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ORGINAL ARTICLE

Promoting Hospital Patients' Health in Jordan: Rhetoric and Reality of Nurses' Roles

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ABSTRACT

Background: Hospital nurses are urged to promote patients' health, but little is known about their role in health promotion in general and, specifically, no Jordanian study was found that examines such a role. ***Objective***: this paper is a report of a study to understand and explore hospital nurses' roles in heath promotion. ***Population***: Surgical and medical nurses in a large Jordanian teaching hospital.

Methods: A case study design using a multiple method triangulation strategy was used. Hospital nurses' roles in health promotion were examined using focus group discussions, non-participant observations, interviews, semi-structured questionnaires and documentary analysis.

Results: Generally, hospital nurses' views towards their role in health promotion were positive. However, their perceived role and actual practice of health promotion were largely restricted to individualised information giving and behavioural change approaches. Diverse factors contributed to this situation. These included lack of time, shortage of nursing staff, lack of knowledge in heath promotion, a power imbalance between doctors and nurses, low public image of nursing and gender issues related to nursing. The way hospital nurses' role in health promotion is currently perceived and operationalised in practice in Jordan is inconsistent with recent health promotion ideas operating at the level of empowerment and political actions.

Conclusion: Addressing the identified barriers therefore, together with a radical reform from curative services towards a health promoting health agenda, is crucial.

Keywords: *hospital nurses; health, health promotion, empowerment, case study, triangulation; organizational reform.*

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Introduction:

In recent years the importance of nurses' roles in health promotion within the hospital setting has been widely acknowledged, as many of the major causes of the morbidity and mortality worldwide are preventable and linked to individuals' lifestyles (Uddin, 2001, Phillips 2002). Given the fact that hospital nurses spend much of their time with patients, it is argued that they have a potential key role in promoting patients' health (McDonald, 2000, Irvine, 2005, Cross, 2005, Casey, 2007, Whitehead et al, 2008, Whitehead, 2009). However, much of nurses' health promotion work is opportunistic (Whitehead, 2004, 2005, 2009) and their ability to promote patients' health has been questioned (Whitehead, 2002, 2003, Irvine, 2007, Whitehead, 2011).

Although much has been achieved concerning health promotion within the community setting (Alborz, et al 2002 Davidson and Machin, 2003, Hillemeier et al, 2003, Runciman et al 2006), there has been less investigation of nurses' health promoting roles in acute settings, exploring the experiences and factors involved. Existing studies date from some time ago and are small in scale and relying only on one data collection method (McBride, 1994, Davis, 1995, Maidwell, 1996, Cross, 2005). The conclusions of others (Irvine, 2007, Whitehead et al, 2008) do not include the element of observation and thus the gap between theory and practice has not been fully examined.

Like other colleagues worldwide, nurses in Jordan are urged to adopt health promotion principles in practice (Haddad and Umlauf, 1998,Haddad et al, 2004, Gharaibeh et al, 2005, Nawafleh et al, 2005). Yet little evidence is available to inform the development of hospital nurses' role in health promotion and to deliver culturally competent health promotion work matching patients' needs (McLennan and Khavarpour 2004, McBride, 2004). Understanding nurses' role in health promotion in one country might contribute to the national debate about culturally competent care.

Background

Health promotion is defined as an umbrella that includes health education, preventative health and healthy public policy (Ewles and Simnett, 2004). In this context, health promotion, whether it is a discipline in its own right or an umbrella covering the activities of a wide range of disciplines committed to address the health of the population, occurs as a process involving actions at both individual and structural levels (WHO, 1986, WHO, 1991, WHO 1997, Whitehead, 2009). Whilst the latter action focuses on building public policy and fiscal measurements, the former is more concerned about the development of personal skills and roles in different settings including hospitals. Increasing evidence indicates that, although hospitalisation might be stressful for patients, it often acts as a catalyst for change (McBride, 2004, Ewles and Simnett, 2004, Groene, et al, 2005).

Globally, the vast majority of nurses work in hospitals and thus they represent the biggest workforce in such settings (Whitehead, 2005). Nurses have close contacts with patients and their relatives creating a significant opportunity for delivering health promotion (Kelly and Abraham, 2007). It is not surprising therefore that nurses are in a position to lead the new health promotion movement (WHO, 2003) and promote the health of individuals and communities (WHO, 2001). With this in mind, there are rallying calls in the international literature urging nurses to play a key role in health promotion (Latter 1998, Whitehead, 2000, 2001, Tones and Green, 2004, Cross, 2005, Irvine, 2007, Whitehead et al, 2008). Yet the reviewed literature suggests that the majority of hospital health professionals like nurses do not really associate health promotion in their practice (WHO, 2003) and devote more time to clinical duties than health promotion or even basic health education (Cullen, 2002, Shu, 2004). Similarly, some studies have shown that the aim of hospital nurses' roles in delivering health promotion was not being realised (Casey, 2007, Kelly and Abraham, 2007) and their ability to implement effective health promotion activities have been questioned (Whitehead, 2003, Casey, 2007, Whitehead et al, 2008). Indeed, findings of recent research revealed that socio-political health promotion is largely neglected by nurses (Casey, 2007, Kelly and Abraham, 2007, Whitehead, 2011) and there is a gap between rhetoric and reality (McDonald 2000, Seedhouse, 2004). That is, nurses may see themselves as health promoters but in reality, they are health educators (Whitehead, 2004, Whitehead, 2009).

