Health Promotion Overview

Evidence-Based Strategies for Occupational Health Nursing Practice

ABSTRACT

Health promotion practice has evolved over the past four decades in response to the rising rates of chronic disease. The focus of health promotion is attaining wellness by managing modifiable risk factors, such as smoking, diet, or physical activity. Occupational health nurses are often asked to conduct worksite health promotion programs for individuals or groups, yet may be unfamiliar with evidence-based strategies. Occupational health nurses should lead interprofessional groups in designing and implementing worksite health promotion programs. This article introduces occupational health nurses to health promotion concepts and discusses evidence-based theories and planning models that can be easily introduced into practice. [*Workplace Health Saf* 2014;62(8):342-349.]

In the current health care environment, health promotion and disease prevention are recognized effective strategies to improve care and control increasing costs. Tobacco use, inactivity, and poor nutrition are responsible for 75% of chronic diseases and 75% of health care costs (O'Donnell, 2010). In light of increasing public health burden and costs of chronic disease, Healthy People 2020 has issued a call for more worksite health promotion programs (U.S. Department of Health and Human Services, 2010). Strong evidence suggests that organizations that invest in employee health through evidence-based programs strengthen their bottom line. In fact, a review of the literature shows that for every $1 invested in quality health promotion leadership, programs, and facilities, $3 to $5 will be saved through reduced employee health care costs (Linnan, 2010). Although occupational health nurses are aware that unhealthy lifestyle behaviors are modifiable, they may be unsure of the strategies needed to design effective worksite health promotion programs.

Health promotion has been part of nursing practice since the days of Florence Nightingale. In the current literature, health promotion is a significant part of the nursing roles (Kelley & Abraham, 2007; Mooney, Timmins, Byrne, & Corroon, 2011; Whitehead, 2008) and has been referred to as "health-promoting nursing practice" and "nursing health promotion" but not clearly defined (Casey, 2007a; Whitehead 2009). Several studies noted that nurses struggle to describe health promotion, identify health promotion strategies, and reconcile interdisciplinary differences in health promotion practice (Casey, 2007b; Whitehead, 2009). Barriers to health promotion in nursing practice include lack of supportive environments, continued disease-oriented practice, and lack of knowledge and skills (Brobeck, Bergh, Odencrants, & Hildingh, 2011; Roden & Jarvis, 2012; Wilhelmsson & Lindberg, 2009). To effectively incorporate health promotion into practice, nurses must agree on the concept of health promotion and develop the knowledge and skills necessary to intervene in all clinical settings, including the workplace.

An extensive review of issues in health-promoting nursing practice (Whitehead, 2006) reported that the majority of health promotion activities centered on traditional health education in disease-risk specific locations. Broader aspects of health promotion, such as social, economic, and environmental considerations, were not incorporated. Studies of nurse-led health promotion interventions in the United States are limited, although nurses in the Western hemisphere have generally expressed strong support for the role of nurses in such activities (Mooney et al., 2011; Norton, 1998). Nurses should align nursing health promotion with interdisciplinary health promotion in terms of practice and theory (Whitehead, 2009). This article discusses state-of-the-art strategies supported in interdisciplinary health promotion practice as defined below by Michael P. O'Donnell, the editor of *The American Journal of Health Promotion*.

The purpose of this article is to provide occupational health nurses with an overview of health promotion concepts and discuss evidence-based theories, guidelines, and planning models that can easily be implemented in workplace settings with individuals and groups of employees.

CONCEPTS

The purpose of health promotion activities is to help individuals, families, or communities attain wellness. The focus in this article is on health promotion interventions directed toward individuals or small groups in workplace settings. Wellness can be defined as "an active process through which people become aware of, and make choices toward, a more successful existence" (National Wellness Institute, n.d.). Pender, Murdaugh, and Parsons (2011) noted that the terms health and wellness are often used interchangeably in health promotion. Health care professionals often view health promotion as merely disease prevention or risk reduction. However, the concept of wellness is broader, and includes attaining an individual's "personal best," even in disease states or with physical or mental disability. This conceptualization of wellness includes six interrelated dimensions: physical, social, intellectual, spiritual, emotional, and occupational (National Wellness Institute, n.d.). Achieving balance among the six dimensions is an essential step in moving toward the goal of wellness.

