Healthy settings and nursing skills for public health: insights from nurse education and practice in Canada.

Dr Anne M Mills

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ABSTRACT

My Fellowship trip to Canada gave me the opportunity to visit three major locations to witness and gain an understanding of functioning health promoting initiatives aimed at student and registered nurses.

Nurses have a public health role; they are required to work towards improving health and wellbeing outcomes for individuals, communities and populations. In addition the UK Nursing and Midwifery Council (NMC) (2018) maintains that nurses should be healthy role models, however NHS evidence suggests that 1 in 4 nurses are overweight or obese and nurses who experience these health problems are less likely to discuss health behaviours with service users. Although nurses have an understanding of the causes of ill health they are frequently involved in the practise of unhealthy behaviours which contribute to poor health outcomes. The research literature and my own experiences acknowledges that although nurses have an understanding of the theory of health promotion they are more likely to use a health education advice giving approach when talking to service users.

Some years ago I became aware of a number of initiatives in Canada which promoted and encouraged positive health outcomes for student and registered nurses and the development of nursing healthy conversation skills to promote client health and wellbeing. My Fellowship award enabled me to visit, meet with and review these initiatives first hand. I was keen to understand their qualities and associated implementation challenges, find out if they were useful and respected; and if they could they be transferred and utilised within my own higher education and health care setting.

My trip to Canada allowed me to visit three major locations to gain an understanding of these initiatives. The visits involved higher education settings, healthcare settings, public health community services, nursing trade unions and regulatory nursing organisations. Whilst talking to student nurses, nurse academics and registered nurses in practice I became aware of the very different composition of the nurse education programme and practice staffing models. I learnt that these differences have a profound impact on the development of student nurses and their work as registered nurses, their ability to understand and practise health promotion effectively and their ability to engage in self-care. Although student and registered nurses experience similar health problems to the general population it appeared that Canadian nurses, even with existing health issues considered it their nursing role to discuss the health implications of various behaviours, with service users. Nurse education is not so intense in Canada, thereby providing students more opportunities for integration into wider university life, more time is also available for academic study, reflection and careful supported preparation for practice. Although nurse shortages are also an issue in Canada, the use of staffing models have shown a myriad of benefits, including an impact on the health and wellbeing of registered nurses and service users.

The findings from my visits demonstrate the complexity of promoting health and wellbeing to and for students and registered nurses. Structures and processes within the workplace and educational settings impact on nurses' health and nurses' abilities to self-care and be healthy role models and support and practise healthy conversations with service users.

This report recommends a review of the current UG BSc nursing which is over burdensome for student nurses and outdated within today's modern health care. Additionally legislation is required to ensure safe staffing and appropriate skills mix within all nursing settings.

Author profile

I am a registered nurse, midwife and specialist public health practitioner; now working as a nurse academic at Bournemouth University. Throughout my clinical career I also had a keen interest in the most effective ways of discussing healthy lifestyles with clients. Much of my working experience aligns with the literature which reveals that nurses' struggle with the application and use of health promotion for the clients they work with and for themselves. My work as a health visitor brought me face to face with many of the unseen challenges that poverty presents to families. The use of the health education approach to health promotion was no match against the pervading influence of poverty on lifestyle behaviours. When practitioners failed to acknowledge the impact of the social determinants of health on families they were unsuccessful in developing insightful relationships and consequently were unable to actively work with families to achieve the outcomes clients craved and required to improve their health circumstances.

Consequently through my work as a nurse academic I have been instrumental in developing the theme of public health throughout the BSc Nursing in my own institution (Turner-Wilson et al 2017). My ongoing work with Health Education England (HEE) seeks to make this model available to other nursing programmes in other Higher Education Institutions (HEIs) within the UK.

Some years ago I successfully encouraged all the nurse academics within the 2nd year BSc (Hons) Nursing health promotion module teaching team, in my institution, to undertake Making Every Contact Count (MECC) training. We then as a team implemented and embedded MECC training into the academic module. We have now delivered this unit to approximately 900 nursing students.

Concerns about the health and wellbeing of student nurses undertaking their BSc Nursing encouraged me to set up a research study to understand the impact of the programme on their lives.

INTRODUCTION

The background to this report provides the context for the project; it seeks to offer an overview of my practice and research interests.

This report provides an insight into the reasons for my application to the Winston Churchill Memorial Trust; my application sprang from my professional experiences as a healthcare practitioner and nurse academic and my research interests. In order to provide an understanding of my position the background to the report sets the context for the project. It discusses the current Nursing and Midwifery Council's (NMC) public health requirements for student and registered nurses and their responsibilities as healthy role models. It also considers the impact of undertaking the current undergraduate Bachelor of Science in Nursing on student nurses' health and wellbeing and how it may influence their public health skills and role model abilities. In addition there is some discussion of the evidence on the impact of the National Health Service (NHS) as a workplace on the health and wellbeing of both student and registered nurses. The background section finishes with a clarification of the project's aim and discussion on country and location choice. The report goes on to discuss the findings of my numerous visits and meetings with nurse regulators, academics, registered and student nurses, concluding with an over view of future plans, actions and longer term aspirations.