Whilst evidence is often descriptive, it was found that the lack of time, knowledge, resources and role models in health promotion are key contributing factors to this situation (Smith et al, 1995, Smith et al, 1999, Cross, 2005, Casey, 2007, Schickler et al 2002). Although some studies found that a hospital nurse's role in health promotion is limiting and focusing on using the behavioural change approach (Haddad and Umlauf , 1998, Furber, 2000, Cross, 2005, Irvine, 2007), others identify that their role somewhat is underpinned by health promotion values (McBride, 1994, Whitehead et al, 2008). In light of this, the literature offers conflicting rather than conclusive evidence and thus the conclusion can be drawn that hospital nurses' role in health promotion is a complex task. The majority of studies so far reported have been carried out in the UK and thus their applicability to other health care systems might be debated.

Building on the value and gaps in the previous research, there is a need for further work to provide findings to scrutinize the link between nurses' perception and actual practice through the inclusion of observation to the collection of data. There is also a need for studies in different cultural contexts, to encompass possible cultural differences, and hence the need for this study exploring the implications for hospital nurses in Jordan.

Methods

Objective: The objective of the study was to understand hospital nurses' roles in heath promotion, exploring the factors involved, in a large teaching hospital in Jordan.

Design: A case study design utilising mainly qualitative methods was used. Describing in-depth all the methods of data collection and their development is beyond the scope of this paper and can be found elsewhere (Shoqirat, 2009). Data collection was undertaken in 2007. The main methods are given below.

1.Focus Group Discussions: Two focus group discussions were arranged with junior nurses in surgical and medical wards (2 surgical and 2 medical wards). These involved 4 and 5 participants respectively. Two focus group discussions were subsequently arranged with senior nurses in these wards. Six nurses participated in each discussion. These were convenient samples. Each group was homogenous in terms of area of nursing practice (e.g. surgical ward nurses were together). The more homogenous the members of the group are, the more likely they are to voice their views (Morgan, 1997). Hospital nurses' understanding of health promotion, their experiences and the factors involved, were explored. Data were collected using a digital voice recorder (Olympus VN).

2.Observations: A total number of 40 non-participant semi-structured observations were undertaken in surgical and medical wards. The observations included 10 discharge interventions and 10 medicine rounds in surgical wards and the same number in medical wards. All observations were selected randomly from a sampling frame. Reflective notes were made after each observation. The conversations between nurses and patients were digitally recorded.

3.Questionnaires: A semi-structured questionnaire using a 5-point Likert was used. The scale ranged from "strongly agree" to "strongly disagree." The questionnaire examined respondents' demographic data (e.g. sex, age and area of work), their views towards their role in health promotion within the hospital setting and factors involved. Content validity was informed by health promotion literature and checked with a panel of experts (n=5) in this areas. The questionnaire was piloted with a convenience sample of nurses (n=10) in another hospital to ensure its clarity. Minor changes were made to the layout of the questionnaire and to the clarity of the Likert scale items.

4.Interviews: Semi-structured interviews were held with a purposive sample of other stakeholders: nurse educationalist, surgical and medical ward supervisors (n=2) and the manager of training and development.

5. Documentary Analysis: Hospital nurses' job descriptions, health policies and the philosophy of care were reviewed in relation to the concept of health promotion.

Ethical considerations: The study was approved by a UK university's ethical committee and subsequently the hospital research committee. All participation was voluntary, participants assured they could withdraw at any time, and informed consent was obtained. Measures were taken to ensure confidentiality and anonymity of all participants.

Data Analysis: The quantitative data were analysed using the SPSS (version 13). Pearson and Sepearman's statistical tests were carried out at the significance level of $P<0.05$ (two-tailed). Qualitative data were thematically analysed. Then, different data sets were integrated in relation to a certain theme (e.g. understanding of health promotion). The overall analysis was informed by Vienna's recommendations (WHO, 1997) for effective health promoting hospitals (HPH). The recommendations were reviewed in relation to the current study's nursing focus, to explore factors such as if there was a holistic approach, considering social and economic factors in planning care, and wider aspect of communication and influence on policy. The credibility of the research was maximised by methods triangulation and member checking procedure. Indeed, an independent researcher was involved in categorizing a random section of manuscripts.

