Creative Educational Strategies for Health Promotion

The dramatic changes in healthcare delivery present challenges to nurses in practice and to the educators who must prepare professional nurses for the uncertain world of tomorrow’s managed care environment. In light of the increased emphasis on health promotion occurring with current changes in health care, the article proposes numerous creative strategies that nurse educators can use to prepare students to fulfill their health promotion responsibilities effectively. The concepts of health promotion and creativity are examined, and teaching approaches needed to facilitate community-based health promotion-focused activities are presented. Specific strategies, particularly clinical teaching/learning opportunities, are suggested. Key words: clinical teaching approaches, creativity, educational strategies, health promotion.

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THERE IS NO doubt that the delivery of health care services has changed in recent years as a result of the implementation of managed care and increasing concern over cost effectiveness. Individuals are challenged to use health care services more selectively. Health care providers are required to be more judicious in the referrals made and the procedures ordered. Administrators are charged with finding cost-effective ways to provide necessary services that best meet the needs of consumers. Each of us is asked to be creative in deciding how to maintain and promote our individual health in a rapidly changing environment.

The introduction of managed care has mandated changes that often are thought to reduce the quality of care provided and put patients at greater risk. Such phenomena include shorter hospital stays, the increased use of unlicensed assistive personnel to deliver care, reengineering, multitasking and cross-training of workers, the reduction in the number of professional staff and administrative personnel, and increased competi-
tion and corporate restructuring. Despite these seemingly negative changes, however, the movement to managed care also has outcomes that would seem to provide enormous opportunities for the profession of nursing and improved health care outcomes for the people whom nurses serve.

Among these positive changes are a shift in emphasis from hospital-based, illness-oriented care to community-based, wellness-oriented care and greater acknowledgment of the need for health promotion and disease prevention. Additional changes include increased expectations for clarifying the role of the nurse as a significant player on the interdisciplinary health care team and a heightened awareness of the relevance of health care finances in the provision of care. Finally, we see the unprecedented need to document outcomes of the care provided by nurses through sound research and the growing need to be “in communities” with members of those communities rather than merely delivering care to communities and the people in them. Nurses also must be increasingly creative, assertive, collaborative professionals who think critically, make sound decisions, and practice independently and interdependently.

Such expectations require that the educational preparation of professional nurses be changed dramatically from past practices. They also suggest that the time has come to carry out the curriculum revolution that has been advocated since the late 1980s. Just as nurses in clinical practice are now challenged to be creative, flexible, adaptive, and ready to manage enormous change, so too are nurse educators.

This article examines the concepts of health promotion and creativity, outlines educational principles that are relevant and essential in the changing health care environment, and proposes strategies that nurse educators might consider to help students learn about and become competent in helping individuals and communities meet their health promotion needs. The focus, therefore, is strategies that facilitate the professional growth of students rather than strategies that enhance the well-being of patients, families, and communities.

THE CONCEPT OF HEALTH PROMOTION

The movement to capitated systems of care has created an environment where competition thrives. Although progress has been made in incorporating health promotion into the mainstream of health care practice, limitations in time and resources, which are an integral part of the competition inherent in managed care, may actually decrease the quality and amount of health promotion education and intervention that patients receive. The situation provides opportunities for creative approaches to health promotion in practice and education, and Healthy People 2000 can serve as a guide throughout this creative process.

From its inception in 1979, Healthy People, the Surgeon General’s report on health promotion and disease prevention, has provided an organized analysis of the health promotion needs for the United States. Central themes from the beginning have been that each of us, as professionals and as individuals, has a role to play in health promotion and that we have a responsibility, individually and collectively, to be actively involved in this process. Healthy People also presented a challenge to emphasis existing social, economic factors, perceived resistance, and known opportunities for action by individuals, families, health institutions, associations, communities.

The most recent report, Healthy People 2000, such as Healthy People Review and 1995 , Healthy People 2000 Review, demonstrate that, although some objective progress has been made in increasing the United States, the concerns about the federal budget and health promotion continue.

At the November 20th, Healthy People 2000 Review in New York City, Ilona Salzberg, national head of the International Health Promotion and Disease Prevention Association, presented a challenge to emphasis existing social, economic factors, perceived resistance, and known opportunities for action by individuals, families, health institutions, associations, communities.

