Public health is every nurse’s responsibility

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5. Public health nursing practice can be approached on three levels – individual, community and population

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Abstract

Nurses in all specialties and midwives can influence the public health of individuals, the wider community and the population as a whole. From theory to evidence, education to practice, and implementation to evaluation, there is a clear cycle by which nurses and midwives can have a demonstrable impact on the public’s health. Public health is no longer the preserve of a few professionals and can and should be core to all nursing practice.

To many nurses and midwives, public health can appear a mysterious speciality, a little-known area practised only by those with specialist qualifications. Yet public health is the business of every nurse and midwife and we need to make every contact count. This means we not only give the care we specialise in but also help people generally to maximise their health and wellbeing.

Background
Public health in nursing and midwifery has historically been largely the domain of small groups of specialist nurses. However in recent years, public health has gained a higher profile in the NHS, with more nurses and midwives becoming interested in how public health can improve the health and wellbeing of individuals, communities and the wider population. This is partly due to a better understanding of the social causes of ill health and government policy to reduce health inequalities.

Public health touches us all, no matter where we work or what discipline we practise in. People can, given the right opportunities, take responsibility for their health. To do so, they need information and skills.

Every contact counts
The need to “make every contact count” for nurses was set out in the Compassion in Practice strategy (Department of Health, 2012). What does this mean in terms of improving both public health and nursing and midwifery practice?

Having regular, frequent contact with patients, nurses and midwives are often ideally placed to improve health. This does not require technical skills or extensive specialist knowledge of public health, but does require nurses and midwives to use their knowledge, skills and expertise. This can be as simple as encouraging someone to be more physically active or as complex as encouraging vulnerable groups in deprived communities to attend for vaccinations.

Nurses and midwives are often looked up to, particularly by those who are at their most vulnerable. No matter where we work, we have the opportunity to talk to patients about their health and wellbeing. Behaviour change can be complex and not always immediate but, the more opportunities practitioners take to give messages to patients, communities and populations about making simple changes to their lifestyle, social context or environment, the more likely they are to influence their lives.
Evidence-based practice
Improving public health must be supported by evidence. Public health is both a science and an art, which makes it important for nurses and midwives to look at all sources of evidence and best practice when designing interventions or reflecting on their practice and influence on public health (Faculty of Public Health, 2010).

Evidence comes from a variety of sources; for example, the National Institute for Health and Care Excellence offers guidelines referencing best practice.

Helping people to stay independent, maximising wellbeing and improving health outcomes form part of the implementation plans for Compassion in Practice. A new evidence guide for practitioners draws together sources of evidence, making it accessible to nurses and midwives. The guide also lists some professional networks, which often hold a wealth of resources around best practice. It is being launched at the “Improving the Public’s Health: the Key Roles of Nurses and Midwives” conference in London on 26 June.

Three levels of public health practice
The contribution nurses and midwives can make to public health can be better understood if we break public health nursing practice down to three levels: individual; community; and population.

Individual
Interventions at an individual level focus directly on changing a person’s behaviour or changes to local policy that affect individuals or small cohorts of people.

Under the umbrella of “every contact counts”, all nurses and midwives should take any opportunity to influence individual health outcomes. For example during routine immunisation, a practice nurse should discuss health and wellbeing issues with a young person.

Community
Community-level interventions refer to geographical communities, families and communities with a common interest, such as a long-term condition.

At a community level, there are a number of core actions that all nurses and midwives should take in everyday practice. These range from ensuring that every contact involves a discussion about health and wellbeing to supporting vulnerable people or those at high risk of premature mortality by signposting to other services.

Nurses and midwives work with individual families, communities or groups of people who share a common interest to influence health and wellbeing.

While, broadly speaking, many nurses and midwives will say this has little to do with their sphere of practice, on some level we all have a role to play. This can be as subtle as an acute nurse caring for a patient taking a more holistic view of the needs of the family and their social and environmental situations. Other examples include palliative care nurses working to support families and communities, midwives supporting parenting programmes and practice nurses actively working with groups of people to reduce the risk of diabetes.

All nurses and midwives can address the wider causes of ill health. They can do this through working with whole communities to address social poverty including working with councils or working to improve welfare benefits uptake.

Population
While identifying the role of nurses and midwives at population level can be more problematic, we can influence health policy to influence public health. All specialties can play a role in implementing and evaluating health improvement interventions and engaging in strategic networks to support the reduction of health inequalities and improve health outcomes.

The guides mentioned above will point practitioners to where they can have a positive impact on health outcomes. It also encourages practitioners to think about the potential of their public health role and the impact that they have on the health and wellbeing of individuals, communities and populations.

Evaluating outcomes
In addition to basing all interventions on evidence and being mindful of implementing public health interventions at the three levels, staff should be able to evaluate practice for clinical and cost-effectiveness.

The Public Health Outcomes Framework provides a range of metrics that can be used to demonstrate outcomes for individuals, communities and populations (DH, 2013). These are grouped in to the four public health domains and outcomes are organised by area of practice. To be considered credible public health practitioners, we all need to ensure that outcome measurement is integral to practice – intelligent use of the Public Health Outcomes Framework will help us to do this.

Conclusion
Public health is no longer the domain of a few professionals and can and should be core to all nursing practice. All nurses and midwives can have a direct influence on the health and wellbeing of patients, communities and populations starting with ensuring “every contact counts”.

The simplicity of making every contact count is its main attraction; by thinking slightly differently about care and interventions and by making subtle changes to conversations with patients, we can improve public health outcomes for patients, families and communities.

To do this, practitioners must understand the evidence base for public health and advice and practice must be underpinned by this. In busy clinical environments, easily accessible evidence and examples of best practice are critical.

It is imperative that nurses and midwives understand and can demonstrate their impact on public health and can use metrics to evaluate use. This will show the healthcare system that nurses and midwives are making a difference to people’s lives, and ensure public health services by nurses and midwives are commissioned.

References
Faculty of Public Health (2010) What is Public Health. tinyurl.com/fph-publichealth