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An evaluation of health promotion training provided to nurses at a trust showed that it has helped the nurses to review their own lifestyles

Advising on lifestyle can improve nurses' health

In this article...

- › Content of health promotion training
- › Nurses' evaluation of the training
- › Potential effects on patient and staff health

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Abstract: Bickerstaffe G, Williams D (2014) Advising on lifestyle can improve nurses' health. *Nursing Times*; 110: 51, 17-19. Many nurses are trained in brief health promotion interventions to ensure patients' lifestyles are assessed in relation to their overall health. Staff evaluations of health promotion training provided at Bolton Foundation Trust showed how it may prompt nurses to evaluate their own lifestyles. It could benefit healthcare organisations, as it may mean staff are supported to be healthier, happier and more productive.

For over a decade there have been calls for healthcare staff, including nurses, to be trained to deliver brief interventions, often known as "brief advice" or "health chats", raising the issue of lifestyle practices such as smoking and exercise with patients (NHS Commissioning Board and Department of Health, 2012). The DH Future Forum (DH, 2011) has argued that all health professionals, whatever their specialty, should make every contact count to help patients maintain or improve their mental and physical health and wellbeing where possible, regardless of the purpose of the contact.

Concern about lifestyle has extended to include alcohol consumption, diet, weight, physical activity, mental wellbeing, affordable warmth and sexual health. More recently the subjects of sleep (Mental Health Foundation, 2011),

loneliness (Mental Health Foundation, 2010) and bullying (Takizawa et al, 2014) have started to gain momentum.

Patient contact with healthcare services can offer a unique opportunity to take advantage of a "teachable moment" and attempt to intervene in harmful behaviours. Recording details is useful in terms of overall history taking, but staff should always be able to offer some brief advice on that issue and also possibly guide patients to further advice or practical support (National Institute for Health and Care Excellence, 2006).

Every patient contact with a health professional can be seen as a unique opportunity to engage patients in discussion about improving their health, regardless of whether they have disease. According to the Royal College of Nursing (2012):

"Nurses are in an ideal position to influence the people they interact with, empowering them to achieve positive public health outcomes."

Improving employee health

There have been numerous calls for interventions to help employees improve their health or maintain good health (World Health Organization, 2014; Black, 2008). Time spent at work can be positive and contribute to good health and a good quality of life, or it can be negative and fail to support good physical and mental health.

The general health of nurses can be a contentious issue, particularly since patients may see them as role models. There will be many who already undertake a reasonable amount of physical exercise that is likely to be part of wider health-promoting behaviour that includes diet,

5 key points

- 1 Nurses are increasingly offering patients brief advice to help address risky lifestyle choices
- 2 Training on brief advice covers issues such as smoking, alcohol use, mental health, diet and physical activity
- 3 Health promotion training is well received and considered highly useful by healthcare staff
- 4 It may help staff to consider their own lifestyle choices
- 5 More exploration is needed on the acceptability of health support provided through the workplace



Training nurses to promote healthy living can influence their own habits

Nursing Practice Innovation

weight, mental health, sexual health, smoking and alcohol consumption. However, in our experience, some nurses suggest the profession does not easily allow the pursuit of healthy lifestyles, due to shift work, long hours and a mostly female workforce with family and home responsibilities. These nurses may benefit from gaining a better understanding of how they might fit behaviour changes into their lives.

Black's (2008) review of work and health in Britain emphasised the need to keep people of working age healthy and resilient, enabling them to remain productive and gain the benefits of being in employment. Workplaces can contribute significantly to this by offering employees health promotion advice and support. The review articulated three principal objectives, one of which is "prevention of illness and promotion of health and wellbeing".

Health promotion training

Health promotion training at Bolton Foundation Trust is delivered in one-day sessions. Participants have a range of roles but are mostly nursing and healthcare support staff. The training covers:

- » What brief advice is;
- » Why it should be delivered;
- » The barriers and opportunities for delivering it;
- » Who is likely to respond to it.

The training gives brief information on mental health, smoking, alcohol, diet, physical activity and sexual health. Within the alcohol section, participants are trained in calculating units without aids so that they can complete assessment tools, specifically the alcohol screening tool Audit C (tinyurl.com/ALCAudit). They are offered a bespoke health promotion patient assessment form, which guides them through the given topics with the patient. The form is essentially the brief advice pathway and allows for effective recording of the intervention as it is kept in the patient's notes.

Staff evaluation of the training

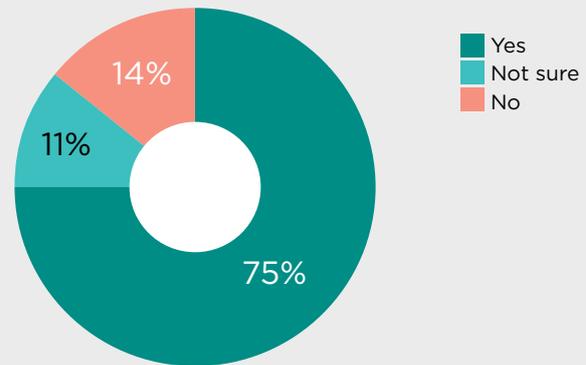
Participants are asked to complete an evaluation form at the end of the training, which asks whether it met their needs in understanding more about their role in health promotion. It also asks whether the training has made them think about their own lifestyle.

Respondents are prompted to think about personal health, then asked to specify which aspects, from a list including smoking, alcohol, diet, weight, exercise, mental wellbeing and "rather not

FIG 1. RESPONSES ON QUALITY OF TRAINING (N=403)



FIG 2. LIKELIHOOD OF MAKING LIFESTYLE CHANGES (N=403)



say". They are also asked whether they would like help or support from a health trainer or other specialist support services to make such changes, and whether the hospital trust should provide a clinic or some form of staff support session to help them achieve any desired changes.