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The most recent edition of Healthy People 2000 and subsequent documents, such as Healthy People 2000: Midcourse

Review and 1995 Revisions and Healthy People 2000 Review, 1995-96, demonstrate that, although progress has been made

on some objectives, there has not been con-

sistent progress on a majority of the objectives. Progress has been hampered by the growing socioeconomic gap that exists be-

tween those who can afford health insurance and those who cannot. This gap has increased in the United States as “fallout” from corporate restructuring during the past decade and more recent congressional concerns about entitlement programs and the federal budget. Thus the need to attend to health promotion objectives has not abated.

At the November 1996 meeting of the Healthy People 2000 Consortium in New York City, Ilona Kickbusch, the interna-
tional head of the Healthy Cities Project for the World Health Organization, spoke of what she termed second-generation change in health promotion. The goals of this second-generation change were prioritized as follows: ensuring equity in health, adding life to years lived, adding quality to life, and adding years lived to life. These goals evolved from four second-generation premises: viewing health as a resource, investing in health via partnerships, solving problems through the use of integrated models of community development, and community participation in health promotion planning. These ideas are significant as nurse educators look for and develop creative ways to prepare students for roles as professional nurses who can meet the health promotion needs of individuals, families, and communities within a managed care environment.

THE CONCEPT OF CREATIVITY

Creativity is a word that is used frequently

and one that is applied to many things, from

how we think to how we write, from

how we manage multiple responsibilities to how we

solve problems, from how we practice to

how we teach. Yet it is a word whose mean-

ing often is elusive and complex.

In his discussion of creativity, May indicated that creativity requires courage. He

noted that the act of being creative requires

that one take risks, act outside the norms and

conventions of the group, and be willing to

suffer the jeers and criticisms of others. In

addition to courage, there are a number of

other elements of the concept of creativity.

For example, to be creative, one needs to be

willing to think “outside the box” that is, be

open to many ideas, not be bound by tradi-

tion and usual practices, and not judge ideas

prematurely lest valid ones be rejected too

soon. This notion has been referred to as ide-

atinal fluency, meaning being comfort-

able with many ideas and possibilities.
In addition to a willingness to consider many options, creativity requires that the individual be willing to allow ideas to "incubate" or "percolate," so that they can be developed, refined, and crafted in such a way that conclusions are not made prematurely or actions taken before the best possible solution has been reached. Thus time and patience are needed to allow creativity to flourish.

The noted educational philosopher Maxine Greene advanced the idea of imagination as a significant element of creativity. She claimed, "... of all our cognitive capacities, imagination is the one that permits us to give credence to alternative realities. It allows us to break with the taken-for-granted and set aside familiar distinctions and definitions." Using imagination means that one must take a different perspective, yet doing this repeatedly is disruptive. It is not surprising, then, that acting creatively can be thought of as an attempt to renew the world, and the creative person must be able and willing to tolerate uncertainty, ambiguity, the unexpected, change, and upheaval during that renewal process.

Certainly nurse educators who attempt to create learning opportunities for students that will prepare them to advance health promotion goals, particularly in a managed care environment, must be creative. They must take risks, be open to many ideas and possibilities, allow ideas to incubate, encourage the use of imaginative capacity, be flexible, and tolerate uncertainty and disruption in the normal approaches to education. In other words, educators must create ways to achieve several goals simultaneously: meet the health care needs of our Communities, promote health, challenge students' thinking, promote partnerships with communities, and facilitate student learning.

EDUCATIONAL PRINCIPLES

In a discussion of the purpose of education, Hirst and Peters argue that teaching involves the development of knowledge and understanding of some depth and breadth. Central to the development of knowledge and understanding are public forms of experience, those areas where people share given concepts, such as the following: formal logic and mathematics, the physical sciences, awareness and understanding of other people’s minds, moral judgments, religious claims, and philosophical understanding. These areas, or public forms of experience, need to be the basis on which we build all levels of education.

Educators, however, must be cautious not simply to transmit knowledge and perpetuate usual ways of thinking. They must not fall prey to the "inertia of habit" and be caught up in only covering course content and focusing on facts. Educators must not merely prepare the young for "the task of renewing a common world"; rather, they must help them learn how to change that world for the better.