Results

Hospital nurses role' in health promotion Of all questionnaires (n=76) conveniently distributed by the researcher to all nurses in the medical and surgical wards, 58 were returned. This resulted in a 72% satisfactory response rate. Whilst the mean age of respondents was 29 years, their mean experience of nursing was 6 years. The sample was dominated by females (60%, n=35) and the majority of respondents (65.5%, n=38) worked in medical wards. Just about half of respondents (49%, n=26) agreed strongly with the item stressing the importance of their role in health promotion. Two-thirds of respondents (60%, n=35) agreed that the hospital is a suitable place for promoting health.. Likewise, nearly two-thirds of respondents (60%, n=32) disagreed with the item stating that "health promotion is a waste of time". Finally, respondents' views towards the importance of therapeutic communication between nurses and patients to deliver effective health promotion activities were examined. Slightly above half of respondents (52%,n=30, mean score=4.3) expressed their strong agreement. See table (1). Of all who claimed that health promotion and health education are different (n=11), (85%) failed to offer a clear and comprehensive picture about their meanings

Table (1): Respondents' Views towards their Role in Health Promotion

Items	Strongly Agree	Agree	Cannot deicide	Disagree	Strongly Disagree	Total	The mean scores
1- Hospital nurses have an important role in promoting patients' health	53% n=31	43%,n n=25	3% n=2	0	0	58	4.5
2- Hospitals are a suitable place to promote patients' health	31% n=18	60% n=35	2% n=1	2% n=1	5% n=3	58	4.1
3- The hospital needs to take more responsibility for promoting patients' health	59% n=34	40% n=23	3% n=2	2% n=1	0	58	4.6
4- Health promotion is a waste of time *Negative item 1-5	3% n=2	0	17% n=10	60% n=35	19% n=11	58	3.9
5- Patients responsible for damaging their health should not receive any health promotion. *Negative item 1-5	19% n=11	14% n=8	5% n=3	35% n=20	28% n=16	58	3.4
6- Therapeutic communication between nurses and patients could have a strong impact on the achievement of health promotion.	52% n=30	35% n=20	7% n=4	7% n=4	0	58	4.3

Complementary findings from focus group discussions, observations and interviews are categorized below, exploring at micro-level, such as individualised and information giving approach and macro-level, such empowerment and political actions.

1. Micro-role of health promotion: Theory and Practice.
2. Macro-role of health promotion: Theory and Practice.

The analysis shows that the micro-role of health promotion had a small area to focus on at ward level. This mainly includes patients, their health problems and related medical management. Preventing disease and complications and adapting to health problems are not only the features of this category but at also the aim of (perceived) health promotion work.

"… health promotion means helping people to adapt with their illness through educating them" (junior surgical nurse3).

"That is right. We offer them some advice about what to do and what not do (junior surgical nurse 2)

Not only is the micro-role of health promotion informed by the medical model but it also does not acknowledge the complexity of health promotion work. This is evident from the absence of key principles such as empowering individuals and considering patients' socio-economic status.

"We point out the risk of smoking in order to ensure that patients would give up.(medical junior nurse 1).

"I agree, it [health promotion] means health knowledge and treatment. (Medical junior nurse 3).

Whilst educating patients might promote health, it would appear that related activities are carried out through utilising a hierarchical expert-led approach as opposed to the negotiated and therapeutic relationship approach (Seedhouse 2004, Tones and Green, 2004). This approach to health promotion was also supported by individual interviews data. According to the medical and surgical supervisors (n=2), currently nurses' role in health promotion is limited.

"Health promotion in this ward [means] preventing illness and treating certain health problems…" (surgical ward supervisor)

"… We offer patients health advice [and] we need to ensure that patients will comply with the prescribed treatment at home."(medical ward supervisor).

Whilst the nurse educator was more optimistic about the graduate nurses' role in health promotion, the manager of training and development was dissatisfied. This is exemplified below:

"…I think that graduated nurses [RNs] are [qualified] to play a role in health promotion in the future .." (Nursing educator).

" .. The role of nurses on wards in health promotion is poorly developed…We talk briefly about what to do at home and who to contact in case of emergency" (The manager of training and development).

It seems that nursing health promotion at ward level can be located at the level of health of education as exemplified by information-giving as opposed to health promotion operating in wider issues such empowerment and political actions (Piper and Brown, 1998,Tengland, 2006, 2007).

Limited Practice of health promotion

The overall micro role in health promotion has been confirmed by observational data. Within the context of Vienna's recommendations (WHO, 1997). Limited practice of health promotion was more prevalent than advanced practice encapsulating empowerment, advocacy and political actions. It was found that 16 discharge interventions out of 20 (80%) and 14 medical rounds (70%) can be addressed under this category. Information-giving instigated by patients themselves are key features of health promotion practice. The nature of such interactions is not congruent with the framework of health promotion exemplified by the values of advocacy, multidisciplinary work, participation and negotiation (Whitehead, 2005, Tengland, 2006). This pattern was often seen in surgical wards where the rhythm of work was fast and the demand on nursing staff was high. This is an example of a discharge interaction, where N= nurse and P=patient.

