

**Supporting Professional Development
with
Learning through Action Projects
Research from Australia & Southeast Asia**



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**Developing Educational Professionals in Southeast Asia
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A handwritten signature in black ink, appearing to be 'K. Laws', written in a cursive style.

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Health Promotion Awareness Through Empowerment: Nakhon Pathom Rajabhat Nursing Students

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Abstract

This action research project aims to apply the basics of the empowerment concept to health promotion teaching and learning activities, as part of the health promotion subject in Nakhon Prathom Rajabhat University's program in Bachelor of Nursing Science. The teaching and learning activities aimed to enhance health promotion consciousness of the students. The fifty seven students, divided into groups of twenty eight and twenty nine, were assigned a task. In the first week each student was required to evaluate their own experiences about health promotion by naming their experiences and analysing their health condition. Then, each student identified the area within which they could make some behavioural improvement and planned an activity to bring about change in their behaviour, making a pledge of a reward if they accomplished it, and a pledge of punishment if they failed the task. During the third to the eighth week, the students were asked to practice health promoting behaviours according to their plan and were encouraged to report their ideas and reflections to the instructor in charge of each group. The findings show that all of the participants gained more knowledge and practiced more health promoting behaviours. All of the students were able to take control of their activities and demonstrate critical awareness through reflection. The students' level of satisfaction with this teaching method was very good.

Introduction

The Faculty of Nursing, Nakhon Pathom Rajabhat University was established in 2008 with accreditation from the Thai Nursing Council and started the first teaching cycle of Bachelor of Nursing Science in 2009. The results of the learning outcomes evaluation of nursing students in the core course of the nursing curriculum in 2010 indicate that the score on the core course subjects was at the low to moderate levels. As a result, how the subject, Health Promotion, should be taught became a hotly debated issue. The argument centred around whether traditional methods or innovative methods should be implemented, and this involved a distinct difference in beliefs about the type of strategies that should be used to teach students who are soon to be registered nurses. Registered nurses meet competency-based professional standards and quality assurance requirements.

The course director of Health Promotion conducted a preliminary student evaluation in December, 2011. The results show that the students would like to have instructors teach with a variety of techniques such as lecture (55.10 percent), discussion with the practicing of procedures (55.10 percent), lecture and group discussion (44.50 percent), lecture with

multimedia (38.76 percent), take inquiry questions before and after teaching (30.61 percent), and a reduction in assignment papers (30.61 percent).

The subject Health Promotion is one of the core courses in every Bachelor of Nursing Science program, with some universities introducing empowerment concepts as a teaching approach. This approach includes realising the importance of self-performed healthcare, the necessity of self-responsibility, pride, self-esteem, improvement of problem-solving skills, and self-criticism (Tassniyom, 2011). It was decided to investigate whether applying the empowerment concept to teaching activities of nursing students with different characteristics and backgrounds would increase student health promotion consciousness and the ability to control themselves.

Research question

How does applying the basics of the empowerment concept through health promotion teaching and learning activities affect the health promotion consciousness of students.

Research objectives

The research objectives were:

1. To apply the basics of the empowerment concept through health promotion teaching and learning activities as part of the Health Promotion subject.
2. To enhance health promotion consciousness including health promotion knowledge and health behaviour practices of the students, through health promotion teaching and learning activities.

Review of the literature

Health promotion

The World Health Organization defines health promotion as a process of enabling people to increase control over the determinants of their health and therapy to improve their health (WHO, 1986). The Ottawa Charter identifies three basic strategies for health promotion, including advocacy to create the essential conditions for health, enabling all people to achieve their full health potential, and mediating between the different interests in society in the pursuit of health. The five priority action areas were outlined in the Ottawa Charter for health promotion: building healthy public policy; creating supportive environments for health; strengthening community action for health; developing personal skills; and re-orienting health services.

Empowerment

During the last two decades, the word empowerment has become a popular term, widely used within the health services. The word empowerment stems from the Latin word 'potere' meaning 'to be able' (Gibson, 1991). A clear understanding of empowerment is necessary for nurses to take advantage of this important tool.