BACKGROUND

Nurses are encouraged to actively support and promote health at an individual, community and population level.

The National Health Service (NHS) England (2014) 5 year plan recognises that although people are now living longer, there are major differences amongst groups in the population, driven by health inequalities (Kings Fund 2017, Kings Fund 2020). The Office of National Statistics (ONS) (2019) data indicates that of the avoidable deaths in the UK in 2017, 84% were from causes recognised as being preventable (118,683 deaths), these are deaths that could be avoided by the use of public health interventions. The goal is for future healthcare provision to move from an illness-based service to one which is person led, with an emphasis on prevention. Therefore healthcare practice must turn its attention to the reduction of preventable premature mortality and morbidity (DH 2013). Public Health England's (PHE) Nursing and Midwifery Contribution to Public Health guidance document (2013) stresses the essential public health role required of every registered nurse. The new NMC Standards Framework for Nursing and Midwifery Education (NMC 2018a, NMC 2018b) encapsulates the public health knowledge and skills nurses must demonstrate. Nurses are encouraged to actively support and promote health at an individual, community and population level, enabling people to reach their health and wellbeing potential; thereby moving nursing practice from its sickness model focus, towards the use of evidenced based public health innovations and interventions,

which address the foremost causes of preventable premature mortality.

Nurses and health promotion

In 2017 in England there were approximately 287,000 full time equivalent, nurses and health visitors employed in the NHS (Milne, 2018). Nursing staff have the potential to be influential in their public health role, helping people understand and work towards changing their behaviour in order to prevent or reduce the complications linked to lifestyle related diseases. The Standards Framework for Nursing and Midwifery Education (NMC 2018) identifies the range of skills and knowledge nurses must demonstrate when promoting health. Many of these skills are required on an everyday basis within individual consultations; a number of studies have reviewed nurses' health promoting skills. Roden et al (2016) acknowledge that although nurses working in the primary care setting are recognised as key practitioners for health promotion, it appears that their abilities in this area are often limited because of staffing shortages and scare resources. In contrast Shoqirat's (2014) work suggests that the majority of nurses working in emergency departments associate their role with clinical competence rather than promoting service user health. Overall studies reveal that nursing practice generally adopts and utilises various forms of health education practice, this is despite nurses expressing an understanding of the principles and underpinning philosophy of health promotion (Whitehead et al. 2008, Kemppainen et al 2012). Kasila et al (2018) acknowledges that the health education style of nursing practice does not recognise or demonstrate an empathy or understanding of health inequalities and is frequently insufficient in behaviour change. Irvine (2007) raises the concept

of empowerment, acknowledging that although it is often referred to by some nurses when discussing health promotion, it is not an active aspect of nursing practice. While work by Bradbury et al (2011) indicates that student nurses who do not feel valued as a learners, team members or people are more likely to experience disempowerment. Therefore it is highly likely that if student nurses do not experience personal empowerment, it will have a negative impact on their learning and it is unlikely that they are able to empower the service users they work with.

Understanding the implications of this evidence has led me to implement a healthy conversations skills initiative for UG nurses within my own practice; it was also a driving force for the project. I was keen to investigate how other countries; Canada in particular, sought to support and empower students and registered nurses in their everyday health promoting roles.

Nurses as healthy role models

The NMC (2018: 8) requires nurses to take 'professional responsibility to adopt a healthy lifestyle' this theme is echoed by the Royal Society of Public Health (RSPH 2014)who also support the premise of health professionals being healthy role models for the general public. While the American Nurses Association (ANA 2014) define a healthy nurse as ' one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social spiritual, personal and professional wellbeing'. However evidence from UK suggests that many nursing staff are overweight, or obese, have poor nutrition, smoke or take insufficient exercise (Blake et al 2011, Blake and Patterson 2015, Kyle et al 2017) and face the

same challenges as the general population when it comes to following a healthy lifestyle (Keele 2019). This scenario is also seen in the US, where the ANA (2017) acknowledges that America's 4 million nurses are more likely to be overweight and have increased stress levels than the average American.