N- Hi X, …you are going home today. You need to pack up your belongings. This bag includes some medicine you have to take at home. The instructions are written on their covers.

P- Thanks- do I need to come back later?

N- Yes after two weeks, you need to visit the outpatient clinic to check the wound. If pus and a temperature have occurred you need to get in touch with us as soon as you can.

P- Thanks.

Macro-role of Health Promotion: Theory and Practice

Whilst the number is limited (n=7), some participants moved beyond the micro-role of health promotion. In this category, there is a more advanced development in nurses' understanding and practice of health promotion. In addition to the recognition of health advice as part of health education, the concept of empowerment was found in few interpretations of health promotion.

One of the participants asserts that:

…health education is part of health promotion.... health promotion means empowering patients to prevent illness and to adapt to illness for the rest of their life" (junior surgical nurse3).

It is worth noting the emergence of adaption concept. It can be hypothesised that successful adaptation might enhance an individual's self-esteem, particularly when it is reinforced by empowerment principles (Webster and French, 2002). Another participant outlined an important ethical issue:

"… health promotion means respecting patients' personal choice even it is against their health (senior medical nurse1)

Advanced Practice of Health Promotion

Nurses' macro role in health promotion has been confirmed by some observations. It was found that nurses' practices in health promotion operated at two levels. Whilst the first focuses on individuals' needs, the second concerned the structural determinants of health. Such advanced practice was identified in 4 (20%) discharge interventions and 6 (30%) medical rounds. This category is represented below, in an encounter between the medical nurse and her patient at discharge.

N- …. I do not want you to go home and leave us! (Smiling)

P and her family- (laughing)- really we had very nice time in this ward…

N- Good. I've got your discharge letter and will get in touch with your consultant as well as respiratory therapists to see about your future follow up…This leaflet is about the health of your respiratory system. You can keep it and discuss it with your family members….. Any questions (directed to the whole family).

N- ……..You told me before that you live in a ground floor, your son is here now to hear that you need good ventilation and no dampness!! (All laughing). This could have a very bad impact on your breathing… taking the medicine alone is not enough. You need to have a good environment.

P and her son - already we are going to fix up the windows and the floor.

N- sounds good… Field notes accompanied by observation indicate that the nurse was skilful in terms of good verbal and non-verbal communication. This might facilitate the utilisation of a two-way collaborative and negotiating approach during the interaction and therefore enable the principles of health promotion such as empowerment and partnership to be translated into practice.

Factors affecting the development of nurses' roles in health promotion at the ward level:

1- Lack of time/ Shortage of nursing staff

All factors that might affect nurses' roles in health promotion were examined by the questionnaire (see table 2) and then through qualitative data. More than half of respondents (73%, n=42) agree or strongly agree with the impact of lack of time on their roles in health promotion (see table 2). Significant findings were found between the item "I do not carry out health promotion due to the lack of time" and the place of work (Chi-square=8, P=.046). Surgical nurses agree more strongly with the item (60%, n=12) compared to medical nurses (37%,n=14).

These findings are confirmed by all participants (n=21) from focus group discussions. It is not possible to focus on [health promotion] in surgical wards because of busy shifts and lack of time…" (surgical senior nurse 5).

Table (2): Factors which could Affect the Development of Nurses' Health Promotion Role in Hospital.

Items	Strongly Agree	Agree	Cannot decide	Disagree	Strongly Disagree	Total	The mean scores
I do not carry out health promotion because of lack of time	45%, n=26	8% n=16	10.%, n=6	17%, n=10	0	8	4
I received good education in health promotion	19% n=11	6%, n=15	16% ,n=9	31%, n=18	9%, n=5	8	3.2
Nursing leadership in the hospital is dominated by doctors.	17%, n=10	5%, n=26	10%, n=6	16%, n=9	12%, n=7	8	3.4
Patients do not accept nurses to promote their health	19% n=11	53% n=31	5% n=3	17% n=10	5% n=3	8	3.6
It is not possible to promote the health of opposite sex	14% n=8	7% n=4	3% n=2	28% n=16	48% n=28	8	2.1

2- Patients' Receptivity to Hospital Nurses' Roles in Health Promotion

Quantitative evidence found that two thirds of respondents (72%, n=42) expressed their agreement or strong agreement regarding patients' reluctance to receive health promotion delivered by hospital nurses. This was complemented by qualitative data. "Some patients are not willing to hear anything about health…"(Senior surgical nurse3) "That is right….." (Senior surgical nurse 4).

3-Lack of Knowledge in Health Promotion

About two third of nurses (62%, n=36) agree that they have received a good education in the area of health promotion. However, as illuminated below, it seems that they were referring to health education which informs their perceptions and practice of health promotion. A lack of knowledge in health promotion was reported by hospital nurses and ward supervisors:

" ……we do not have good health promotion courses before graduation..(Surgical senior nurse 3).

Indeed, it was found that the aim of training department largely revolved around arranging medical courses. " ..We arrange Courses in infection control, CPR and EEG……." (The manager of training and development).