Gibson (1991) defined empowerment as a social process of recognition, promoting and enhancing people's abilities to meet their own needs, solve their problems and mobilise the

necessary resources in order to feel that they are in control of their lives. Even more simply defined, empowerment is a process of helping people to assert control over factors which affect their health. The researcher defined the empowerment of student nurses as a process and outcome arising from involving authority, ability, awareness, and decision making to control the students' own lives.

The reviewed literature indicates that the antecedents of empowering people involves providing opportunities for doing, participating in activities, establishing relationships with each other, gaining knowledge or information, developing experience or skill or action and acceptance, and supporting and caring (Gibson, 1991; Gilbert, 1995; Kenneth, Carlos & Randolph, 1996; Rodwell, 1996; U.N. General Assembly, 2000; Tassniyom, 2011).

The Project

Teaching health promotion in the Faculty of Nursing Science, Nakhon Pathom Rajabhat University

Nakhon Pathom Rajabhat University, in the Western region of Thailand, provides for the development of the local region and Thai society, as well as being a resource of knowledge for the general public. It aims to provide a balanced education for the development of decent and valued individuals so as to benefit both local people and the general public. Therefore, the Faculty of Nursing offered opportunities for further education in nursing that serves the local needs of the people. The Faculty vision is to be an institution of quality nursing education.

The subject Health Promotion consists of two credits taught in the second semester of the second year of study. The course description emphasises the evolution in health promotion, factors that influence health behaviour and health promotion, strategies for health promotion practice in individuals, families, communities and schools, based on ethical and professional conduct.

The course director's desire is that the learning process of health promotion will be focused on applying theory to health promotion activities that will lead to critical thinking and critical awareness. This begins to contribute to the appropriate health care of others by encouraging students to take care of themselves. The course content and teaching strategies involved two elements. The first, based on activities in the classroom such as lectures, discussions, discussion of scenarios, role play and field trips, and the second, based on outside the classroom activities, applies the basics of the empowerment concept through health promotion teaching and learning activities. The overall content and activities are shown in Table 1.

Table 1: The Content and teaching strategies of health promotion

	Content	Teaching strategies
1	The concepts of health wellness and holism and the evolution in health promotion.	Lecture and discussion.

	Content	Teaching strategies
2	The concepts and theories of health promotion.	Lecture, discussion and role play.
3	Strategies of health promotion.	Lecture and discussion on scenario.
4	Health education.	Lecture and discussion.
5	Health promotion and Thai traditional medicine.	Lecture and discussion.
6	Health promotion in area base: school, work place, and hospital.	Lecture, discussion and field trip.
7	Ethics and health promotion.	Lecture and discussion on scenario.
8	Health promotion issues in individuals such as healthy food consumption, physical activities, recreation, tobacco and alcohol consumptions, and drug addiction.	Applying the basics of the empowerment concept and content of health promoting issue through health promotion teaching and learning activities for 8 weeks.

Based upon the literature reviewed, the development of individual health is facilitated by: using ideas to help students learn to analyse the factors that affect health in a variety of dimensions; develop an awareness of the importance of the factors identified; and to seek to resolve the issues (Tassniyom, 2011).

Methodology

Research design

This study used an action research approach utilising quantitative and qualitative approaches.

Prior to the course students were given explanations and information and were encouraged to ask questions. The identity of individuals was kept confidential. Students had the right to refuse to answer questions at any time without having to give a reason, nor expect there to be any effect on their welfare, or results.

The sample consisted of fifty seven second year nursing students who registered to study Health Promotion in second semester in the academic year 2011.

