

Theory in Nutshell: A Practitioner's Guide to Commonly Used Theories and Models in Health Promotion

Don Nutbeam & Elizabeth Harris

Sydney: National Centre for Health Promotion, University of Sydney, 1998, 78 pp., \$15 (paperback); Sydney: McGraw-Hill, 1999, 80 pp., \$16.95 (paperback).

Don Nutbeam's and Elizabeth Harris's *Theory in a nutshell* aims, in a brief publication, to provide a summary of the salient theoretical models and constructs which have been adapted or used to support and inform planning and intervention in contemporary health promotion practice. It begins by discussing the role of theory and its importance in planning and selecting strategies for health promotion. The remainder of the monograph addresses the four segments or levels of health promotion practice in turn, and briefly describes and comments on the theoretical models that are useful or appropriate to each.

The four levels the authors focus on are individual, community, organisational settings, and public policy and practice. Thus for the individual level they discuss the Health Belief Model, among others, and so on.

There is certainly a need for greater discussion of theory and theoretical models in health promotion and this publication provides a clear and concise summary of the most commonly used approaches. As the book focusses exclusively at the applied theory level it serves as a reminder to those of us who are immersed in the day-to-day practice of health promotion and do not have

the time to refer to longer, less accessible tomes. It is a useful introductory text and overview for health promotion students and also would be of interest to other health professionals or students who would like to adopt a health promotion perspective to their work. The book remains determinedly at the application level and does not delve into broader social theory which can also inform the values and orientations of practitioners. The later McGraw-Hill edition contains an index, a feature which is annoyingly absent from the 1998 edition.

This book highlights the need for a longer exposition and evaluation of theory and theoretical underpinnings of health promotion. Health promotion is often accused of lacking a theoretical base, and quite explicitly borrows and adapts theories from other disciplines to support and explain practice. This monograph avoids critical theories and its brevity and necessarily shallow nature could also reinforce a belief in the paucity of health promotion theory.

Notwithstanding the above, the monograph does present a useful addition to the health promotion practitioner's library, and may one day be supplemented with a more substantial text.

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Tales from the field

Clare Carberry

School of Nursing, La Trobe University. \$125.00 for four videotapes and a resource folder (\$25.00 separately).

This set of four videotapes and a resource folio is an educational package which was developed for undergraduate and postgraduate students studying Community Nursing and Primary Health Care (PHC). The four client health issues are presented as stories told by the nurses so that viewers can become involved as the storyteller/practitioner recounts, considers, accounts for and reflects upon episodes of practice. The educative framework rests upon problem-based learning (PBL) principles which usually start with a person with an unstructured health problem presented as a Situation Improvement Package (SIP) from which students have to access resources to develop nursing care plans. In this case the focus is more on understanding the nurses' professional roles as they interact with clients, their families, other health professionals and community agencies.

In "Taking Care" which runs for 20 minutes. Janice, a District Nurse in a rural setting, tells the story of Lynne who has terminal cancer, her farmer husband Bill, their adult daughters, grandchildren and friends. We see Lynne coping bravely with her illness and the side effects of treatment including hair loss, and treasuring moments with her family especially a young grandchild. As her health deteriorates, Janice assists with management of Lynne's physical problems, including constipation, and educating the family about the best methods of lifting. It is touching to see how ex-neighbours, visiting from interstate, moved in for a week to support the family and give them some respite.

Before Lynne dies, Janice's role goes far beyond palliative physical care; she is also a counsellor for the family, exercising listening and supportive skills, organising a family conference and a 'communication book' to facilitate open interactions. After Lynne dies, Janice demonstrates excellent follow-up care by providing grief counselling for the family. She notes the need for nurses' debriefing and how every case is a potential learning curve.

The story of "Whose care", which runs for 19 minutes, is told by Maureen, a midwife and care co-ordinator for Mary, a young pregnant

woman who is mentally disturbed. Mary has been wandering, pacing and screaming at her mother and has been diagnosed as having Schizophrenia. Maureen recognises her need to learn more about Schizophrenia, its treatment and the implications for antenatal and perinatal care. This story exemplifies the need for nurses to liaise with other health professionals as Maureen consulted with people from psychiatric services, a private psychiatrist, a General Practitioner, social workers and the Department of Human Services, the latter in anticipation of custody problems. Mary was assisted to develop a birth plan and eventually had a normal and relatively quick labour and birth.

