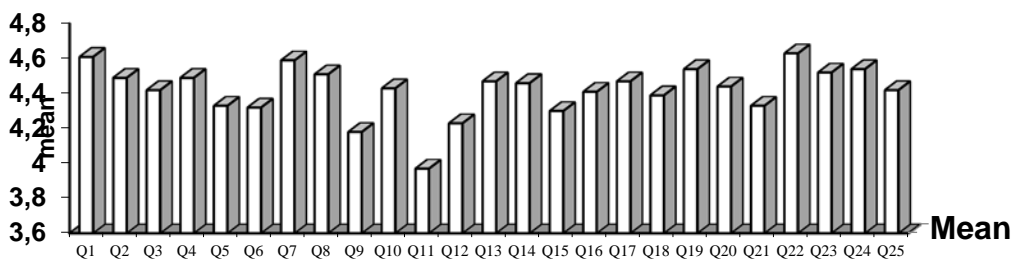


Diagram 1: patients' point of views about the role of the nurses on health promotion

It is clear in the diagram that the mean of question 22 was the highest mean, question 1 comes next. The mean of the (4, 8, 19, and 24) are nearly the same, so patients' point of view about the role of nurses on health promotion are positive.

To answer the second question about patients' point of view and gender: Are there any statistically significant differences between the views of patients at King Abdullah Hospital on the role of nurses in the hospital on health promotion due to gender (Male, Female)? Means and standard deviations were computed and table 2 shows the results.

Table 2: Means, standard deviations and t-test according to gender variable

gender	N	Mean	Std. Deviation	t	df	Sig. (2-tailed)
Male	63	4.31	.685	-2.542	168	.012
Female	57	4.53	.425			

Table 2 shows there are statistically significant differences due to gender variable. It shows the results of the questionnaire which was

distributed among (120) patients about their point of view on the role of the nurses on health promotion. Means and standard deviations were calculated and results show that female patients got a higher mean than male patients which was (4.53, and 4.31) respectively; this indicates that gender have an effect on patients' point of view.

Standard deviation for female patients was (0.425) which is higher than ($\alpha \leq 0, 05$) so it means that it is statistically significant. Standard deviation for male patients was higher; it was (0.685) which is also statistically significant. So, table 2 shows there are statistically significant differences due to gender variable in favor of females.

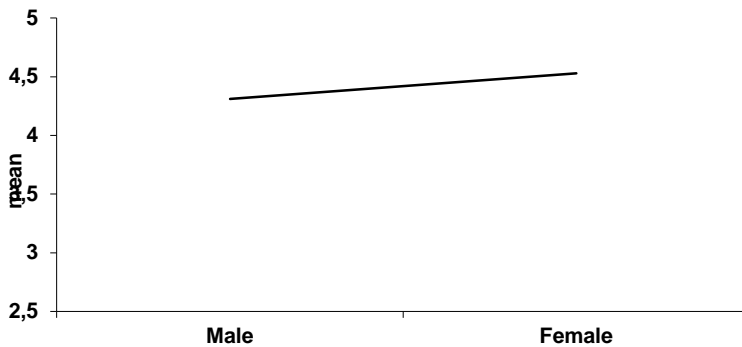


Diagram 2: Means, standard deviations and t-test according to gender variable

Diagram 2 shows that male patients' points of view are less positive about the role of the nurses on health promotion than female patients.

To answer the third question about patients' points of view and Age: Are there any statistically significant differences between the views of patients at King Abdullah Hospital on the role of nurses in the hospital in health promotion due to Age (less than 30 years, 30 years and over)? Means and standard deviations were computed and table 3 shows the results.

Table 3: Means, standard deviations and t-test according to Age variable

Age	N	Mean	Std. Deviation	t	Df	Sig. (2-tailed)
Less than 30 years	54	4.26	.722	-3.387	168	.001
30 years or above	66	4.55	.385			

Table 3 shows there are statistically significant differences due to Age variable. It shows the results of the questionnaire which was distributed among (120) patients about their points of view about the nurses' role in health promotion. Means and standard deviations were calculated and results show that patients whose age less than 30 years got a lower mean than patients whose Age above 30 years which was (4.26, and 4.55) respectively;

this indicates that age have an effect on patients' points of view.

Standard deviation for patients whose age less than 30 years was (0.722) which is higher than ($\alpha \leq 0, 05$), so it means that it is statistically significant. Standard deviation for patients whose age above 30 years was lower; it was (0.385) which is also statistically significant. So, table 3 shows there are statistically significant differences due to age variable in favor of thirty years or above.