Instruments for collecting data

The Healthy Behaviour Questionnaire

The Healthy Behaviour Questionnaire was developed by the Nutrition Division, Ministry of Public Health, Thailand (Ministry of Public Health, 2009). It contains twenty items for measuring physical activity, healthy consumption and emotional management with a three-level rating scale, comprising eighteen positive items and two negative items. Scores of healthy behaviours ranged from 0-100 points. The Cronbach's alpha coefficient score was 0.78. After calculating the score of all items measuring physical activities, healthy consumption and emotional management, the researcher compared the scores with the standard criteria as follows: less than 60 points indicated poor healthy behaviours; 60 to 79

points indicated moderate healthy behaviours; and equal and more than 80 points indicated good healthy behaviours.

The Subject Satisfaction Questionnaire

The questionnaire contained fifteen items with a five-level rating scale for measuring: satisfaction of the students with the instructor; content; teaching and learning activities; media and supporting teaching and learning; and measurement and evaluation strategies. The scores range from 0 to 5 with very poor to strong satisfaction, respectively. The mean score over 4.5 means the students were very satisfied with the quality of teaching.

The Health Promotion Knowledge Questionnaire

The questionnaire used the standard test items from the Academic Committee of the Nursing Faculty, for the final formal test. The test items had been tested for their internal validity by this Committee, and by the Community Nursing Department Committee. The formal test consisted of thirty multiple choice items related to the empowerment concept, healthy food consumption, physical activities, recreation, tobacco and alcohol consumption, and drug addiction. Correct answers were assigned a score of 1 and incorrect answers assigned 0 score.

Instrument for Research Activities

The instrument for research activities is the procedure of applying the five steps of the empowerment concept to the teaching activities including: identifying and naming an issue the students were experiencing; gathering data and analysis; planning; acting on evidence and evaluating results; and the detailing of the procedure.

The procedure

After the completion of the classroom-based activities, the course director divided fifty seven students into two groups of twenty eight and twenty nine students, and assigned an instructor for each group for two hours per week. In the activities, the students were encouraged to reflect on their activities.

Five steps in the learning cycle were as follows:

The first week

Step 1 Experiencing and identifying an issue

Each student was required to do a pedigree analysis and administer the healthy behaviour questionnaire, measure their weight, height, waist circumference, blood pressure, pulse and calculate BMI. They then analysed the health condition and evaluated their own experiences about health promotion, naming the experience, and discussing their feelings for their own health, with their friends and the instructor. Finally, the student identified an issue for promoting her/his health.

The role of the instructor for each group was to facilitate students undertaking an anthropological assessment and to do the healthy behaviour questionnaire, and then to assist

them to reflect upon the interpretation of results, and encourage them to identify an issue for promoting her/his health.

Step 2 Gathering data and analysis

In this phase, the instructor emphasised the importance of understanding their own health, and to contemplate health problems or risks that could arise. After identifying the health promoting behaviours that needed to be improved, the students investigated the issue they wished to act upon and searched for previous studies utilising databases and reputable journals which reported empirical studies. They then drew up an action plan about a health promoting activity relevant to themselves.

The instructor assisted the students in their search for information, and provided advice about a key point that each student should study and appreciate.

The second week

Step 3 Planning

Before establishing the action plan, each student identified their areas for behavioural improvement and planned a task. After reflecting on the plan with their group and the instructor the students adjusted their plans after getting feedback.

The instructor encouraged the students to undertake a task, and provided the opportunity for each student to present and discuss the action. Suggestions were made about the indicators that would be most appropriate. Finally, students and teachers designed, and agreed on, the recording of daily activities and their feelings about the selected activities.

The third to eighth week

Step 4 Acting on evidence

The action phase took place over six weeks, and the students were encouraged to take action to enhance their health, such as physical exercise, healthy food consumption and emotional management.

The students were asked to write daily reports revealing their feelings about the practical activities.

The instructor arranged a group lesson for two hours every week and encouraged reflective thinking, or adjusted planned activities as appropriate. In this phase each student made a pledge of reward if she or he accomplished the task and a pledge of punishment if she or he failed.

The instructor facilitated group discussion and reflection on the results of practice and student feelings. Finally, encouraging the students to solve any obstacles the instructor provided support and counseling for promoting her/his health.