4- Lack of Health Promotion Vision in Hospital Nurses' Job Descriptions, the Philosophy of Care and Health Policies

Documentary analysis of job descriptions revealed that nurses were asked to deliver care guided by the medically oriented nursing process. This is exemplified by the quote below: "the functions of staff nurses are to assess, plan, implement and evaluate the care of all assigned patients"

Indeed, it was found that the philosophy of care and health polices lacked values and principles inherent in the new paradigm of health promotion such as empowerment and advocacy.

Factors affecting the development of nurses' roles in health promotion within the organization and community.

1-Unsupportive Climate for Health Promotion within the Hospital

Two-thirds of respondents (62%, n=36) agree or strongly agreed with the item suggesting that nursing leadership is dominated by doctors. This was often associated with the lack of communication between hospital staff, a reportedly incompetent nursing leadership and the lack of hospital management support. These elements are the features of the following extracts:

" the lack of communication is a problem between us [nurses] and doctors.(surgical senior nurse 3).

"Sometimes if you talk with patients about health issues, they keep asking doctors a lot of questions and [as a result] we could be blamed!"(surgical senior nurse 5).

Other participants uncovered issues relating to the way in which nursing leadership is carried out.

" I want to say that if things go wrong, nursing supervisors tend to blame only nurses!" (surgical junior nurse 3)

"….. supervisors know only how to search for mistakes! (Laughing and looking at each other) " (surgical senior nurse 4).

However, ward supervisors blamed unsupportive hospital policies and a nursing leadership:

" the problem which could most affect health promotion is the weak nursing leadership.. This makes our motivation to do any activities very low…." (Surgical ward supervisor).

The nurse educator supported this view about nurse leadership:

"…. graduate nurses have problems with nursing leadership. They focus on medical care and have no good communication with nursing staff " (Nurse educator).

These findings suggest that the problem with nursing leadership not individual and is beyond the ward level. It is a wider issue of the lack of nursing power within the hospital.

2- The Negative Image of Nurses, Power Imbalance with Doctors and Gender Issues

Whilst the nursing profession has developed dramatically in Jordan, it seems that it is not yet well armed with power within the organisation.

"… people in general think we are "Tamrjeh"* …whereas doctors are always valued and if they make a mistake you can do nothing as they are doctors!! (Senior medical nurse 6).

"We have a problem about nursing itself; we are often seen as inferior to other professions in the hospital such as doctors…" (Senior surgical nurse 6).

*Tamrjeh: This classic Arabic word refers to those aid workers in the sixties and seventies who lacked knowledge, skills and clear job descriptions.

The negative social image of nursing and the power imbalance between doctors and nurses also has a gender dimension. It was stated that:

".. .As nurses who are mainly women we do not have good power, doctors are more supported than us in the hospital!! " (The manager of training and development).

It would seems that a doctor's power is not only maximised by their socially recognized role but also by the low public image of nursing and its status as predominantly female.

3- Nurses' Emigration

Although the lack of time was associated with the shortage of nursing staff at the ward level, it was found that the increasing number of nurses emigrating to other countries had a negative effect on other nurses' morale within the organisation.

" …many very good staff nurses went to Gulf countries. Who could blame them, good money and facilities….nurses who cannot emigrate feel down" (Surgical ward supervisor).

Discussion

Study limitations: Qualitative research has been criticized on the ground of ignoring issues of validity and reliability and for being anecdotal (Benton, 2000). The reliability of this work was enhanced by achieving trustworthiness of data and using methods triangulation. However, some participants were selected conveniently and thus the sample might not be representative of all hospital nurses. Finally, the study involved only one hospital affiliated to a university and thus vigilance must be exercised in extrapolating the study's findings to other hospitals.

The philosophy of care and hospital nurses' practice of health promotion:

Limited Progress Made and Key Challenges Remain

The fact that nurses operate at the level of heath education mode as opposed to health promotion is now confirmed by this paper and earlier international research (Maidwell, 1996, Whitehead, 2004, Cross, 2005, Irvine, 2007, Whitehead et al, 2008). There are a number of factors contributing to this situation and worth discussion. Perhaps the most complex factor affecting the development of nurses' roles in health promotion is the power imbalance between doctors and nurses. This affects decision making processes and mobilizing resources for health promotion. The current findings however are echoed by previous research pointing out that an unequal power base still exists in the health care system as doctors are seen at the top of the hierarchical structure followed by nurses (Zelek and Philips, 2003). The lack of power among nurses has been documented in the international literature (Takase et al, 2001, Sinivaara et al, 2005) and noted in the Jordanian health care system (Mrayyan et al, 2005, Oweis, 2005).