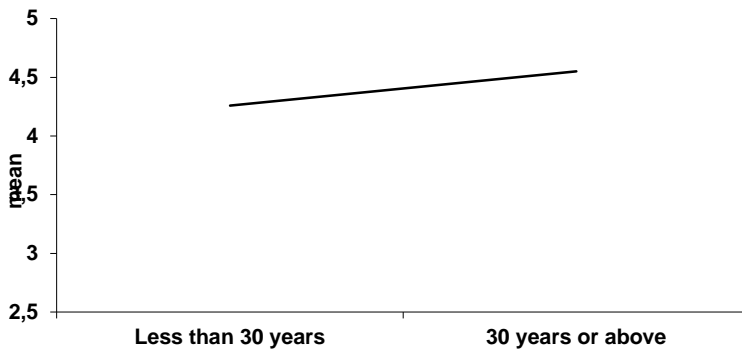


Diagram 3: Means, standard deviations and t-test according to Age variable

Diagram 3 shows that patients whose age are 30 years or above got positive points of view about the nurses' role on health promotion than patients whose age less than 30 years.

To answer the fourth question about patients' points of view and their area of residence: Are there any statistically significant differences between the views of patients at King Abdullah Hospital on the role of nurses in the hospital in health promotion due to area of residence (city, village)? Means and standard deviations were computed and table 4 shows the results.

Table 4: Means, standard deviations and t-test according to area of residence variable

Area of Residence	N	Mean	Std. Deviation	t	Df	Sig. (2-tailed)
City	40	4.22	.853	-2.299	168	.023
Village	80	4.47	.482			

Table 4 shows there are statistically significant differences due to Area of residence variable. It shows the results of the questionnaire which was distributed among (120) patients about their points of view about the nurses' role on health promotion. Means and standard deviations were calculated and results shows that patients whose area of residence is a city got a higher mean than patients whose area of residence is a village which was (4.47, and 4.22) respectively; this indicates that area of residence have an effect on patients' point of view.

Standard deviation for patients who live in villages was (0.482) which is

higher than ($\alpha \leq 0, 05$) so it means that it is statistically significant. Standard deviation for patients who live in cities was higher; it was (0.853) which is also not statistically significant. So, table 4 shows there are statistically significant differences due to area of residence variable in favor of patients who live in cities.

So, table above shows there are statistically significant differences in patients' points of view due to area of residence variable in favor of patients who live in cities.

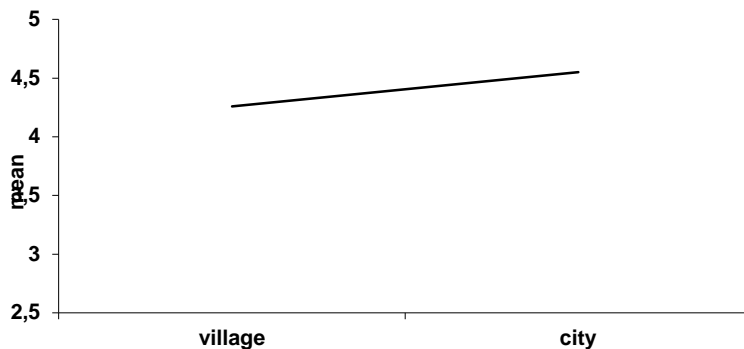


Diagram 4: Means, standard deviations and t-test according to area of residence variable

Diagram 4 shows that patients who live in cities got positive point of views about the role of nurses on health promotion than patients who live in villages.

To answer the fifth question about patients' point of views and their academic level: Are there any statistically significant differences between the views of patients at King Abdullah Hospital on the role of nurses in the hospital in health promotion due to the academic level (Tawjihi or less, Bachelor degree, Higher education)? Means and standard deviations were computed and table 4 shows the results.

Table 5: Means, standard deviations and t-test according to academic level variable

Academic Level	N	Mean	Std. Deviation
Tawjihi or less	81	4.30	.657
Bachelor degree	35	4.51	.509
Higher education	4	4.65	.296
Total	120	4.42	.584

Table 5 shows there are statistically significant differences due to academic level variable. It shows the results of the questionnaire which was distributed among (120) patients about their point of views about the role of

the nurses on health promotion. Means and standard deviations were calculated and results show that patients whose academic level is tawjihi or less got the lowest mean, next comes those who hold Bachelor degree, and finally patients whose academic level is higher education got the highest mean which was (4.30,4.51 and 4.65) respectively; this indicates that academic level have an effect on patients' points of view.