The end of the eight weeks

Step 5 Evaluating results

Evaluating the effects of the changed practice took place to determine whether an improvement occurred. In this step the students evaluated themselves, and the course director evaluated the health promotion consciousness of the students including knowledge, healthy behaviours and their ability to control their health promoting practices.

The instructor facilitated students with the healthy behaviour questionnaire, and their reflection on results.

Results and discussion

Quantitative data

Characteristics of the students

The mean age of the students was 21.43 and most of them were female (94.74%) students who came from the Western region of Thailand. More than half of them had a normal BMI and waist circumference, and one in three of the students practiced healthy behaviours as shown in Table 2 and Table 5.

Table 2: The number and percentage of the students divided by the BMI and waist circumference (n=57)

The BMI and healthy behaviour levels	Number	%
BMI:		
Underweight (BMI <18.5)	3	5.26
Healthy weight range (BMI = 18.5 - 22.9)	38	66.67
Overweight (BMI = 23 - 24.9)	13	22.81
Obese (BMI >25)	3	5.26
Waist circumferences:		
Normal range ≤ 80 cm (31.5 inches) for females and ≤ 90 cm (35.5 inches) for males	43	75.44
Abnormal	14	24.56

Health promoting activities of the students

The health promoting activities selected by students were physical exercise, healthy food consumption and emotional management as shown in Table 3.

Table 3: Health promoting activities selected by students (n=57)

Health promoting activities	Number	Percentage
Physical exercise (50.88%)		
Jogging exercise for controlling weight	12	21.05
Aerobic dance for controlling weight	9	15.79
Basketball for strengthening the muscle	4	7.02
Yoga exercise	4	7.02
Healthy food consumption (43.86%)		
Control diet to lose weight	22	38.60
Control diet to gain weight	3	5.26
Emotional management by breathing exercises and meditation (5.26%)	3	5.26

Health promotion consciousness: Knowledge and practice of healthy behaviours

The researcher defined health promotion consciousness as knowledge about the concept of empowerment, healthy food consumption, physical activities, emotional management, tobacco and alcohol consumption, and drug addiction. The practice of healthy behaviours was evaluated through questionnaires.

The results indicate all the students gained more knowledge on health promotion after taking the formal final test as shown in Table 4. The knowledge related to health promotion topics such as the empowerment concept, healthy food consumption, physical activities, recreation, tobacco and alcohol consumption, and drug addiction.

Table 4: Health promotion knowledge measured on the health promotion test (n=57)

The scoring of the health promotion test (total scores = 30)		
≥ 24 scores (≥ 80%)	42	73.68
21 – 23 scores (70 - 79%)	8	14.04
18 - 20 scores (60 - 69%)	7	12.28
15 -17 scores (50 - 59%)	0	0.00

Because students selected activities about healthy food consumption, physical activities, and emotional management it was the responsibility of the instructor to provide information for

discussion of the content about recreation, tobacco and alcohol consumption, and drug addiction.

Healthy behaviour practices

After analysis of the healthy behaviours self assessment questionnaire, it was found that the students increased their healthy behaviours from only 31.57 percent to 87.72 percent. Moreover, no student was identified as having poor health behaviours.

Table 5: The number and percentage of the students divided by the BMI and healthy behaviour levels (n=57)

Healthy behaviour levels	Before the course		After the course	
	Number	Percentage	Number	Percentage
Healthy behaviours				
Good appropriated (BMI Score \geq 80)	18	31.58	50	87.72
Moderate (BMI Score = 60 - 79)	25	43.86	7	12.28
Poor appropriated (BMI Score $<$ 60)	14	24.56	0	0.00

The rating of student satisfaction with the course was 4.68 out of 5.0 and satisfaction with the teaching method was 4.75 out of 5.