Furthermore it seems that gender stereotypes are also of relevance to power imbalance between doctors and nurses (e.g. women seen as care givers as opposed to decision makers). Accordingly, it is not surprising that female nurses struggle in the Middle East to achieve professional status as it is complicated by the dependent role of women in the society (WHO,1998, Tumulty, 2001) and this situation might be transferred to the organisation (Daiski, 2004). Multiprofessional education might be an effective strategy to address the power imbalance between doctors and nurses as well as gender related issues. Collaborative learning opportunities for nursing and medical students are feasible; this adds value to the learning, and can increase confidence levels (Tucker et al, 2003, Batalden et al, 2003) and promote understanding of other professions' roles (Wahlstrom et al, 1997). However, meaningful change at both organisational and national level requires both genders to work hand in hand to achieve their ambition and social status. Hospital nurses do

not work in isolation. How other health professions (e.g. doctors, physiotherapists) advocate and perceive nurses' role in health promotion requires investigation.

A further contributing factor that affects with the hospital nurses' roles in health promotion is related to the shortage of nursing staff. Nurses' emigration often leaves behind an already disadvantaged system, thus worsening the working conditions (Kingma. 2001, Chikanda 2005, Dovlo 2005, Ross et al, 2005). When it comes to a multidisciplinary health promotion activity, this affects the mix of skills and the way tasks might be delegated and implemented. There is therefore a need for serious commitments from health organisations and policy makers to address not only nurses' salary related issues but importantly the nature and causes of their disempowering working conditions.

The current findings suggest that such conditions are affected by nursing as a profession and its public image. In line with this, it was found that the nursing profession in Jordan may not be the first choice of career for many nurses due its poor public image (Shuriquie et al, 2007). This evidence is complemented by the international literature. Although Lusk (2000) contends that nurses have developed an autonomous role, the media image is that all many nurses look for is fun (Hallam, 1998), behave in a submissive way towards doctors (Fletcher, 2007) and their profession has low social prestige (Kalish, 2000, Seago et al, 2006).Utilisation of the media by nurses therefore might be an effective method for addressing the negative image of the nursing profession (e.g. handmaiden of doctors). A suitable use of drama in Jordan may influence governmental and policy makers to locate the resources needed for the development of nursing profession (Berry, 2004) and keep nurses' issues on the social and political agenda (Wellings and MacDowall, 2000). Once hospital nurses have gained social recognition, people's receptivity to their role in health promotion might be maximised.

In the current study it was found that the curriculum focused on disease prevention and behavioural change as opposed to health promotion addressing socio-economic issues. Yet the competence of health promotion depends on the knowledge and skills offered by the education (Naidoo and Wills, 1998). Nursing curricula need to integrate health promotion courses at an early stage. Components such as health policy, Islamic beliefs and health, poverty, ethics of health promotion and reflective practice need to be incorporated in the curriculum. These principles need to be taught in a supportive placement environment (Smith 1995a, Smith et al, 1999) within the context of what problems graduate nurses might face in reality.

The challenge therefore is not only how to educate and train nurses in health promotion but also how to create a health promoting setting in which they might realize their potential. However, creating such a setting is a complex task and change can only be achieved when the working climate changes as well. Realistically, this cannot occur overnight and as Robinson and Hill (1995) suggest "miracles take a little longer". Eventually, taking a little longer to reform the organisation, or taking steps in that direction, is better than not reforming it all.

Conclusion

If nurses continue to work within the framework of the medical model of health, they might fail to be motivated politically and thus the societal and environmental factors pertinent to health will not be addressed (Whitehead, 2000, Seedhouse, 2004, Whitehead, 2011). This is confirmed by this work and previous studies, and therefore suggests a need for a radical reform strategy focusing on the socio-political empowerment of hospital employees. Without such organisational changes, hospital nurses' roles in health promotion might be questioned in years to come and the gap between rhetoric and reality may widen.

References

1. Alborz, A, Wilkin, D and Smith, K. (2002). Are primary care groups and trusts consulting local communities? Health and Social Care in the Community. 10, (1), 20-27.
2. Batalden PM, Nelson EC, Mohr JJ, et al (2003). Microsystems in health care: Part 5. How leaders are leading. Jt Comm J Qual and Safety, 29(6). 297-308.
3. Benton, D .(2000). Ground theory in the research process in nursing (4 th ed). Oxford: Cormack-Blackwell science.
4. Berry, L .(2004). Is image important angles, battle sex, handmaiden and sex kitten. Nursing Standard. 18, (23), 14-18.
5. Casey, D (2007). Nurses' perceptions, understanding and experiences of health promotion. Journal of Clinical Nursing. 16, (6):1039-1049.
6. Chikanda, A. (2005). Nurse migration from Zimbabwe: analysis of recent trends and impacts. Nursing Inquiry; 12: 162–174.
7. Cross, (2005). Accident and emergency nurses' attitudes towards health promotion. Journal of Advanced Nursing. 51, (5), 474-483.
8. Daiski, I. (2004). Issues and innovations in nursing practice: Changing nurses' dis-empowering relationship patterns. Journal of Advanced Nursing. 48(1), 43-50.
9. Davidson, A and Machin, T. (2003). Health visiting older people-just a luxury? Community Practitioners. 76, (6), 221-226.
10. Davis, S.M.(1995). An investigation into nurses' understanding of health education and health promotion within a neuro-rehabilitation setting. Journal of Advanced Nursing. (21), 951-959.
11. Dovlo, D. (2005). Wastage in the health workforce: some perspectives from African countries. Human Resources for Health , 3. (6) 3-6.
12. Ewles L and Simnett (2004) Promoting health: a practical guide.(5thed). Toronto: Bailliere Tindall. Fletcher k. (2007). Image: changing how women nurses think about themselves. Literature review. Journal of Advanced Nursing, 58(3),207-215.
13. Gharaibeh, M and Al-Ma'aitah, R and Al Jada, N (2005). Lifestyle practices of Jordanian pregnant women. International Nursing Review. 52. 92-100.
14. Groene, O, Jorgensen, S, Fugleholm, A, Moller, L and