This information raises a number of factors. It may be that nurses lack an understanding of the importance of healthy behaviours for health outcomes or because they have used an educational approach to health promotion in their practice. Therefore when they attempt to embed their acquired information on nutrition, physical activity and stress management into their own lives it proves too complex and difficult (Ross et al 2017, Keele 2019). Additionally there is widespread recognition that nursing is a stressful occupation (Waddell-Goad 2016) and stressful work settings impact negatively; instigating the development of coping mechanisms which result in unhealthy behaviours and poor health outcomes (Keele 2019). Moreover Gould et al (2019) emphasises the emotional labour costs, of caring for sick and dying service users, on the nurse care giver, in addition to the long shifts, staff shortages, heavy workload, lack of time to dedicate to caring, limited resources and poor work life balance.

What is noteworthy is that nurses who express promoting health and wellbeing confidence and skills are found to be more likely to discuss lifestyle-health behaviours with service users, regardless of their own health behaviours (Kelly et al 2017). Whereas better staffing ratios and resources shows an improvement in nurses' health behaviours (Cho and Han 2018) and high levels of job satisfaction promotes increased physical activity and healthy diet amongst Registered Nurses (Neville and Cole 2013) with more compassionate nurses more likely to eat higher amounts of fruit and vegetables (Ross et al 2018).

In my own practice I have become very aware and concerned about the high stress levels and the adoption of poor health inducing coping mechanisms used by many undergraduate student nurses, undertaking a BSc degree in nursing. This was a major contributing factor for my project choice.

Health and wellbeing in the workplace

It is widely acknowledged that the social determinants of health are powerful influences on health outcomes, shaping the development of health behaviours (Marmot et al, 2010). The settings in which 'people are born, live, work and age' are significant in this process (Commission on Social Determinants of Health (CSDH), 2008:2; Wilkinson and Marmot, 2003).

For registered and student nurses, the practice workplace can be both stressful and challenging. Carlson and Warne's (2007) review identifies the nurses' working environment as an enabler and barrier to healthier nursing practice. While more recent research by Ross et al (2018) finds a number of factors associated with poor health outcomes within the workplace; including a lack of time caused by overwork, or a lack of resources or facilities, work related fatigue and an "unhealthy" food culture. However although the healthcare environment may contribute to the development of obesity, other health professionals working in the same setting appear to experience less obesity, although rates are still significant (Kyle et al 2017). So there may be other factors within the workplace which influence nurses' health, for example the shift patterns or the impact of caring or the activities nurses undertake within the working day. A recent workplace survey (Jones-Berry, 2018) of almost 2000 registered nurses identified that 75% of respondents

reported never having time for a shift break, with 59% unable to drink water for the duration of the shift. In addition the RCN (2018) reports that current NHS staff shortages are having a pronounced impact on staff health and wellbeing. Although the NMC press release of 2017 indicated that working conditions were the most cited reason for nurses leaving the profession, figures from 2019 show the number of nurses, midwives and nursing associates on its register is at an all-time high of 706,252 (NMC 2019). However the demands for healthcare currently exceed the number of nurses available.

In 2009 The Boorman Report raised the important issue of health and wellbeing amongst NHS employees, later in 2013 PHE highlighted the workplace as pivotal for employee health and NHS 5 Year Forward View (NHS 2015) made staff health and wellbeing a key area for improvement. The report acknowledges that improvements in staff health and wellbeing, will improve service user safety and experience, while healthier staff will improve staff retention rates and reduce the cost of sickness and absence. Various cequin activities have been implemented, including the provision of healthy food for NHS staff, visitors and service users. However current staffing shortages often prevent nurses from accessing these services

Project aim

These four main acknowledged research concerns discussed in the previous pages coalesced to form the structure and overall framework for this project. The dominant aim was to gain an understanding of how students and registered nurses developed public health and more specifically health promotion consultation skills, and to understand how the adoption of these skills had an impact on nurses own health and wellbeing and their responsibility as healthy roles. To do this the project sought

to explore and investigate the teaching and learning practices associated with the acquisition of public health skills in nurse educational curriculum and practice initiatives, with a view to embedding them within nurse education and practice within my own Higher Education Institution (HEI) and local trusts.

Rationale for country choice

Canada was my country of choice for a number of reasons. I have met several inspirational Canadian nurse academics at various international health promotion conferences; from discussions and their presentations I leant about the emphasis on health promotion within Canadian nurse education and practice. In addition both through discussions and the nursing literature I became aware of a genuine concern for the health and wellbeing of student and registered nurses. A number of health promoting initiatives were targeted specifically at students and registered nurses; others were embedded in undergraduate programmes and the workplace. Accordingly although I initially considered a number of different countries I finally chose Canada, because of these varied and diverse innovations evident both within nurse education and nursing practice.

FINDINGS AND DISCUSSION

This report does not provide a chronological overview of each visit; instead it groups my discoveries into a number of major themes. This is because many of the visit findings overlapped or were similar, although their sources were different. It has taken me some time to categorise the different themes and fit all the pieces of the jigsaw puzzle together.