Standard deviation for patients who are tawjihi or less was (0.657) which is higher than ($\alpha \leq 0, 05$) so it means that it is not statistically significant. Standard deviation for patients who hold Bachelor degree was lower; it was (0.509) which is also not statistically significant. Standard deviation for patients with higher education was the lowest; it was (0.296) so, table 5 shows there are statistically significant differences due to academic level variable in favor of patients with higher education.

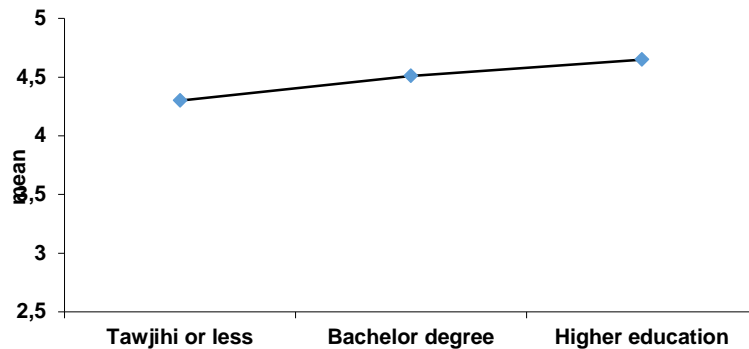


Diagram 5: Means, standard deviations and t-test according to academic level variable

Diagram 5 shows that patients whose academic level is higher education point of views are positive about the role of nurses on health promotion are positive.

The researcher also used post Hoc comparison to show the difference between the three groups: Tawjihi or less, Bachelor degree, Higher education. Table 6 shows the analysis

Table 6: post Hoc comparison to show the difference between the three groups

(I) academic level	(J) academic level	Mean Difference (I-J)	Std. Error	Sig.
Tawjihi or less	Bachelor degree	-.21(*)	.098	.030
	Higher education	-.35(*)	.129	.008
Bachelor degree	Tawjihi or less	.21(*)	.098	.030
	Higher education	-.13	.138	.329
Higher education	Tawjihi or less	.35(*)	.129	.008
	Bachelor degree	.13	.138	.329

Table 6 shows that the mean difference is significant at the .05 level.

The results of this study is not consistent with some other studies such as Whitehead, Wang, Wang, Zhang, Sun & Xie, 2007; Whitehead, 2008; and Irvine, 2005, while Other researchers such as Liimatainen, Poskiparta, Sjögren, Kettunen & Karhila's (2001) found that nurses were unable to apply the ideas in complex situations although they understood the concepts of health promotion.

Studies such as Casey, 2007; Kelly and Abraham, 2007; and Whitehead, 2011 claimed that health promotion is largely neglected by nurses, this doesn't agree with this study because nurses in King Abdullah Hospital has a great and good role in health promotion as stated by patients themselves when they answer the questionnaire distributed among them.

Discussion

Patients' point of view regarding the role of the nurse in health promotion have to do with changing individual health behavior as opposed to influencing the environment, social conditions, policy or anything beyond the individual.

If nurses want to be recognized as health promoters, work with the leaders of health promotion and effectively teach health education, there needs to be a change within nursing curricula. The nursing profession has the ground work in place to present appropriate concepts in health promotion.

Nurse educators need to review the definitions of health promotion, and make changes regarding the environment, social, policy, and economic conditions so that patients understand the broad meaning of health promotion. Nursing also needs to recognize that there is not a universal definition of health promotion within the current literature of the nursing profession and that the profession is sending a mixed message.

For these reasons nursing in Jordan is behind other countries when it comes to health promotion. There is a push in the international nursing community to have an understanding of health promotion that is aligned with present day leaders of health promotion.

The *American Journal of Health Promotion* defined health promotion as the “science and art of helping people change their lifestyle to move toward a state of optimal health, which is a balance of physical, emotional, social, spiritual, and intellectual health.

Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation and build skills and most importantly through creating supportive environments that provide opportunities for positive health practices”(O'Donnell, 2009).

Nurses need to become more involved in promoting the health of individuals, groups and communities by being involved with the economic, policy, organizational and environmental changes that affect health. Nurses

and nursing faculty need to realize that the health of their patients, no matter what type of setting they work in, is affected by social-ecological issues and not just the individual behaviors of the patients.

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