Gracia-Barbero, M . (2005). Health promotion in hospitals- a strategy to improve quality in health care. Journal of Public Health. 15, (1), 6-8.

15. Haddad L and Kane D, Rajacich D and Cameron, S. (2004). A comparison of health practices of Canadian and Jordanian nursing students. Public Health Nursing. 2, (1), 85-90.
16. Haddad, L and Unlauf, L. (1998). Views of health promotion among primary health care nurses and midwifes in Jordan. Health Care for Women International. 19, 515-528.
17. Hallam J. (1998). From angels to handmaidens: changing constructions of nursing's public image in post-war Britain. Nursing Inquiry. 5, 32-42.
18. Hillemeier M, Lynch J, Harper S and Casper, M. (2003). Measuring contextual characteristics for community health. Health Services Research. 38:6, 1645- 1701.
19. Irvine, F, (2007). Examining the correspondence of theoretical and real interpretations of health promotion. Journal of Clinical Nursing. 16, (3), 593- 602.
20. Irvine, F. (2005). Exploring district nursing competences in health promotion: The use of the Delphi techniques. Journal of Clinical Nursing. 14, 965-975.
21. Kalish,J(2000). The image of nursing: evolution and revolution:http://www:nursing.umich.edu/stti/news/Kalish.htm [accessed on September 8th]
22. Kingma, M . (2001). Nursing migration: global treasure hunt or disaster- in the making. Nursing Inquiry. 8, (4), 205-212.
23. Latter, S (1998). Editorial-Nursing health education and health promotion. Lesson learned, progress made and challenges ahead. Health Education Research. 13, 1-5.
24. Lusk B. (2000) Pretty and powerless: nurses in advertisements, 1030–. 1950. Research in Nursing and Health 23,pp. 229–236.
25. MacDonald, F. (2000). A new evidence framework for health promotion practice. Health Education Journal 59, 3-11.
26. Maidwell, A. (1996). The role of the surgical nurse as a health promoter. British Journal of Nursing. 5, (15), 898-904.
27. McBride, A (2004).Health promotion in the acute hospital setting: the receptivity of adult in patients. Patient Education Counseling. 54, (1), 73-8.
28. McBride, A. (1994). Health promotion in hospitals: the attitudes, beliefs and practices of hospital nurses. Journal of Advanced Nursing. 20, 92-100.
29. Mclennan, V and Khavarpour, F (2004). Culturally appropriate health promotion: its meaning and application in Aboriginal communities. Health Promotion Journal of Australia. 15, (3), 237-239.
30. Morgan, D. (1997). The focus group guideline book. Thousand Oaks: Sage Company.
31. Mrayyan,, M T . (2005).Nurse job satisfaction and retention: comparing public to private hospitals ion Jordan. Journal of Nursing Management. 13, 40-50.
32. Naidoo, J and Wills, J. (1998) Practicing health promotion: Dilemmas and Challenges. London: Bailliere Tindall.
33. Nawafleh, H, Francis, K and Chapman, Y. (2005). The influence of HIV/AIDS on the practice of primary care nurses in Jordan: rhetoric and reality. International Journal of Nursing Practice. 11:200-205.
34. Oweis, A (2005). Bridging the professional challenges for nursing in Jordan to light. International Journal of Nursing Practice. 11, 244-249.
35. Phillips, P. (2002). The rising cost of health care: can demand be reduced through more effective health promotion? Journal of Evaluation in Clinical Practice. 8, (4), 415 -419.
36. Piper, S and Brown, P (1998). Psychology as a theoretical foundation for health education in nursing: empowerment or social control. Nurse Education Today. 18, 637-641.
37. Robinsons, S and Hill, Y (1995). Miracles take a little longer, project 2000 and health promoting nurses. International Journal of Nursing Studies. 32, (6), 368-579.
38. Ross, S, Polsky, D, Sochalski, J and Faan, R (2005). Nursing shortage and international nurse migration. International Nursing Review. 52,253-262.
39. Runciman, P, Watson, H , McIntosh, J and Tolson, D . (2006). Community nurses' health promotion work with older people. Journal of Advanced Nursing. 55, (1), 46-57.
40. Seago J.A., Spetz J., Alvarado A., Keane D and Grumbach K. (2006). The nursing shortage: is it really about image? Journal of Healthcare Management 51(2), 96- 110.
41. Seedhouse, D. (2004). Health promotion: Philosophy, prejudice and practice. (Second edition). West Sussex: John Wiley and Sons, Ltd.
42. Shoqirat, N (2009). The role of Jordanian hospital in promoting patients' health. PhD theses. Queen Margaret University.
43. Shuriquie, M, While, A and Fitzpatrick (2007). the development of role adequacy for professional nurses in Jordan. International Nursing Review 54, 144-150.
44. Sinivaara, M, Suominen, T, Routasalo, P and Hupli, M. (2005). How delivery ward staff exercise power over women in communication. Journal of Advanced Nursing. 46, (1), 33-41.
45. Smith, P, Masterson, A and Smith, S l (1999). Health promotion versus disease and care: failure to establish "blissful clarity" in British nurse education and practice. Social Science and Medicine 48, 227-239.
46. Smith, P, Masterson, A and Lask, S (1995,a). Health and the curriculum: An Illuminative Evaluation- Part 1- Methodology. Nurse Education Today. 15,317- 322.
47. Takase, M, Kershaw, E and Burt, L (2001). Nurse-environment misfit and nursing practice. Journal of Advanced Nursing. 35, (6), 819- 826.
48. Tengland. A (2006) The goals of health work: Quality of life, health and welfare. Medicine, Health Care and Philosophy 9, (2), 155-167.
49. Tengland. A (2007) Empowerment: A goal or a means for health promotion?. Medicine, Health Care and Philosophy 10:2, 197-207.
50. Tones, K and Green, J. (2004). Health promotion: Planning and Strategies. London: SAGE Publications.
51. Tucker, K, Wakefield, A, Boggis, C, Lawson, M, Trudie, R and Gooch, J (2003). Learning together: clinical skills teaching for medical and nursing students. Medical Education. 37, 630- 637.
52. Tumulty G (2001) Professional development of nursing in Saudi Arabia. Journal of Nursing Scholarship, 33, 285-292.
53. Uddin, I. (2001). Prevention of health promotion in the hospital setting- programme development. International Journal of Health Promotion and Education. 39, (2), 40-43.
54. Wahlstrom, O, Sanden, I and Hammer, M. (1997). Multiprofessional education in the medical curriculum. Medical Education. 31, 425-429.
55. Webster C and French J (2002) The cycle of conflict: the history of the public health and health promotion movements. In Adams L, Amos M & Munro J eds. Promoting Health: Politics and Practice. London: Sage Publications. Pp. 5–12.
56. Wellings, K and MacDowall, W (2000). Evaluating mass media approaches to health promotion: a review of methods. Health Education, 100, (1), 23-32.