The forms are anonymous; participants are informed that the results may be used in a research study and assured that there will be no attempt to identify them.

Results of the evaluation

Actual roles are not recorded in the evaluation process, but session booking records show that nurses were the biggest staff group trained, followed by healthcare assistants and other clinical support staff, allied health professionals, particularly

It can be extremely difficult and requires sensitivity to approach staff directly with health guidance in terms of their own lifestyles

physiotherapists, then health visitors and midwives.

The evaluation started in November 2010. The most recent data was captured in April 2014. A total of 403 participants had completed evaluations; of these, 239 (59%) were asked only whether they felt the training made them think about making changes to their own lifestyle, without asking about any specific lifestyle issues. The remaining 164 (41%) were asked about specific areas of change; this element was introduced when it was felt that it may help to guide staff health clinic support sessions.

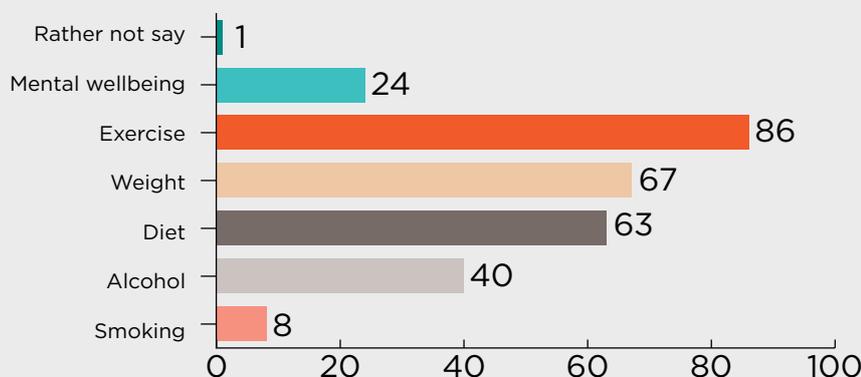
Most respondents rated the training as very good or excellent, and reported that it met their professional needs and covered the points they felt were important (Fig 1). For other organisations considering offering such training, this suggests that staff are unlikely to view it as onerous or a tick-box exercise, as our participants appear to feel it is beneficial. This should assure healthcare providers that this type of training is relevant to improving services to patients.

“Every day is different and you are always learning”

Bernadette O’Gorman ▶p24



FIG 3. AREAS RESPONDENTS WANTED TO CHANGE (N=289)



When asked whether the training made them consider changing their own lifestyle, 302 (75%) of respondents said it did (Fig 2).

The 164 respondents who were asked which aspects they would like to change specified the following (in order or priority) (Fig 3):

- » Exercise;
- » Weight;
- » Diet;
- » Alcohol;
- » Mental wellbeing;
- » Smoking.

Respondents often considered that more than one aspect of their lifestyle needed some attention. The most common multiple responses were for diet, weight and exercise.

It can be extremely difficult and requires sensitivity to approach staff directly with health guidance in terms of their own lifestyles, so the training seems to offer a dual benefit. Staff are trained and empowered to engage in the care of their patients, which is likely to reap rewards, especially at population level. Exposure to guidance and evidence on how to delay or prevent disease also demonstrates how they might improve their own health and quality of life.

Staff who are as healthy as possible and participate in healthy lifestyle behaviours are likely to be more passionate champions of positive lifestyle change for patients. If they have engaged, or are engaging, in a change in their personal life, they can also at times be empathetic role models. They should also become a more resilient and motivated workforce, as good health and wellbeing is known to support positive living. As the NHS is the largest employer in the UK, then improvements to staff health as a result of attending such training could be significant.

It has been suggested that nurses should be role models in terms of health and wellbeing (Blake, 2013; Ford, 2010). Some aspects of health, such as weight and smoking, are more obvious than others. While it would be impossible for all healthcare staff to be paragons of virtue, patients may be more likely to accept lifestyle interventions if the person offering it is not

obviously in need of significant change. Patients do not appear to expect healthcare staff to be perfect in every way. There is, anecdotally, a sense of a happy medium – neither someone who has never had an unhealthy lifestyle nor someone who does not practise what they preach.

External support for staff

The majority of respondents did not want to engage with external support services such as health trainers (336; 8%) or specialist services (342; 85%). However, 258 (64%) did feel that the trust should provide a staff health clinic.

Further exploration is needed on why staff do not wish to engage with external support services directly via their employer. They may feel uncomfortable about accessing these directly through work in case it is seen as weakness, as lacking resilience or even being unprofessional. However, it is known that many of the same staff access external support services for a range of health issues in their personal lives, while some do accept referral within work via occupational health to specialist support services such

as physiotherapy for musculoskeletal problems.

Health promotion or lifestyle intervention training for staff should become a priority for healthcare organisations. It can lead to a more skilled public health workforce, which will lead to benefits in patient health and wellbeing; the training also prompts an evaluation of personal health and consideration of positive change.

This will not result in all staff taking positive action, but it is a non-confrontational way of engaging staff to consider their own lifestyle and a positive first step in moving them towards making beneficial health changes.

Relying on wider awareness campaigns may not make staff see the relevance to their own health. Seeking their cooperation in helping others to achieve a healthy lifestyle may be a novel approach to highlighting how their own lifestyle choices can improve their own health. **NT**

● The first article in a *Nursing Times* series on making every contact count will be published in the 14 January 2015 issue

QUICK FACT 64% Proportion of staff who thought the trust should run a staff health clinic

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