

GUEST EDITORIAL

Practice, Research, and Knowledge: Contributions to the Promotion of the Population's Health

Mary Ellen Purkis

The papers selected for this *CJNR* focus issue on Health Promotion represent a broad range of topics reflecting a breadth of research methods that have been used to study (1) people's experiences of health (Liepert et al.), (2) people's willingness to engage in behaviour that poses health risks (O'Byrne and Watts), (3) the relative effectiveness of different approaches by health professionals to positively affect risky behaviour (Smith et al. and Black et al.), (4) the factors that enable and constrain effective partnerships between members of the so-called health-care team (Burgess), and (5) the ways in which international and federal health policies direct and restrict the ability of grassroots organizations to respond to the needs of those seeking to engage in collective actions designed to bring improvements in health at the community level.

The breadth of the contributions in this special focus issue offer insight into the ways in which the topic of health promotion research has developed and evolved, and how an explicit conception of contemporary health-care practice is necessary to generate relevant knowledge for the discipline of nursing — in this field of nursing, as in all others, knowledge that is relevant for practice is intimately linked with research that is conducted within the context of clear and explicit conceptualizations of practice.

This is the third time that the Journal has focused on the topic of Health Promotion, and a review of the two previous issues reveals that this message about practice, research, and knowledge has been central — although it has not always been made as explicit as it is now possible to do, given the 14 years of scholarship we have to reflect back on!

The Practice of Health Promotion

The first time that health promotion received focused treatment in *CJNR* was in 1997, and the guest editor was Denise Paul. I was pleased to have an article arising out of my doctoral research published in that

volume. At that time health promotion was still considered a new way of engaging in nursing practice. The concept of health promotion had presented me, as a nursing educator in the late 1980s, with some challenges as I found myself seeking ways of distinguishing “health promoting practice” from traditional practices of nursing. In those days discussions on this topic were relatively localized to the context of professional associations and educational institutions. Much of the dialogue centred on how health promotion represented opportunities for nurses to engage in autonomous practice. I recall having discussions about the ways that nurses could express their health promotion practice in the form of politically engaged community development. Against these ambitious intellectual debates about the future of nurses as leaders in health promotion, my own ethnographic studies of nursing practice in 1990 suggested that the idea had hardly penetrated to the level of everyday practice — and where it had, it was producing unintended effects on nurses’ engagement in practice. Rather than addressing health matters directly with patients or clients, health promoting nurses were approaching them in quite indirect ways that sought to disguise their influence on the production of particular health outcomes (Purkis, 2002). My doctoral work produced in me a healthy respect for the practice of nursing and an enduring curiosity about the contours of change in a profession that is remarkably resilient, if sometimes resistant to changing ideas about the goal of practice.

Research Methods in Health Promotion

By the time the topic received special attention again, in 2004, methodological issues confronting researchers interested in the effects of nurses’ health promoting efforts were receiving direct attention. Marilyn Ford-Gilboe served as guest editor for that volume. The centrality of practice to research in the field of health promotion was evident when Jane Drummond noted that, in order to effectively evaluate health promotion programming, researchers needed to be aware, and take account of, the multiple levels at which action and practice related to the promotion of health were taking place. This observation struck at the heart of the concerns I had noticed in my own research: Had I taken the nurses’ actions at face value, I would have failed to notice the other levels at which their actions were having effects. In my case, mothers attending an immunization clinic were observed, at one level, to be the recipients of helpful suggestions for improving the health of their children; at another level, these same mothers left the clinic feeling that their decisions about how to care for their child were open to question. Drummond drew readers’ attention to the manner in which health promotion research and practice is values-based. She highlighted the importance of being explicit about the

principles behind the specific health promotion activities under investigation. Only by drawing these values and principles out is it possible to demonstrate how community members experience nursing practice.

Knowledge for Health Promotion Practice

And now, on the 25th anniversary of the publication of the Ottawa Charter, I have been given an opportunity to revisit the concept of health promotion and to select exemplary contributions from researchers across this country who have taken up the challenge of studying some remarkably complex practices and phenomena. Although we have read about these practices and phenomena in previous issues of the Journal, we can still be drawn in, to consider the creativity and commitment of our colleagues who engage in practice and research in the field, not to mention the individuals and community members whose lives are intricately tied up in living their health on a daily basis.