57. Whitehead D. (2000) Using mass media within health promotion: a nursing perspective. Journal of Advanced Nursing. 32, (4), 807 – 816.
58. Whitehead D. (2002) The health promotional role of a pre-registration student cohort in the UK: a grounded-theory study. Nurse Education in Practice 2, 197- 207.
59. Whitehead D. (2009). Reconciling the differences between health promotion in nursing and 'general' health promotion. International journal of nursing studies. Jun;46(6):865-74 Whitehead, D (2004). Health promotion and health education: advancing the concepts. Journal of Advanced Nursing, 47(3), 311-320.
60. Whitehead, D, Yonghuan, W, Wang, J, Zhang, Z, Sun, Z and Xie, C. (2008). Health promotion and health education practice: nurses' perceptions. Journal of Advanced Nursing. 61, (2),181-187.
61. Whitehead, D. (2001) Health education, behavioural change and social psychology: nursing's contribution to health promotion?. Journal of Advanced Nursing 34(6), 822-832.
62. Whitehead, D. (2003). Health promotion and health education viewed as symbiotic paradigms: bridging the theory and practice gap between them. Journal of Clinical Nursing, 12, 796-805.
63. Whitehead, D. (2005). Health promoting hospitals: the role and function of nursing. Journal of clinical Nursing. 14, 20-27.
64. Whitehead, D. (2011). Health promotion in nursing: A Derridean discourse analysis. Health Promotion International, 26(1), 117-127.
65. WHO (1986). Ottawa Charter for health promotion. Ontario: Canadian Public Health.
66. WHO. (1991). The Budapest of the declaration of health promoting hospitals. Copenhagen: WHO office.
67. WHO. (1997). The Vienna recommendations on health promoting hospitals. Copenhagen. WHO office.
68. WHO. (1998). Regional health for target. http://www.who.int/en/. [accessed on July 6th 2008].
69. Zelek, B and Phillips, P (2003). Gender and power: nurses and doctors in Canada.
70. International Journal for Equity in Health. (2). Http://www.equityhealth.com/content/2/1/1.[accessed on 20th September2007].