Health promotion was clearly defined by O'Donnell (2002) as "the science and art of helping people change their lifestyle to move toward a state of optimal health." This straightforward definition should resonate with nurses, who understand nursing as a helping profession that is both a science and an art. Many theories and strategies guide nurses in assisting clients as they change lifestyle behaviors.

Evidence-based practice reduces wide practice variations by synthesizing relevant literature, standards (international, national, and local), cost analyses, clinical expertise, and client preferences (Pender, Murdaugh, & Parsons, 2011). The fact that evidence-based practice extends beyond relevant literature to include client preferences is a significant aspect of health-promotion practice. A client-centered approach, rather than a nurse-as-expert driven approach, is paramount in guiding individuals as they progress through health-promoting lifestyle changes.

THEORETICAL MODELS AND METHODS

Health Promotion Model

Pender's (1996) revised Health Promotion Model is well known in nursing and has been tested in recent years, primarily as a predictive model of changing health-promoting behaviors such as physical activity, oral health, and hearing conversation (Dombrowski, 2006; Pender et al., 2011). Although similar in structure to the Health Belief Model, the Health Promotion Model assumes that individuals are motivated to seek higher levels of health (approach-orientation) without the threat of illness (avoidance-orientation). The model proposes two categories of factors that impact the outcome of health-promoting behavior: individual characteristics and experiences, and behavior-specific cognitions and affect. This second category of factors includes self-efficacy, which is critical to nursing because it is modifiable through health promotion interventions.

Self-Efficacy

Self-efficacy is a construct found in multiple theories, but perhaps is most closely associated with social cognitive theory (Bandura, 1986), which focuses on the psychology and social aspects of behavior. Social cognitive theory is based on the belief that humans do not live in isolation; they are always learning and behaving in response to their environments and individual thought processes. These environments may include the workplace or the larger society (Bandura, 2004). Bandura further emphasized that individuals are not simply products of their environments, but create those environments, a concept known as *reciprocal determinism* (Bandura, 2004).

Perceived self-efficacy is the foundation of behavior change, described as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (Bandura, 1986, p. 391). Negative self-efficacy stalls the behavior change process. Health promoters know that participants must believe they have the power to stop negative behaviors (e.g., smoking) and adopt positive behaviors (e.g., regular exercise). Nurses assist employees to increase their self-efficacy by planning mastery experiences, modeling healthy behaviors, and encouraging significant others to support the employee. Pender, Bar-Or, Wilk, and Mitchell (2002) reported that self-efficacy was a significant determinant of health-promoting behavior in 86% of the studies they reviewed.

Transtheoretical Model of Behavior Change

The Transtheoretical Model of Behavior Change integrates principles and processes from several theories of behavior change. Prochaska, DiClemente, and Norcross (1992) proposed the Transtheoretical Model after extensive work with smoking cessation and treatment of drug and alcohol addiction. The model subsequently was adapted for use in a variety of health promotion and behavior change settings (Snelling & Stevenson, 2003).

TABLE 1

Stages of Change and Application to Practice

Stage	*Definition*	*Application*
Precontemplation	No intention of taking action in the next 6 months	Discuss key information on the need for change with the client
Contemplation	Intends to take action in the next 6 months	Discuss with the client motivating factors for the change and set specific plan
Preparation	Intends to take action in the next month	Assist the client with creating a specific action plan with realistic goals
Action	Has changed behaviors for less than 6 months	Discuss with the client problem-based learning experiences
Maintenance	Has changed behavior for greater than 6 months	Discuss with the client social support and continue with problem solving for long-term maintenance

Data from Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. American Psychiatrist, 47*, 1102-1114.*

The Stages of Change construct describes health behavior change as a process and notes that at any given time individuals vary in their readiness for change. It is well established that individuals who change behavior may be susceptible to relapse and spiral back to a previous stage of readiness. Awareness of this potentially non-linear progression is a significant nursing consideration when designing behavioral interventions for individuals.