The Ottawa Charter set out a conceptual framework that could be applied to analyses of practice as well as to research design in the field of health promotion. A number of these explicit health promotion actions are reflected in the contributions selected for this issue of *CJNR*. For instance, Liepert et al. describe how engagement in the game of curling simultaneously serves to build social cohesion, provides opportunities for enhancement of physical and mental health, and creates a visible way of supporting rural community life. Research into the effects of curling in rural Canadian communities generates knowledge related to the creation of supportive environments (World Health Organization [WHO], 1986). The contribution of Smith et al., by contrast, reflects the health promotion action of developing personal skills (WHO, 1986) by investigating the relative efficacy of two different smoking cessation interventions for hospitalized patients. Burgess's contribution illustrates the significant challenges faced by a new health-care provider — the Family Nurse Practitioner — who enters a health-care system already divided up and parceled out to care providers who may not see any immediate benefit for themselves in co-operating to enhance service delivery for the population. This article reveals the implications of the Charter's attempt to support a re-orientation in health services. The Charter states that all players (e.g., individuals, community groups, health professionals, health-service institutions, and governments) "must work together towards a health care system which contributes to the pursuit of health" (WHO, 1986, p. 3). Burgess proposes a framework that offers practical advice for policy leaders and decision-makers on strategies they could implement to enable change in the system.

One way that health promotion differs from the earlier notion of health education is its much more explicit reference to the ways in which

health and policy are related. The Ottawa Charter encouraged practitioners, policy-makers, and legislators to engage in the building of healthy public policy (WHO, 1986). The contribution by Laperrière offers an exemplary instance of how a careful, critical analysis of health policy requires that the effect of any given policy be followed all the way through the policy process, from development through to implementation, in order to determine whether the intended benefits for individuals at the community level have been achieved. This sort of policy analysis is essential so that both the initial development and the subsequent refinement of policy are undertaken to improve health outcomes.

Creating Conceptual Cohesion

CJNR, in its editorial policy to publish these focus issues at regular intervals, serves an important role in creating opportunities for readers to see that there is an emerging body of knowledge, arising from the practice of nurses and their interprofessional team members, that is based on research evidence and that can contribute to the development of evidence-based practice into the future. What might some of those future directions be?

Here, I would suggest some reflection on the ambitious program of research outlined by Marjorie MacDonald in the *Happenings* contribution. For nursing, health promotion has always offered an opportunity to engage in practice in an interdisciplinary space. And while this presents interesting opportunities to learn more about how epidemiologists and geographers and sociologists approach the practice of health care, it can also compound the challenges of ensuring that the perspective of the patient or client is privileged.

To this end, MacDonald's third theme is most encouraging. MacDonald's contribution encourages us to give consideration to the methodological space occupied by health-services research in the context of the Canadian health-care system and what has been generated by research claiming to be part of this tradition. Since much of this research is centred on the considerable task of delivering health services to Canadians, the focus to date has been very much those services offered in hospital. As a result, the efforts of primary care providers and the impact specifically of health promotion strategies as set out in the Ottawa Charter have been largely missing from this body of influential research.

MacDonald intends to address this problem by building a public health services research agenda. What I find most promising in her work is the commitment to a *public* health services research agenda. As governments confront the ongoing challenge of making long-term commitments to funding a public health system against the constant demands for

reduced taxation, such a research agenda holds promise for demonstrating how an integrated health-service delivery system — from primary care through to tertiary care and back again — represents an essential support network for any society.

This program of research has been developed with contributions from an interdisciplinary research and practice team, with team members bringing knowledge and commitment from their respective disciplinary fields, thus strengthening the overall conceptual framework for the research. We should all be waiting in great anticipation for the outcomes of this health-services aspect of the larger program of research, because the very idea of joining sociological frameworks with nursing and geographical frameworks is contentious and will, I believe, provide opportunities in the years ahead to illustrate what knowledge nursing specifically contributes to this body of knowledge.

It is my contention that we nurses bring a unique contribution to this type of interdisciplinary and interprofessional practice and research. Our traditional location at the literal and virtual bedside means that we occupy a privileged place of engagement in relation to individuals and community members. This location affords us the ability to develop and implement effective ways of living our health, but only where we can respect the complexity of the decisions that each member of the community makes while seeking the connection and cohesion necessary to build and sustain a community.

The next decade of research could focus on excavating knowledge about how health promoting actions such as those highlighted in this issue of the *Journal*, founded on a strong conceptual base such as the Ottawa Charter, not only enable us to support one another but also help us to sustain *public* systems of health care.

References

- Drummond, J. (2004). Conceiving action, tracking practice, and locating expertise for health promotion research. *Canadian Journal of Nursing Research*, 36(1), 115–120.
- Purkis, M. E. (2002). Governing the health of populations: The child, the clinic and the “conversation.” In V. Hayes & L. Young (Eds.), *Transforming health promotion practice: Concepts, issues, and applications* (pp. 190–206). Philadelphia: F. A. Davis.
- World Health Organization. (1986). *Ottawa Charter for Health Promotion*. Retrieved February 14, 2011, from www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf.

Mary Ellen Purkis, RN, PhD, is Dean, Faculty of Human and Social Development, and Professor, School of Nursing, University of Victoria, British Columbia, Canada.