The changed healthy behaviours of the students may have been influenced by the inner motivation of each of them. The questionnaire asked about physical exercise, healthy food consumption and emotional management and the students selected only one health promoting activity, but the overall healthy behaviours were changed in all three areas. This indicates that the group discussion provided an opportunity for the students and the instructors to share their feelings about continuing the practice, and gain new information and suggestions for adjusting their plans, and therefore lead to wider change. Some of them said that hearing their friends' practices influenced their own practices. To sum up, the process of teaching provided a source for empowering the students which increased information and knowledge, relationships, and opportunities for practicing and acceptance. The source for empowering the students came from themselves, friends and instructors.

Qualitative data

Qualitative data were collected by observation, recording discussions and reflections, and the students' diaries. This data related to authority, ability, awareness, and decision making to control themselves.

Authority

The students reflected their authority by demonstrating their power to determine, or judge their own health condition according to the pedigree analysis, the anthropology measurement and the healthy behaviour questionnaire. Moreover, the students feel that they can handle their lives by adjusting and following their planned action. For example, a student wrote in her diary that:

...After I finished fundamental nursing practice, I would like to sleep. I do not want to do anything, but I realized that my health has some risk for diabetes disease because my grandma get sick with diabetes and I am over weight and also have poor healthy behaviour practice, so I became determined to jogging exercise for controlling weight at least five days a week.

Ability

Ability is the quality of being able to do something, especially the physical, mental, financial, or legal power to accomplish something. The students were encouraged to research for academic information with which to implement a practice aimed at promoting their health. Some of them said that they did not practice vigorous exercise, or seek a macrobiotic food shop, but they continued practising by seeking available facilities in the university such as an instructor of sport whose expertise in vigorous exercise could help them, or someone who could advise them on how to prepare healthy meals by themselves. These practices indicate they have a power for accomplishment.

Critical awareness

Awareness means having knowledge or cognisance. After the students identified their issue for promoting health they said that the important thing for promoting health was awareness of risk factors, unhealthy behaviours and avoidance of the harmful behaviours as follows:

After I know about my risk that I might be a hypertension patient from the pedigree analysis, I read the book related to the disease and search data from the internet to answer the question how to prevent it. I know that hypertension come from parent genetics, obesity, high salt and cholesterol diet. However, I can prevent it by eliminating these risk factors.

(Student no. 6 said in his diary).

I realized that to take care of myself is very important. I proud of myself that I can do exercise more than I planned ... When I went home for the weekend I adjusted the jogging to Yoga exercise with my parents. I mean the jogging exercise is just one means to healt,but I can do other thins to increase my pulse rate

(Student no. 51 told the group discussion).

Decision making to gain self-control

This is the main concept of empowerment. All of the students reflected on their decision making to control their activities.

The second semester is very busy. I need to practice in the regional hospital for two days and to study four subjects in class. I learn five days a week. It seems like having no time to exercise. Then I decided to eat macrobiotic food for promoting my health. An obstacle was there was no healthy shop available in the hospital practicum and the university canteen. I needed to adjust my plan and eat vegetarian food in some days. Finally, I can complete my mission of the plan. that is why I proud of myself

(Student no. 16 said in her diary).

I decided to do the aerobic dancing for controlling my weight with my friends. We have a problem during the weekend and the long weekend because all of them go back home. I do the aerobic dance at my home by myself. My s think it that it does not make sense. So I stop practicing. But when I came back to the dormitory I continuing practicing with my group of friends.

(Student no. 1 told in the group discussion).

According to the course director the reflections of the students indicates that they understood the importance of authority, ability, critical awareness, and decision making leading to self-control as a means of empowerment.

In summary, applying the basics of the empowerment concept to health promotion teaching and learning activities among the nursing students can be empowering. They have opportunities for doing things, participating in activities, establishing relationships with each other, gaining knowledge or information, developing experience and skills, and experiencing acceptance, support and caring.

The nursing students were satisfied with this teaching method and it is considered that it should be part of the teaching method of Health Promotion in the Faculty of Nursing. Furthermore, the nursing students who gained this knowledge and experience in the process of empowerment are likely to disseminate this to people who they come in contact with in their work. This will empower the population to be more aware of their own health and that is the goal of nursing teaching.

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