During my Fellowship trip I visited a wide range of different organisations and settings; including three different Nursing faculties in three major universities. I also visited the Canadian Nursing Association (CASN), which accredits all nursing programmes, a major nursing trade union and a wide range of clinical settings in both primary and secondary care. I spoke to nursing students at all stages of their nursing programmes, to registered nurses in practice, and nurse academics, nurse instructors and nurse placement leads. This report does not provide a chronological overview of each visit; instead it groups my discoveries into a number of major themes. This is because many of the findings overlapped or were similar, although their sources were different. It has taken me some time to categorise the different themes and fit all the pieces of the jigsaw puzzle together. When I initially visited locations and learnt about their innovations I was excited about the initiatives I observed and keen to utilise and embed them into my own practice and settings, albeit with some minor changes. However as the overall visit progressed I became more and more confused and it took

me many months to really make sense of my meetings and experiences. What I have ultimately grasped is that the organisations I visited did not just adopt a one way public health and health promotion dialogue; giving advice and telling students and staff how to stay healthy. In contrast wellbeing in many of the organisations is guided by the International Okanagan Charter, which seeks to embed support for health and wellbeing for both students and staff into all areas and aspects of the organisations. Some organisations were more effective and advanced than others but all recognised the impact of the educational setting, the educational workload and the workplace challenges, both physical and emotional, for students and registered nurses. All organisations were at different stages in their journey towards improving the impact of these settings for everyone's health and wellbeing.

Although I have presented the findings in a somewhat linear way, I would like to stress that the themes and sub themes are interrelated, overlap and are mutually beneficial. The three major themes are Nurse Education Programmes, Nurse Staffing Ratios and Embedding Health into Organisations.

Nurse Education Programmes

Registered nursing is a self-regulated profession in Canada, as the country is so vast, it is divided into a number of provinces. Each province has its own nursing regulatory bodies, which are accountable for protecting the public, and ensuring that registered nurses are safe, competent, compassionate, and ethical practitioners. The Canadian Association of Schools of Nursing (CASN) exists to lead nursing education and nursing scholarship and is the official accrediting agency for university nursing programs within Canada. I spent a fascinating afternoon

in the Ottawa CASN offices discussing with Cynthia Baker, Executive Director and Joni Boyd, Accreditation Programs Manager the challenges they face. Public health and health promotion is a key and well established component of all bachelor and post graduate nursing programmes leading to nurse registration, although they both admitted that many public health nurses would like a stronger emphasis within the curriculum.

Most provinces prefer that the Registered Nurse (RN) has a Baccalaureate degree, such as a Bachelor of Science (BSc) in Nursing or Bachelor of Nursing (BN). A number of student nurses already hold a degree in a related subject and they undertake the Post Graduate or MSc Nursing programme. This works concentrates on nursing students undertaking a BSc Nursing.

A BSc in Nursing, undertaken at university, is a 4 years programme, with 800 to 1000 hours in practice placement. Although there are some "accelerated" programmes of 3 years, where students study full time throughout the summer months, the majority of BSc nursing programmes are 4 years in length. Student nurses undertaking a BSc study a range of different mandated topics, not dissimilar to the ones identified and decreed by the NMC as being essential components. Subjects include physiology, anatomy, pathophysiology, epidemiology, microbiology, public health, health promotion, nutrition, dietetics, pharmacology, organic chemistry, nursing theory and nursing skill.

The major difference between the Canadian and English nursing programmes is the number of hours in placement students must undertake and the total length of the programme. Although I was aware of this information prior to my trip, it was not until I discussed this aspect of the programme with CASN, nurse

academics and Canadian nursing students; that I realised how this less intense placement requirement positively impacts on student learning and overall university experience.

Contemporary healthcare is both multifaceted and fast moving, it requires capable and competent nursing staff (Oliver 2017); in order to address this, nursing education for registered nurses became a minimum of a Bachelor in Science (BSc) degree in UK in 2013. The BSc Nursing within the UK combines both an undergraduate degree and an apprenticeship style system. Students generally undertake a 3 year BSc degree which combines the theory and practice of nursing, completing 4600 hours of learning, which includes 2300 hours in placements and 2300 hours of theory (NMC 2018). This requires a 45 week academic year rather than the 30 week enjoyed by other undergraduates. Urwin et al, (2010) maintains that this longer academic year both separates and isolates nursing students from other university students and unfairly restricts opportunities to became active in the wider university community, while Health Education England (HEE) (2019) has commented on the intensity of the nursing programme, and expressed concerns for the health and wellbeing of student nurses. My own research (Mills et al 2020) completed after my fellowship, demonstrates the extensive challenges student nurses face when undertaking the BSc nursing and how the programme impacts on all aspects of their lives; including their own ability to self-care.