Educators, as advised by Greene, must do the following:
- break with the taken-for-granted
- become wide awake in the world, and help learners do the same
- engage with learners as distinctive, questioning persons
- heighten the consciousness of whomever they teach
- cultivate in learners multiple ways of seeing in a world the same
- provoke questions granted, the kind of thought that involves simultaneous thinking and thoughts of actualities

Surely such goals are part of educators' tasks. Nurse educators do not simply transmit the knowledge, they must engage effectively with individuals.

CREATIVE EDUCATIONAL STRATEGIES FOR PROMOTION

Greene asks, "How do we provoke questions granted, the kind of thinking that involves simultaneous thinking and thoughts of actualities?" Our nursing educators reflect segments of experience. Mathematics and necessary for calculations, drip rates and odds ratios in sciences, such as a biology, and care. Awareness of other people's mind, caring and empathy necessary for the emergencies, and determine other people's liver culturally at care. Finally, philosophy forms a core of care to make ethical decisions people make.
Surely such goals require creativity on the part of educators, but what specifically can nurse educators do to help students develop the knowledge, skills, and attitudes needed to engage effectively in health promotion with individuals and communities?

CREATIVE EDUCATIONAL STRATEGIES FOR HEALTH PROMOTION

Greene asks, "How can we teach so as to provoke questioning of the taken-for-granted, the kind of questioning that involves simultaneously critical and creative thinking and attentive engagement with actualities?" The content included in our nursing education programs typically reflects segments of the public modes of experience described by Hirst and Peters. Mathematics and logic, for example, are necessary for calculating dosages of medications, drip rates in fluid administration, and odds ratios in research. The physical sciences, such as anatomy and physiology, biology, and chemistry, form a necessary basis for the understanding of nursing interventions. Awareness and understanding of other people's minds represent the basis for psychiatric nursing and are necessary for caring and empathy. Moral judgments are necessary for the triaging of care during emergencies, and religious claims help us determine other people's beliefs so as to deliver culturally and socially appropriate care. Finally, philosophical understanding forms a core of concepts that allow nurses to make ethical decisions and accept the decisions people make about their own health and lives. All this content is important to nursing.

Indeed, one can assert that a grounding in Hirst and Peters' public modes of experience is required before critical thinking, autonomy, and creativeness can be expected. The teaching of nursing, therefore, requires the development of knowledge and understanding of some depth and breadth in these core areas. Nursing education must go well beyond this content if our graduates are to be prepared to make the kind of contributions to the health and well-being of individuals, families, and communities that will be needed in this ever-changing and increasingly challenging managed care environment.

Educators must develop innovative pedagogic approaches and clinical learning experiences for students. Students must be more directly involved in being in communities with members of those communities, not merely involved in planning programs for communities and their members. In addition, the care that is delivered must be culturally relevant. How can these goals be accomplished (see the box titled "Examples of Health Promotion Clinical Opportunities and Curriculum Approaches")?

Nurse educators have asserted that in this new educational paradigm students must be emancipated, and they offer suggestions on pedagogic approaches to achieve this goal. They describe a caring curriculum in which students learn together and challenge one another. They propose this approach as a way to achieve our goal of preparing professional nurses who can successfully face the challenges of the 21st century. Greene advocates for "reflective and impassioned teaching, [through which] we can do far
Examples of Health Promotion Clinical Opportunities and Curriculum Approaches

Collaborative curriculum
Health promotion as the focus of the curriculum
Culminating self-designed clinical experience
Student identification of personal health risks
"Block" nursing
Parish nursing
Shelters
Wellness centers
Prisons
Senior centers, retirement communities, and elderly high-rises
Nurse-managed clinics/centers
School-sponsored health promotion centers
Nursing the Neighborhood programs

more to excite and stimulate many sorts of young persons to reach beyond themselves, to create meanings, to look through wider and more informed perspectives at the actualities of their lived lives than can be achieved through our traditional approaches to teaching and learning.

A new approach to the teacher-student relationship, one that dismantles the traditional power structure and increases egalitarianism, is advocated by Gaines and Baldwin as a significant area needing attention in our typical educational approaches. Additionally, Valiga and Bruderle suggest that using the arts and humanities within the context of nursing courses can be most effective in facilitating student learning and developing creative, insightful professionals who are open to new ideas and possibilities.