Despite her past history wherein Mary lost custody of her first child, her discharge home with her baby along with the support of her mother was approved by the Department of Protective Services. Part B of this vignette continues the story wherein Mary's psychosis re-emerged and she left home to rejoin interstate friends. Although fears for her safety were apparent there was respect for her independent life choices. Her mother continues to provide approved foster care for the baby. This story demonstrates how the caring role of the nurse with a client with complex health problems encompasses, also, care for the client's baby and mother.

Judy, a Community Health Nurse in the Homeless Persons Program conducted by the Royal District Nursing Service tells the story of "Who Cares" which runs for 26 minutes. Andrew, a young adult, has a double disability; he is not only homeless but has also suffered a psychiatric disorder and multiple substance abuse. He sleeps at the Salvation Army Hostel for 18-25 year old men and spends the daytime on the streets or in the Day Centre. Andrew needs medication but refuses contact with mental health personnel with whom he seems to have had bad relationships in the past. On one occasion he was found unconscious from an overdose and taken to hospital by ambulance, but on regaining consciousness, he discharged himself.

Judy encouraged Andrew to leave the shelter and join a residential program which would

challenge his drug and alcohol-related behaviour and provide intensive support. For a while he did well there, gaining weight and reducing his alcohol intake, but soon, partly on account of sleep problems, he resumed his aberrant lifestyle. He was moved from the shelter to a supervised residence which provides medical and psychiatric care and aims to promote independence and responsibility for self.

Andrew's plight is probably influenced by de-institutionalization, and homelessness places him at grave risk of ill-health and early death from an overdose or the violence so prevalent on the streets. Judy, however, provides stabilizing continuity of caring and support without recrimination.

'Creating Care', which runs for 20 minutes, is presented by Helen, whose relaxed spontaneity triggers enthusiasm for a PHC health education project with the Teenage Awareness Group. Using a community development model, Helen approached local secondary schools and youth workers and assembled a group of Year 11 girls; although boys were approached they were disinclined to be involved. An advantage for those who did join was that the project complemented their Year 11 school project.

The girls took responsibility for organising meetings, learning about community resources and conducting a survey of their peers. Interestingly, they said they were sick of hearing about sexually transmitted diseases and drugs because information and cautions about these had been overdone at school. The survey found that girls were most concerned about feeling unsafe on account of sexual harassment, and relationships were the major issue for boys. Helen had consulted with school principals, one of whom refused to allow students' participation in case affirmative responses to the question: 'have you ever been harassed?' would require taking action.

The sexual harassment program is an excellent example of health education based on PHC principles. Helen provided encouragement and support for the girls who organised the program themselves. It comprised lessons in self defence including Karate, and guest speakers, including one on legal issues. The local paper was the vehicle for publicity and the girls wrote a harassment pamphlet and arranged its printing and distribution. They also assembled harassment 'show bags' which contained: a quiz, vouchers, sweets and an evaluation form. At the conclusion

of the project the girls who participated said they wanted to be mentors for next year's Year 11 students.

For undergraduate nursing students these four videos and the accompanying learning resources and activities would surely expand their perceptions of the range of nursing functions in the community. They would also recognize how much more they need to learn in the areas of grief counselling, psychiatric disorders, social problems like homelessness, and health education and promotion. Indeed, undergraduates might be overwhelmed and feel they have to be social workers as well as nurses. It is assumed that postgraduate nursing students have more experience and would have extended their qualifications and competencies through undertaking, for example, advanced counselling skills courses and supervised practice. These vignettes would be useful also for students in the allied health professions to recognize the complexity of community nursing and how their own roles can intersect with those of nurses in collegial teamwork.

The Resource Folio which accompanies the videos is exhaustive: it addresses the philosophies of PBL and PHC, contains a range of group activities to facilitate PBL, details of the issues and questions which need to be asked for each vignette, and provides comprehensive reading lists. Technically, the films are a credit to the educational and audiovisual consultants who were involved. On the whole, the four nurses who presented the stories are spontaneous and committed; they provide excellent role models for nursing students. Finally, as initiator of the concepts and project manager, Clare Carberry deserves acclaim along with the many supporters in the School of Nursing at La Trobe University and others from the health care sector.

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