During my trip I met with many student nurses, viewed their timetables, year plans and curriculums. Discussing the reality of the programme from the students' perspective made me aware of its impact on a wider range of experiences. These students had the space and time to genuinely engage with their academic subjects, this helped them to be more reflective, make clear links between the different topics and modules within the programme,

learning appeared to be more in-depth, and demonstrated a greater understanding of the complexity of nursing within healthcare systems. The senior students conveyed a sense of confidence and competence, which support leadership and decision marking; the foundations of professional autonomy.

Students were also fully fledged members of their university, engaging with sporting, musical, theatrical, social activities and events. In addition nursing students were able to contribute to their wider academic activities within the university, such as conferences, volunteering, student elections and travel opportunities. A major aspect of their preparation for registration was to develop critical thinking, problem solving, and decision making skills. Because of the importance of these attributes accredited nursing programmes actively encourage the development of higher level thinking abilities, problem solving and critical thinking skills.

Given the pressures on both student and registered nurses in the UK it is unsurprising that they struggle with healthy role model status and are often unable to advocate for health.

Clearly I was not undertaking a scientific investigation during my university visits, but I was struck with the calmness, confidence and candour students were able to discuss challenging topics and respond to my questions. They acknowledged they did experience both academic stress at times and placement transition stress but I had a sense that they were able to control and manage their stress, seek out relevant support sources and overall appeared to have ownership of these events. It was not until I returned to the UK and met up again with many of my students that I became aware of these major differences. UK

nursing students undertaking a 45 week academic year and are continually trying to keep abreast of requirements; if they become unwell or a life event knocks them off course, however briefly, it means they are constantly seeking to catch up. For many their finances are frequently in disarray and opportunities to engage in paid work are limited by time. Average and good students become very strategic in their navigation of the programme, for many recognising and making links between the different academic modules is too time consuming and therefore not attempted. Their overall aim is often, understandably, to merely survive and successfully complete all elements of the programme.

In addition in discussion with both Canadian and British expat academics, it quickly became apparent that there are major differences in the professional development and preparation of nurses during their BSc undergraduate degree. Health promotion and public health skills are seen as important integral elements of nurse education in Canada; a key aspect of the role of the nurse involves promoting the health of service users, their carers and families. In talking to members of the academic teaching teams, all were knowledgeable about the practice and skills nurses require to work effectively within public health and health promotion, and all were integrating these topics into their areas of specialism. This is very different from my own experience, where nurse academics involved in teaching acute care demonstrate a limited understanding of either topic.

However it appears to me that there are major differences between the two main models of education offered with the two different nursing programmes, and they concern the concepts of capability and competence with nurse education. Competence is a feature of nursing. Nurses carry out familiar tasks repeatedly; this is certainly the case for UK student nurses as they progress

through their 2300 hours of practice in placement. In contrast Stephenson and Yorke (1998) describe capability as 'being something beyond competence; in other words, competence is just a first step and capability is a higher order achievement.' In today's modern complex health care world nurses need capability, that is the ability to 'deal with unfamiliar tasks in unfamiliar situations'. These authors argue that in order to support the development of capability it is necessary to educate people, providing them with a diverse range of experiences and skills, facilitating and supporting the development of logical and lateral thinking and a solutions focused problem solving approach. The current style of nurse education within the UK deals more with acquiring competence than the development of capability.

Following a referendum the UK has now left the European Union (EU). The EU imposed various restrictions on nurse education amongst EU member states; in order to simplify, harmonise and reduce constraints for professional staff moving within the EU (EU directive 2013/55/EU). With the UK's exit from the EU, the NMC now has the opportunity to review the overall aim, content and key elements of nurse education. In order to address attrition and improve the health and wellbeing of student nurses it is now necessary to take decisive steps and initiate an urgent debate within the nursing profession.

Preparation for healthy conversations in placement

A major benefit of the Canadian nursing programme is the sense of time and space enjoyed by the students. As the number of hours required in their programme is considerably less than the UK model, there is more time to well prepare students prior to

their placements. Preparation takes place in teaching seminars and high tech simulation laboratories where students actively work through case study scenarios. Alberta University provides the most extensive clinical skills laboratories for nurses in Canada. Students spend many hours in these facilities honing their skills in look-alike ward and home settings. Life-like high fidelity mannequins attached to monitors simulate vital life cues. Students are required to manage the patient's clinical condition and communicate effectively, all over seen on web cams by nurse lecturers. All students I spoke with valued their experiences in these settings. Many found this learning more valuable than some of the practice settings, as the simulation activities ensure that every student has the opportunity to encounter and safely practice in a range of complex, acute, chronic and life threating situations which, they may not witness first hand in practice in the programme.