Ten *processes of change* or activities are used by individuals to progress through the six stages of change. Understanding the stages of change and how behavior shifts (the processes) is a valuable tool for nurses to use in behavior change interventions (Prochaska , DiClemente, & Norcross, 1992). Nursing application of the Stages of Change is described in **Table 1**.

Precontemplation. During the precontemplation stage, the individual is not thinking about or intending to eliminate a problem behavior or adopt a healthy behavior in the next 6 months. Individuals at this stage lack awareness of the problem behavior, or they have regressed to this stage after an unsuccessful attempt to change behavior (DiClemente, Schlundt, & Gemmell, 2004).

Contemplation. During the contemplation stage, an individual may be developing intentions to change a particular behavior within the next 6 months. Contemplators are aware of the positive benefits of changing their behavior, but are often held back by what are perceived as negative factors influencing their actions. Ambivalence is often a word used to describe this stage; some individuals have a tendency to be chronic contemplators (Glanz, Rimer, & Viswanath, 2008).

Preparation. During the preparation stage, the individual has intentions to change a problem behavior or adopt a healthy behavior in the next 30 days. Preparers may have an action plan, often as a result of prior attempts to change the behavior (DiClemente et al., 2004).

Action. During the action stage, an individual is making observable changes in behavior, or has made observable changes in behavior within the past 6 months. According to the Transtheoretical Model, an individual in the action stage is halfway through the behavior change process (Stage 4 of 6). However, as noted above, the progression may be non-linear and the individual will need guidance to overcome barriers and move forward to the next stage of readiness.

Maintenance. During the maintenance stage, the individual has successfully changed a behavior and has maintained that change for at least 6 months. Individuals at this stage are at a lower risk of relapse than those in the action stage, but also may apply their "change processes" less frequently than those in the action stage. A focus of this stage is to make the change a habit and decrease the likelihood of a relapse; hence new behavior requires attention (Redding, Rossi, Rossi, Velicer, & Prochaska, 1999).

Termination. Individuals in the termination phase have maintained the new behavior with no risk of relapse. These individuals have 100% self-efficacy and their behavior has become permanent and automatic.

Motivational Interviewing

Motivational interviewing is a client-centered therapeutic approach to enhancing readiness for change by supporting clients while they explore and resolve ambivalence (Hettema, Steele, & Miller, 2005). Using the Stages of Change construct from the Transtheoretical Model, individuals identify the behavior they intend to change and how they might begin the behavior change process. This method is client centered; the practitioner facilitates the process by asking open-ended and clarifying questions to assist individuals to articulate steps they will take to begin the process of behavior change. Motivational interviewing prioritizes small, incremental steps to assist individuals making a successful change. This approach builds self-efficacy as individuals make small but successful changes.

Federal Guidelines

Healthy People 2020. In addition to health promotion models, occupational health nurses can seek guidance from federal agencies and initiatives. The U.S. Department of Health and Human Services and its agencies are responsible for initiatives that support health promotion and disease prevention objectives. These objectives have been outlined every 10 years since 1979 in a document called *Healthy People*. The goals identified in Healthy People 2020 are broad, and include measurable objectives organized under 12 topic areas, including topics of interest in many health promotion interventions, such as nutrition, physical activity, weight management, and tobacco use. Occupational health nurses can access the abundant information and resources available through the Healthy People 2020 website (http://healthypeople.gov/2020/default.aspx) and adapt these population-based objectives to workplace needs for employee-focused interventions.

Dietary Guidelines and Physical Activity Guidelines. Occupational health nurses who are interested in health promotion interventions related to diet and physical activity can access the Dietary Guidelines for Americans 2010 (http://www.health.gov/dietaryguidelines/2010.asp) and the 2008 Physical Activity Guidelines (http://www.health.gov/paguidelines/guidelines/default.aspx). Although the Dietary Guidelines include 23 key recommendations for the general population, the message of the document focuses on encouraging consumption of nutrient-dense foods and beverages, and achieving and maintaining healthy weight. The document contains detailed information on which nutrients to increase, which foods or food components to decrease, and how to establish healthy eating patterns. Nurses can use this information to develop interventions based on evidence described in the document as strong or moderate, rather than using weaker evidence that may come from other sources.

