

Title: **Zooming out to prioritise population health in nurse education**

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Acknowledgement: The core ideas of this paper were presented in a keynote address at NET2018 - the 29th annual international networking conference for health care education, held in Cambridge, UK, September 2018.

Zoom:

(1) to move or travel very quickly;

(2) to focus on an object using a zoom lens so that the object's apparent distance from the observer changes —often used with *in* or *out*.

It's a well-worn cliché, but our world is changing faster than ever. But not all this speed has moved us forward. Quite the reverse. Changes in wealth, power and policy, and the explosion of information have contributed to unprecedented knowledge and opportunities yet have done little to close gaping health and wealth divides between rich and poor in many countries. Too many still lack the most basic resources, such as clean water and food, adequate housing to support and protect from exposure, or employment to pay for daily needs. Worldwide, the fast-growing group of those over 65 years are living with a myriad of chronic illnesses. In many nations including Australia, indigenous populations have significantly poorer health outcomes despite being eligible for health care (Anderson, et al., 2016). Lack of ability to negotiate complex health care systems can prevent utilisation of accessible services, especially by those with very poor health or vulnerable for other reasons.

Yet, it is here nurses are found-- acting at the frontline of care for those most in need. They welcome, without fear or favour, those displaced as a result of conflict, made homeless due to financial difficulties or left teetering on the edge of society because of their genetics or lifestyles. Nurses frequently provide the first response to needs that go far beyond immediate clinical presentations. It is essential, then, that they know how to really listen as well as how to raise their individual and collective voices to speak up for populations.

And that starts with nurse education. It is vital that nursing students are equipped to zoom *in* to support specific needs while – simultaneously – zooming *out* to prioritise population health through advocacy and activism. Nurse educators have the privilege – and responsibility – to enable students to become more than observers of inequality and its impact. Rather, educators should encourage students to focus their attention and action to close the gaps in health that disempower, disenfranchise, and disadvantage the most marginalised.

Zooming Out

Since our call to action for academics to step up to the challenge of population health was published (Atherton et al., 2017), the UK's Nursing and Midwifery Council¹ (NMC) issued new standards and proficiencies for registered nurses (2018). These include an intentional focus on health promotion and illness prevention, setting the stage for amelioration of the extreme financial burden of illness care in the UK, that is also common across Australia, the US, and other developed countries, and for improvement of health outcomes of populations. If embraced wholeheartedly, this perceptible shift can have significant impact, not only on nurse education, but on the profession itself. We argue that zooming out to prioritise population health in nurse education can:

1. Redefine population health as praxis
2. Reposition nursing as a significant part of the movement to address global health care challenges
3. Reinforce the shift from illness care to health care

1. Redefining population health as praxis

Population health is not a new concept. Defined simply, it is the activity of monitoring the health outcomes of groups of individuals (Kindig & Stoddart, 2003), usually who have something in common, such as place or age. Infant mortality rates, for example, have been monitored for decades in most countries. Zooming out to prioritise population health in nurse education has potential to support the redefining of population health from an understanding *of* populations towards practise *with* populations. More recent definitions of population health have refocused on the complex 'doing' of population health, that is, a form of praxis. For example, Storfjell, Winslow, and Saunders (2017) wrote:

Population health is broadly used to describe collaborative activities for the improvement of a population's health status. The purpose of these collaborative activities, including interventions and policies, is to reduce inequities that influence the social determinants of health. Accountability for outcomes is shared, since outcomes arise from the multiple upstream factors that influence the health of a group or community. Population health requires systems thinking. It means doing business differently, *including clinical and community prevention* and working across disciplines and sectors...[our emphasis added]. (p. 5)

Nurses are at the core of this collaboration. *They* do clinical and community prevention. They are the glue in integrated health care systems and teams. Nurses liaise, link, and advocate for the needs of individuals and communities. Population health is enacted by nurses through deliberate, reflective, critical actions in *all contexts of care*. Nurses' understanding of population health concepts is essential, regardless of the health care setting. But, only by enabling nursing students to intentionally act on population health concepts will they be able to work with and

on behalf of populations and promote better health outcomes. In this way, nurse education is at the heart of efforts to shift broader understandings of the benefits population health approaches can bring.