Figure 1 Alberta University

Placements are diverse; they provide opportunities for the development of skills and attributes which contribute to the acquisition of capability. An innovative and well supported health promotion placement for nursing students at the University of British Columbia in Vancouver, involved the provision of foot care to homeless drug addicts living in Vancouver's tent city. One of the key aims of the placement was for students to develop their healthy conversations skills. Students were well prepared for the activities, supported throughout and encouraged to reflect of their learning and experiences following the placement.

Structuring the Workforce

Following the World Health Organisation (WHO) publication of the Ottawa Charter (1986), Canada was seen as a leader in the practice and theory of health promotion. One of the charter's key aims was to re-orientate the illness based health service to a wellness service. However country wide the challenge has not been achieved, mainly because of a lack of funding to support prevention and health promotion, although there are pockets of excellence in various hospitals (Graham et al 2014). Despite this evidence I was aware of a variety of health promotion policies and initiatives within the hospital and healthcare facilities I visited. However, in my opinion, the one that had the most health impact on service users and nursing staff was the implementation of an evidence based 'Responsible Workforce Design' model.

The Canadian nursing profession, the country's second most sought after profession, is held in high regard. My visits and meetings with nurses indicated that nurses enjoyed good working

conditions and received good salaries. During my visits to healthcare facilities and nursing faculties I was introduced to a number of collaborative nursing initiatives, which sought to improve service user care and the health and wellbeing of nurses in practice. In the past poor workforce redesign has contributed to a decline in service user care (MacPhee 2014), and as previously discussed excessive workload demands and job stressors have a negative impact on the health and wellbeing of nurses. Additionally work by Aikin et al (2017:560) across a number of European hospitals, demonstrates the value of highly skilled nurses, and how reductions in nursing skill by the employment of ' less-educated' healthcare staff has a deleterious impact on service user safety, adds to avoidable mortality and contributes to staffing shortages.

During my Fellowship I was fortunate to spend time discussing the models of safe staffing with Linda Silas President of the Canadian Federation of Nurses Union (CFNU) in Ottawa and Professor Maura MacPhee , a health systems nurse researcher, at UBC. I gained an awareness of the work of Professor Maura MacPhee who studies nurses' work environment factors and their impact on nurses and service users. Her work demonstrates that nurses' workloads are influenced by unit staffing levels and skill mix. In order to make safe staffing decisions, service user care needs must be reliably assessed. To aid this activity her research as led to the development of a synergy tool, which is used to guide nurse- staffing decisions and allocation of resources. The Synergy Model Service User Needs Assessment Tool has been trialled in a range of different sites and settings with good results. The tool requires collaborative working, is able to identify dimensions of need for each service user and can be used to organise and distribute care more fairly amongst nursing teams. The aim of the service user assessment is to initially identify the service user needs, followed by the

nurse's educational qualifications and competencies and finally the environment (MacPhee 2014). Poor staffing levels impact not only on service user outcomes but also on the health and wellbeing of nurses.

The RCN (2018) within UK recognises that for staff there are higher levels of dissatisfaction and burn out when staffing is poor, which also triggers reduced service user satisfaction levels. Currently within England there is no law related to safe nurse staffing, ta pivotal issue which impacts dramatically on both nurse and patient health and wellbeing.

No doubt more research in this important area is required to more fully understand how poor staffing and particularly poor staffing over a long period of time impacts on the health and wellbeing of nurses. However the RCN is now demanding legislation to ensure there are guarantees for nurse staffing levels in England within settings.

Embedding Health within Organisations

> A healthy mind, body, and spirit are foundations for students to achieve their personal and academic goals. (UBC) 2020)

Many of the universities I visited in Canada had embraced elements of The Okanagan Charter (2015:3), an International Charter for Health Promoting Universities and Colleges. However the University of British Columbia (UBC) was one of the first universities in the world to adopt it.

The Charter has two calls to action for HEIs.

1. 'Embed health into all aspects of campus culture, across the administration, operations and academic mandates.

2. Lead health promotion action and collaboration locally and globally calls upon post-secondary schools to embed health into all aspects of campus culture and to lead health promotion action and collaboration locally and globally'.

The Okanagan Charter maintains that the promotion of health and wellbeing for students and staff is necessary if everyone's teaching, learning, and research potential is to be achieved.

UBC have developed a Wellbeing Strategic Framework which embraces actions that promote wellbeing in the six priority areas:

- Built & Natural Environments,
- Food & Nutrition,
- Mental Health & Resilience,
- Physical Activity,
- Social Connection,
- Collaborative Leadership

Embedding health in all aspects of university policies contributes to enhanced engagement, deeper learning, improved satisfaction rates and reduced attrition. This differs from many of the initiatives within the UK which concentrate on preventing ill health rather than promoting good health and wellbeing and seeking to make healthier choices easier and accessible for everyone.