The 2008 Physical Activity Guidelines for Americans initiative includes myriad resources for both lay persons and health care professionals (U.S. Department of Health and Human Services, 2008). The initiative describes the benefits of physical activity and how to reduce risks and meet current physical activity recommendations. For health care professionals, information about how to encourage clients to be physically active is included. One of the key messages for health care professionals is to increase clients' self-efficacy, which can be accomplished in four ways: planning mastery experiences for the client, modeling the behavior, providing encouragement and stress reduction, and assessing beginning self-efficacy and barriers.

PRECEDE-PROCEED Model

PRECEDE-PROCEED (Green & Kreuter, 2005) is a comprehensive community planning model that is considered the gold standard for health promotion program planning, with more than 900 published articles reporting application of the model. The model uses an ecological approach, and has been widely used by planners and practitioners to guide program design, implementation, and evaluation for a variety of health promotion programs. Extensive assessments are required prior to initiating program development. Thus, a strong emphasis is placed on gaining a thorough understanding of the health issue, the target audience, and the environment prior to implementing a policy or program. In addition, the model encourages community involvement to ensure community engagement and support, which are essential for sustaining behavior change.

The nine-phase logic model is subdivided into two phases: PRECEDE and PROCEED. PRECEDE is an acronym for **P**redisposing, **R**einforcing, and **E**nabling **C**auses in **E**ducational **D**iagnosis and **E**valuation (Phases 1-4). PROCEED is an acronym for **P**olicy, **R**egulatory, and **O**rganizational **C**onstructs in **E**ducational and **E**nvironmental **D**evelopment (Phases 5-9) (Green & Kreuter, 2005). **Table 2** describes how to apply this model to practice.

THE NURSING PROCESS

When occupational health nurses want to design a health promotion program for a group of employees, they can use the familiar nursing process (Yura & Walsh, 1978) to integrate the strategies described earlier. These four main steps are echoed in a new workplace health promotion toolkit by the Centers for Disease Control and Prevention (2013), which is outlined as follows:

1. An *assessment* to define employee health risks and concerns and describe current health promotion activities, capacity, and needs.
2. A *planning* process to develop the components of a workplace health promotion program, including establishing goals, selecting priority interventions, and building organizational infrastructure.
3. Program *implementation* includes health promotion strategies and interventions available to employees.
4. An *evaluation* of efforts to systematically investigate the merit (e.g., quality), worth (e.g., effectiveness), and significance (e.g., importance) of an organized health promotion action or activity.

Assessment

In the assessment phase, the occupational health nurse completes a needs assessment, collecting and analyzing pertinent data. The occupational health nurse begins by assembling an advisory committee, consisting of representatives from all stakeholders groups, including representatives from the target population and "sponsors" of the program, who are usually managers, to ensure congruence with organizational mission and culture. During assessment, nurses should collect data about the demographics and health status of the target population, as well as the workplace environment (Anspaugh, Dignan, & Anspaugh, 2006). This process is often accomplished using questionnaires to assess self-reported risk factors, called health risk appraisals. Although health risk appraisals are useful in identifying the need for health promotion programs, the occupational health nurse must be sure that the proposed instruments are valid (does it measure what it

