

What does health promotion mean nursing essay

[Health & Medicine](#), [Nursing](#)



Study Purpose: The purpose of the research article "Towards a definition: what does 'health promotion' mean to speech and language therapists?" by Morag Ferguson and William Spence was to explore the meaning of the term 'health promotion' in the context of speech and language therapy (SLT), and how speech and language therapists (SLTs) interpret 'health promotion.' It also sought to explore how SLTs integrate 'health promotion' into practice and how they foresee 'health promotion' as part of the SLT profession in the future. The authors state there is little evidence to support the understanding and use of health promotion in the SLT profession, especially when compared with occupational and physiotherapy (OT/PT). The Royal College of Speech and Language Therapists recognizes important aspects of health promotion in SLT, but also notes that these are not often acknowledged outside of the profession (Ferguson and Spence 2008, p. 523). The authors state that this relative lack of recognition of 'health promotion' as an integral part of SLT versus the recognition of 'health promotion' in OT/PT make this study relevant.

Literature Review: The article presents an extensive list of references relating to 'health promotion' in SLT, in OT/PT, and in general research. The areas covered include health promotion in SLT, providing speech/language services to children with communication difficulties, the Sure Start Local Programmes in the UK, commissioning and planning services for SLTs, and Level 3 specialist services. The literature supports the theory that 'health promotion' is an important aspect of SLT, while there is not enough research on how 'health promotion' plays an integral role in this field.

Design: The study design is a constructivist (grounded theory) method involving social interaction. The design is

appropriate, as an important aspect to qualitative research is to "... gain access to and describe personal experiences, and to interpret their meanings in specific social settings" (Polgar and Thomas 2000, p. 93). Social interaction aids the researcher's recognition of the participants' understanding of the study and research aims. In addition, constructivist research allows for theory to come from the data (Chiovitti and Piran 2003, p. 427). The experience and knowledge gained from social interaction provides relevant data for the study, including the understanding of the term 'health promotion' by participants and how they feel 'health promotion' relates to the field of SLT. The authors state, " By exploring how SLTs themselves define and understand what is meant by 'health promotion' this study provides a basis for reflection and will help to address related gaps in the profession's knowledge base" (Ferguson and Spence 2012, p. 525).

Methods: The study's method involved interviews with participants.

Interviews were individual, face-to-face, and semi-structured. The semi-structured nature provides for adaptation of questions to suit the views and understanding of the participants and allows further exploration of their responses (Mays and Pope 1996, p. 29). Furthermore, "[face-to-face] interviews permit the non-verbal reactions of the respondent to be observed and perhaps the development of a closer rapport arising from the more 'natural' setting" (Polgar and Thomas 2000, p. 117). The interviewer included closed questions, which determined the participants' characteristics, and open-ended questions relating to the research. Open-ended questions allow for more detailed answers; closed questions provide more tightly structured, easily analyzed responses (Polgar and Thomas 2000, p. 109). Sampling: The

sampling method was purposeful in that participants were selected based on certain criteria, i. e. "... community-based SLTs working in a clinical and/or managerial role, ... qualified for at least five years and ... in their current post for a minimum of one year" (Ferguson and Spence 2012, p. 525). Fifteen participants were chosen. Informed consent was not addressed although the study was approved by the NHS Ethics Service. In many qualitative studies, "...[sampling] stops when a thorough understanding of the phenomenon under study has been reached, an end point that is often called saturation" (Kuper, Lingard, and Levinson 2008, p. 687). Data saturation occurs when new categories/themes stop emerging. This requires a flexible study approach, as data is analyzed while new data is still being collected (Marshall 1996, p. 523). Although data analysis was concurrent with data collection, flexibility of the study design was not addressed. It is unclear whether data saturation occurred. The authors do not mention if new categories/ themes stopped emerging during data collection.

Data Collection: The authors use references to justify the interview method for data collection. This contributes to the appropriateness of the method (Kuper, Lingard, and Levinson 2008, p. 687). The interview site is not stated. The credentials of only the first author, who has a professional speech and language therapy background, are briefly mentioned. The researchers performed several roles throughout the study. An interviewer conducted and reviewed each interview. The first author transcribed these interviews. Both researchers analyzed them in a seven stage process. 'Thick' (thorough) descriptions of what the participants said were included (Polgar and Thomas 2000, p. 121). The data collection method provides for a complete picture of

the participants' views of 'health promotion' and its application to the SLT profession. Data Analysis: Data analysis was a seven stage process that began with transcriptions of the participants' interviews. Transcripts were searched for significant units of meaning (UOM) that related to the research questions, such as key words and ideas. UOM were marked on the transcript, named, and assigned a theme or subtheme. UOM were studied through a constant comparison process across transcripts. Direct quotes from participants were used to illustrate key findings. Finally, a cognitive map was developed to show the relationship between themes and subthemes. The seven stage process is clearly defined in the article, and allows the reader to understand how themes and subthemes were developed. The researchers used a constructivist approach to the data analysis that was "... the constant comparative method in which the researcher codes and analyzes data to develop concepts..." (Polgar and Thomas 2000, p. 121). Some themes that emerged regarding health promotion include " providing education," " enabling responsibility," and " building capacity" (Ferguson and Spence 2008, pp. 527-530). Outliers in the data were not included. Qualitative studies sometimes include audit trails, including the researchers' analysis and meeting notes, and other materials that help the reader understand the study process (Kuper, Lingard, and Levinson 2008, p. 688). The data audit trail is not provided in detail. Trustworthiness: The trustworthiness of the study is mentioned in several ways. Participants were allowed to review their transcripts to ensure that their views were accurately portrayed. Member checking was also used, as the interviewer was instructed to clarify and reflect the participants' ideas, and to summarize their responses, enhancing

credibility of the study. The authors mention that the sampling criteria improved transferability. The audit trail and regular discussions of methods and results improved dependability. Triangulation, a method "...[using] multiple methods or perspectives to help produce a more comprehensive set of findings" (Kuper, Lingard, and Levinson 2008, p. 687), was not used in the study. Triangulation would have allowed for a more thorough understanding of how 'health promotion' is viewed and utilized in the SLT profession. Furthermore, qualitative researchers face difficulty in summarizing qualitative data. Some have suggested that a full transcript of raw data be provided to ensure that no bias has occurred. Readers must trust the authors' integrity and fairness when presenting their results (Mays and Pope 1996, pp. 16-17). In this study, the transcripts are not provided. Therefore, the reader must rely entirely on the researchers for the analysis and summary of the raw data. Conclusions: The study's conclusion is that participants felt that 'health promotion' is a core part of their role as SLTs. Also, the process of health promotion should include education to help other health professionals, parents, caregivers, and teachers recognize true speech and language problems versus variants of normal speech development. Health promotion is also a means for SLTs to apply their knowledge and skills universally, not just to targeted groups of individuals with communication difficulties. The study concluded that participants recognized the opportunities and challenges they face when training newly qualified SLTs in health promotion. The study's main limitation is that the results cannot be generalized to all SLTs since the data is specific to those involved. The article states that further research is needed and should

employ probability sampling to determine exactly what health promotion means to the profession, how it can be implicated in practice, and how to provide current and future SLTs with education and support to develop health promotion skills. Overall, the study contributes to theory and practice of SLTs because it recognizes the importance of 'health promotion' in SLT. However, this study does not provide conclusive evidence on how 'health promotion' is viewed and utilized currently, and how it will be developed in the future.