UBC have reviewed the extensive research into student wellbeing. The evidence indicates that good mental health and wellbeing improves a student's learning capacity and that different teaching practices affect student learning outcomes.

The university has embedded mental health literacy into student programmes and curriculums. They have also developed a helpful tool for educators of teaching practices that promotes student wellbeing and an flexible online wellbeing module for students, which provides activities for wellness, resources of support, and opportunities for health and wellbeing dialogue. In addition academics practice mindfulness with students at the beginning of taught sessions.

Canada has the benefit of space and some campuses were very large. However campus space was used effectively to promote wellbeing, there was an emphasis on creating 'free to use' pleasant surroundings for people to sit and socialise both inside and outside buildings. Flowing water, plants, flowers and grass spaces were all used to create welcoming and comfortable places for teaching, learning, networking and socialising. These locations enable people to access sunlight to synthesis vitamin D, an important element for human health. The UBC campus was designed and developed to enhance physical, mental, social and ecological wellbeing of students and staff and the community as a whole. The design is underpinned by the extensive research into the importance to health and wellbeing of accessing and being within green and blue space.

Figure 2 Green Space

In recognition of the importance of social connection as a fundamental human necessity; UBC provides both welcoming and pleasant physical spaces and encouragement for students and staff to connect, network and develop strong enduring personal social links.

Figure 3 Green Space

Support for self care

In all three universities which I visited there was real recognition that student health and wellbeing are essential for academic success; all offered comprehensive self-care systems and a plethora of initiatives to enhance and support the health and wellbeing of students, nursing students were very much included and integral within the student body. Thoughtful, practical and student friendly support was available in addition to the health education knowledge exchange approach. For example, healthy affordable food is seen as being a fundamental requirement for all students and staff. The University of British Columbia excelled in the provision of places that students could bring and

eat their own food, or purchase affordable, delicious, healthy food, for example community dinners offered sociable low cost meals; with students providing their own containers. Learning to shop and cook sessions were delivered on the campus. The campus also had several student led cafes, mindful eating sessions, food banks specifically for students and visiting farmers markets, which sold low cost fresh produce. Many of the food outlets were small and intimate which facilitated a feeling of belonging and encouraged social interaction.

Physical activity for all is a key aspect within the UBC wellbeing framework, which seeks to make it simple and easy for ages and abilities to be active while at UBC and to inspire people to be active throughout their lives. The campus boosts multiple affordable sports opportunities and venues which are open to all. I was lucky enough to visit many of the venues and was delighted see them well used by both the local population and those from the campus.

Health and wellbeing support, management and information was also available from; the university website, health apps, sports centres, and wellness centre for sleep, sexual health, stress, building resiliency, physical activity, alcohol and other drugs. Social prescription is one of the health and wellbeing services available to students, it is provided by the medical team within the wellbeing centre.

Figure 4 Farmers market at UBC

CONCLUSION

What I have ultimately grasped, because of and since my Fellowship trip, is that the organisations I visited did not just adopt a one way public health and health education dialogue; advising and telling students and nursing staff what they should do to stay healthy. In contrast they embedded structures to support everyday health and wellbeing into all aspects of their organisations.

The findings from my visits demonstrate the complexity of promoting health and wellbeing to and for students and registered nurses. There is much research to show that student wellbeing promotes learning, while current extensive evidence suggests that the BSc nursing programme in the UK is very demanding and has a negative impact on the health and wellbeing of student nurses. Heaping more academic and placement requirements on undergraduate nursing students is detrimental to their personal health and wellbeing and fails to support the development of capability skills. The current UK BSc Nursing seeks to encapsulate elements of an apprentice style system with a modern degree programme. However by doing so it burdens students with an excessive volume of work, which is frequently of a repetitive nature within the placement settings. This hampers students' ability to engage in deeper learning and prevents the transition to higher levels of thinking, decision making and leadership. It also negatively effects student health and wellbeing and contributes to student attrition figures.

In addition students who are themselves very stressed and struggling to juggle all the requirements of the programme often lack the time or ability to self-care; furthermore many take up behaviour habits which, further negatively impacts on their health and aids the development of unhealthy role model status. All of these factors contribute towards students understanding, ability and use of the skills required to internalise, initiate and routinely practice healthy conversations with service users in all settings.

After visiting a number of Canadian HEIs, speaking with nurse academics, student nurses and from my meeting with CASN, it appears to me that the onerous demands within the UK BSc nursing programme requires a complete review. With the UK's exit from the EU, and the changes in their restrictions on the nursing programme, there is now an opportunity for the NMC to instigate an extensive conversation with the profession, with healthcare providers, student nurses and patient stakeholders regarding the future educational preparation for graduate nurses. The aim would be to create a programme which has the potential to improve the educational experiences of students, helping them embrace higher level thinking, critical discussion and capability skills. Embedding universal and active support for students to enable them to develop and sustain healthy self-care and the skills and knowledge required for the practice of healthy conversations skills. Ultimately these steps have the potential to enable nurses' capacity to become healthy role models.