All these pedagogic approaches are valid and need to be integral to our nursing education programs if we are to produce the caliber of graduate nurses needed to face the challenges of a managed care environment and advance health promotion goals. What may be even more significant to developing nurse leaders for health promotion, however, is the nature of clinical experiences in which students participate as part of their educational program.

Numerous examples are found in our current literature of nurse educators implementing creative clinical experiences with students. A review of those examples and of suggestions for other approaches may promote ideational fluency, encourage nurse educators to take the risks inherent in setting aside the familiar and refusing merely to repeat past practices, and assist our profession in better meeting the needs of the communities we serve by preparing graduates who are sensitive to communities’ unique needs for health promotion.

Hills and Lindsey suggest that one way to achieve such goals is to implement a collaborative curriculum that decreases the focus on the biomedical paradigm. Such a curriculum focuses on health promotion, building alliances with other disciplines, and community participation. Hills and Lindsey assert “… educational programs must be radically revised and be developed to teach nurses to work from a health-promotion perspective. Only when nurses have fully incorporated the principles of health promotion into their repertoire of working with clients and colleagues will they be the desired and appreciated health care into the overall curriculum. A health-oriented curriculum can apply to the development of individuals in specific diseases and opmentally assist individuals in cultures in developing communities in their environment.

Students in assuming such promotion can be ticism experiences by Hawks andbecoming clinical educators and their own clinical objectives and learning to own patient casel readings, and experience helps directed learning. Nursing careers in the environment.

Willis and colleague experience where students health risk assessment to devise to promote healthy were nition with community projects were by students learned the ality and ways in which participate in advancing. Through these ac
desired and appropriate profession to lead health care into the future.\textsuperscript{26}(pp.161-162)

Others agree that health promotion and disease prevention must be a clear focus of the overall curriculum.\textsuperscript{27} Comments about a health-oriented care delivery system also can apply to the development of a curriculum for students. Such a system must “go beyond isolated programs targeted at specific diseases and their risk factors to developmentally appropriate interventions that assist individuals and families from diverse cultures in developing healthy lifestyles and communities in developing health-strengthening environments.\textsuperscript{27}(p.112)

Students’ independence and confidence in assuming such leadership roles in health promotion can be enhanced through practicum experiences such as the one described by Hawks and Hromek.\textsuperscript{28} In this culminating clinical experience, designed within a student-centered context, students select their own clinical sites, write their own objectives and learning contracts, select their own patient caseloads, choose appropriate readings, and evaluate themselves. Such an experience helps students develop self-directed learning skills that are critical for nursing careers in this evolving health care environment.

Willis and colleagues\textsuperscript{29} describe an experience where students identified their own health risk behaviors and used health risk assessment to develop community projects to promote healthy behavior. The community projects were developed in collaboration with community health nurses, so that students learned the importance of collegiality and ways in which communities can participate in advancing their own health. Through these activities, student self-knowledge and awareness of personal health behaviors can be refined.

The concept of “block” nursing provides yet another means of connecting with a community to promote health.\textsuperscript{30} In this model, students, professional nurses, and a cadre of volunteers from a defined neighborhood design strategies to visit and tend to the homebound elderly, assist young mothers in adapting to their new role, promote the growth and development of the “block’s” youth, and help other groups as needed. The extensive use of community volunteers in this model introduces students to the ideas of partnering with others, tapping into the strengths and talents of individuals in an effort to help others, and providing opportunities to empower members of a community to help themselves and be less reliant on professionals.

This concept of working in communities is evident in another model in which students have been involved, namely parish nursing.\textsuperscript{31,32} In parish nursing, students and professional nurses work with and through churches to keep people well. Students see the nurse functioning as a health counselor, consultant, advocate, facilitator as families interact with the health care system, and guide as members of the community work to blend faith and health issues.

Certainly experiences in other community settings, such as homeless shelters,\textsuperscript{33-35} shelters for battered women,\textsuperscript{36} centers for the elderly (eg, wellness centers, senior centers, retirement communities, or high-rise apartments),\textsuperscript{37,38} McDonald’s and the YWCA,\textsuperscript{39} and prisons,\textsuperscript{40} provide students with opportunities to focus on health promotion with unique populations in distinct settings. In such settings, students provide
counseling and support, screen for health problems, monitor medication administration, develop educational programs on relevant topics, and plan ongoing programs with the participants and professionals associated with the shelter, center, or prison health service. The broad range of skills developed by students and community members in these settings can be used to expand understanding and move toward resolution of social, political, economic, and ethical issues.