2. Reposition nursing as a significant part of the movement to address global health care challenges

Many agencies and health systems have drafted reports and mandates about population health that have promulgated an increasingly visible dialogue about the role of population health in addressing health care priorities. Zooming out to prioritise population health in nurse education supports the realisation of these strategies, repositioning nursing – as individuals and the profession – to grasp the potential to be a significant part of the movement to address global health care challenges. For example, the World Health Organisation (WHO) emphasised the necessity for a shift in global patterns of health care and recommends a focus on population health. In collaboration with 53 European entities, WHO (2013) created a strategic direction toward Health 2020 goals that seeks “to improve health and well-being of populations and to reduce health inequities” (p. 11). The new UK standards include solid population-based competencies. Education that equips nurses with the tools to zoom in on individuals and communities and zoom out on societal and global concerns alongside their position at the heart of communities and on the frontline of care makes nurses a crucial component of these strategies. Investment in and support of nurses is a way to move from dialogue to delivery of urgent health priorities at national and international levels. And this movement is given force and voice through initiatives such as WHO’s designation of 2020 as the

‘Year of the Nurse and Midwife’. Educators must use this historic moment to elevate nurses’ roles and education to turn talk into action.

3. Reinforce the shift from illness care to health care

Nursing students need to learn about illness and demonstrate competence in basic skills to assist ill patients. However, for too long, nursing education has focused on illness care rather than health care (Marvasti & Stafford, 2012). Zooming out to prioritise population health in nurse education can support the shifts from illness care to health care, increasing the sustainability of financially stretched health care systems. The landscape of health care has changed dramatically over the past few decades. In the US, hospitalised patients are sicker than ever before while the prevalence of chronic diseases has increased, and the costs of hospital care have skyrocketed. In universal health care systems, the cost and capacity for hospital services has reached a breaking point, causing patient delays and staffing issues, putting patients’ safety at risk and increasing the potential for nurses to leave the profession. Internationally, access to health services for marginalised groups is often not easy or equitable. Yet, nurses are ideally placed in their communities and work settings to address health issues in more preventive, or upstream, ways and to challenge and be a part of solutions. Nurses are in an enviable position as the largest and most trusted health care professional community to advocate for policies that promote real health care (Institute of Medicine, 2011). Prioritising population health in nursing curricula can support this overall shift in care delivery.

Moving Forward

None of this is straightforward. But zooming out to prioritise population health is a challenge nurse educators must embrace and quickly. We cannot continue with the status quo

of illness-focused nursing curricula and task-led care. It is no longer enough for nurses to solve one patient's current issue and move on. It never has been.

We need to equip students to learn how best to help individuals within population groups and focus on optimising community health. To do this, we cannot continue to let population health slip into a silo but need to give it a central place in curricula. Every nurse, practising or not, has knowledge about population health to teach our newest colleagues. However, to truly effect change in the health care culture, academics must work with students to enable understanding of population health. This comes through curricular inclusion of population health concepts, underpinned by social justice, to provide opportunity to see population health in action through clinical placements in both hospital and community settings. Nursing students must develop skills in advocacy and persuasion, advanced communication (e.g., motivational interviewing) and collaboration to support their praxis with populations for prevention, protection, and promotion to effect change regardless of practice setting. Continuing education for academic and practice leaders may be essential to prepare *them* to foster and embed these outcomes and to move forward more effectively the response of our profession to addressing health and health care inequities.

Critical Crossroads

Globally, we are at a critical juncture. Improvements in life expectancy are slowing down, stalling and in some countries have astonishingly started to decline, almost unimaginable a few years ago. Costs of health care continue to increase and are becoming unsustainable. Despite, or perhaps because of the pace of change, health care systems are struggling to adapt and cope. Population health is on the minds of our colleagues, regulators, and students.

Among academics, health care planners, and policy makers, population health is a rising star, a potential solution to intractable problems.

Standing at this intersection of global challenges and focused attention, nurses have a crucial role both as individuals and a profession. We have a responsibility to seize this moment and reprioritise curricula to position population health at the heart of nursing curricula. By increasing students' awareness of population health, they will have the knowledge and be inspired to change the world so that it becomes a better place. This too sounds like a tired cliché. But we can no longer just *talk* about population health. We must embrace its potential to radically reshape our own educational praxis. Only then can we awaken students to *act* justly to serve populations and drive progress towards health equity.

Footnote

¹The Nursing and Midwifery Council (NMC) is the UK regulator of nursing and midwifery programmes and has responsibility for setting standards for and validating pre-registration nursing, midwifery, and specialty education programmes as well as maintaining a registry of nurses, midwives and other specialty nurses for eligibility to practise.

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