The UK currently lacks formal legislation to ensure safe nurse staffing within healthcare settings. There is extensive evidence to demonstrate that safe staffing of appropriately qualified nurses has a positive impact on patient health outcomes, reduces service complaints and it beneficial for nurses own health, wellbeing and morale. It not surprising that many UK nurses struggle with

healthy role model status, with some often unable to advocate for health. Asking registered nurses to do more and more, with less staff and often less appropriately qualified staff contributes to poor nurse health outcomes; burn out, stress related-absences, staffing shortages and poor service user outcomes. My experiences in Ottawa and UBC have helped me understand the importance to health for service users and nursing staff of safe staffing and appropriate skill mix in the work place.

The UK has struggled with implementing nurse safe staffing and skill mix, despite a number of high profile inquiries on the quality and safety of NHS care which recommended the 6 monthly publications of evidenced based staffing levels in each location. This important topic itself could be main issue for my entire Fellowship. However although I recognise its vital importance I have included safe staffing so prominently because of its significance to the health, wellbeing and morale of registered nurses. Safe staffing values nurses, and therefore promotes self-care and nurses healthy role model status.

Finally this work has discussed the essential role that organisations play in people's health and wellbeing. The Fellowship provided me with an opportunity to see the Okanagan Charter in practice within HEIs. My visit to UBC confirmed how both the settings and the processes and facilities within those settings have a profound impact on health, both negative and positive in terms of health outcomes. Recognising how these features shape health is essential, followed by how they can be improved and adjusted to support and promote human health. Although the Okanagan Charter provides a blue print for HEIs bringing about and embedding health within these settings requires determined and strong organisational leadership and imaginative innovation and commitment from all staff.

As a member of the Healthy Universities network within the UK and a member of my own organisation's Wellbeing committee I aim to share my first hand experiences of witnessing the Okanagan Charter in action. Within my own sphere of work I have the ability to shape and support teaching practices that support student wellbeing. I plan to share my knowledge and experiences with regard to the development and implementation of teaching practices that promote student wellbeing within my teaching teams.

RECOMMENDATIONS

This work makes a number of recommendations;

If nursing students and registered nurses are to accept their public health role within society, be healthy role models, engage in healthy conversations with service users and adopt positive personal self-care. It is imperative that both their working conditions and workload are manageable and that practices and processes are developed to promote their health and wellbeing.

For nursing students this requires a complete review of the current undergraduate BSc Nursing programme. The NMC must consider the views of all stakeholders, including student nurses, to ensure that they develop a programme which encompasses the development of high level critical thinking graduate skills and moves away from the current highly repetitive task orientated apprenticeship style of education, which is over burdensome and deleterious to student health.

For registered nurses this means the formal adoption of safe staffing in all settings and the development of workplace settings which promote health and wellbeing.

THE FUTURE

My Fellowship to Canada spurred me on to initiate and complete a number of closely related research plans, which support this reports recommendations.

On return I completed the research on the impact of the BSc Nursing programme on students, narrated in their own words. This work has now been accepted for publication and dissemination at various national conferences.

I requested and gained funding to evaluate and investigate the impact of embedding a technique for initiating and managing Healthy Conversations, 'Making Every Contact Count' (MECC) into UG education; its influence on the development of student nurses' healthy conversations skills and its effect on their own health. Preliminary findings from this research have been accepted for dissemination at national and international conferences.

I am currently collaborating with Canadian colleagues I met during the Fellowship.

Discussing joint work on

- The challenges of implementing safe staffing
- Best practice for preparing student nurses for healthy conversations with service users.

Postscript

This report was prepared and written following the Brexit vote but before the Covid 19 pandemic.

The current pandemic has given the general public multiple opportunities to view the dedicated and skilled roles which nurses assume on every shift. With their NHS colleagues they have stepped forward to face and manage the enormous health challenges facing the population of UK. Countless tales of bravery, courage and steadfast compassionate care abound. Even the PM has spoken about the dedicated care he received from nurses. However nurses have always been and will always be at the vanguard of life and death care in healthcare settings.

Both the UK's exit from the EU and the current pandemic have jointly provided the nursing profession with a remarkable and powerful platform for change. The NMC now has the opportunity to initiate a profound review of the UG BSc Nursing and appeal to the government to set in motion legislation to protect safe staffing levels in all settings.

The pandemic has provided organisations and communities opportunities to revisit the things that we as human beings most treasure within our daily lives. Health and wellbeing is a crucial component and for people to reach their potential and flourish all organisations have a duty and essential requirement to implement actions which will promote and support health and wellbeing.

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