A growing opportunity for students to develop the knowledge, skills, and attitudes needed to engage in health promotion activities with communities is in nursing centers, often those sponsored by schools of nursing themselves. One such project is described by Fielo and Crowe.\textsuperscript{41} In this nursing center, which is managed by the State University of New York Health Sciences Center at Brooklyn, students actually staff the center 2 days per week. This experience helps them develop their abilities to provide health promotion services to members of the surrounding community, but it also gives them an opportunity to understand the independent role of the nurse, the referral process, and the nature of interdisciplinary collaboration.

Students at Fairfield University also have opportunities to work with members of an inner-city community through the School of Nursing-sponsored Health Promotion Center (HPC). Located in a local community center, the HPC serves as a central point for various health promotion activities for the children, youth, adults, and elderly of Bridgeport, Connecticut. Students work with schools to provide classes on nutrition and sexually transmitted diseases. They conduct blood pressure, cholesterol, and lead poisoning screenings at worksites, in senior centers and high-rise apartments, at a local community health center, and at the HPC itself. They teach exercise and ways to control anger to teens who participate in the midnight basketball leagues at the community center that houses the HPC. They sponsor health fairs in churches and schools and collaborate with the local home care agency to provide immunizations. Among other programs and activities, they help teenage mothers develop effective parenting skills. By attending local town meetings, faculty and students learn about the needs and concerns of members of the community and then work with these community members to plan programs, obtain counseling and support, or connect with other health care providers as appropriate to meet those needs. There is no doubt that these experiences are significant in helping students focus on health promotion, empower community members, develop their awareness of and sensitivity to the needs of diverse groups, and experience a professional nursing role in collaboration with communities.

Finally, the idea of a school of nursing taking the lead in providing health promotion services to the people who live in local communities is exemplified by Northeastern University in its Nursing the Neighborhoods project.\textsuperscript{42,43} In this curriculum, nursing students receive 50% of their clinical experiences in the community, where they provide care to individuals and families in their own neighborhoods, often providing services where none existed previously. Beginning level students contribute to the health of the community by teaching classes, conducting screenings, performing health assessments, and collaborating with schools to work in managed clinics, community centers, playgrounds, and other settings.

As can be seen from many clinical learning experiences, students can be adept at promoting health and well-being in various settings. Each of the approaches is unique, and they combine to create a comprehensive, interdisciplinary approach to health promotion.
cholesterol, and at worksites, in apartments, at a center, and at the exercise and ways to participate in the classes at the community HPC. They sponsor schools and home care agencies. Among other things, they help meet the needs of diverse communities, where they live in local neighborhoods. As can be seen from this discussion of the many clinical learning experiences in which students can be engaged to help them develop their strengths regarding health promotion, the possibilities are limitless. From schools to worksites, from local health departments to clinics, from shelters to nurse-managed clinics, from churches to college campuses, from retirement communities to playgrounds, and from homes to community centers, there are myriad ways in which students can be assisted to become more adept at promoting the health of people and communities.

Each of the approaches suggested here is unique, each is responsive to the needs of the particular community, and each recognizes that, for health promotion activities to be successful, the community must participate in health promotion planning and there must be an investment in health via partnerships. The creative nurse educator who is...

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### Anticipated Outcomes of Community-Based Health Promotion Clinical Experiences

- Development of leaders for health promotion
- Increased independence
- Increased confidence
- Development of self-directed learning skills
- Enhanced understanding of self and awareness of personal health behaviors
- Development of skills in forming partnerships and collaborative models, including interdisciplinary collaboration
- Increased focus on strengths and resources of individuals and communities
- Enhanced ability, and appreciation of the need to empower others
- Clarification of the broad range of roles of the professional nurse
- Development of community-related skills (eg, community assessment; integration of social, political, and economic variables in decision making; negotiating skills; referral skills)
- Greater knowledge and appreciation of social issues and their implications for health of individuals and communities
- Enhanced ability to care for and appreciate the needs of diverse groups and multicultural populations
willing to explore new options and new ideas, who is willing to take a risk, and who can tolerate uncertainty and ambiguity will be the one to help students most effectively develop the knowledge, skills, values, and perspectives they need to work in and with communities to advance health promotion goals.

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