TABLE 2

PRECEDE-PROCEED Model and Applications to Practice

Phase	*Title*	*Description*	*Practical Application*
1	Social Assessment	Assessment both objective and subjective of high-priority problems for the common good, defined for a population by economic and social indicators and by individuals in terms of their quality of life.	Working with the target audience to engage them in what their priorities are for improving their quality of life.
2	Epidemiological Assessment	The extent, distribution, and causes of a health problem in a defined population.	Identifying the health issues of the population using existing data.
3	Behavioral and Environmental Assessment	The specific health-related actions that will most likely cause a health outcome," an environmental or ecological assessment is a "systematic assessment of the factors in the social and physical environment that interacts with behavior to produce health effects or quality-of-life outcomes.	Identifying factors in the social and physical environment that will produce health changes.
4	Educational and Ecological Assessment	Assessment is identifying factors that predispose, enable, and reinforce a specific behavior. Predisposing factors are any characteristic of a person or population that motivates behavior prior to the occurrence of the behavior. Enabling factors are any characteristic of the environment that facilitates action and any skill or resource required to attain a specific behavior. Reinforcing behavior is a reward or punishment following a behavior, serving to strengthen the motivation for or against the behavior.	Identifying factors that predispose, enable, and reinforce targeted behaviors.
5	Administrative and Policy Assessment	An analysis of the policies, resources, and circumstances prevailing in an organization to facilitate or hinder the development of the health promotion program.	Analyze administrative policies that either facilitate or hinder the program.
6	Implementation	The act of converting program objectives into actions through policy changes, regulation, and organization.	Implementing the program based on the data identified to meet the needs of the target audience.
7	Process Evaluation	The act of converting program objectives into actions through policy changes, regulation, and organization.	Assessing the program effects on the number of programs, workers reached.
8	Impact Evaluation	Assessment of the program effects on intermediate objectives, including changes in predisposing, enabling, and reinforcing factors, as well as behavioral and environmental changes.	Assessing the program effects on behavioral change of the target audience.
9	Outcome Evaluation	Assessment of the effect of a program and its ultimate objectives, including changes in health and social benefits or quality of life.	Assessing program effects on changes in health and quality of life indices.

Data from Green, L. W., & Kreuter, M. W. (2005). Health program planning: An educational and ecological approach *(4th Ed.). Boston: McGraw-Hill.*

intends to measure?) and reliable (does it measure consistently?). Finally, is the health risk appraisal usable in the practice setting and easy to summarize? Prescreening the HRA for usability can prevent the nurse from becoming overwhelmed once aggregate data are generated.

Another consideration in the assessment phase is determining the wellness activities and topics of interest to the employee population. Are there particular topics that potential clients are expressly interested in and ready to explore (Anspaugh et al., 2006, p. 38)? Gaps between perceived needs of the employee population and actual needs and interests should be the basis for program planning. Employee engagement is essential to avoid lack of program participation or resistance to change. The focus of health promotion programs should be based on health risk appraisal data and employee interest surveys. When working with individual employees, nurses may use motivational interviewing techniques to assess employees' needs and priorities.

Another means of determining the focus of health promotion programs is to examine morbidity and mortality statistics for the employee population. If such sta-

tistics for the organization are not available, the occupational health nurse may determine that the employee population resembles the local or national population for similar age groups. For example, national data collected between 1997 and 2007 for individuals 25 to 44 years of age shows that unintentional injuries are the leading cause of death (National Center for Health Statistics, 2011). For the older employee population, ages 45 to 64 years, unintentional injuries are only the third leading cause of death, behind cancer and heart disease. Therefore, the nurse should consider the employee age group and associated morbidity/mortality risks. To ensure that occupational safety and heath is included in the design of the health promotion program.

Planning

The advisory committee should begin the planning phase by choosing a title for the health promotion initiative and a mission statement congruent with the mission of the organization. Short- and long-term program goals, including ongoing evaluation strategies, should be carefully written. Objectives for participants should be based upon program goals and include measurable, time-defined outcomes. Goal and objective writing can be challenging, because outcome measures will determine whether a program is a success or failure. Guidelines for writing effective goals and objectives can be found in the Anspaugh, Dignan, and Aspaugh (2006) text and should address expectations for behavior change with regard to individuals, groups, and organizational culture. The planning phase should also include the specifics of program offerings, the timetable for implementing the plan, the program marketing plan, and the summative evaluation plan.

Implementation

Transtheoretical Model Example. Several of the theoretical models and methods described earlier can be used during the implementation phase for either individuals or groups of employees. For example, suppose the occupational health nurse plans a smoking cessation program for 200 employees who smoke but only 50 participate in the program. How can the nurse reach the other 150 employees? The Stages of Change construct, part of the Transtheoretical Model, can be used to determine why smokers are not participating and can also be used to develop a program tailored to the stage of change for particular groups of employees. To assess the stages of change of potential participants and implement appropriate strategies for each stage (**Table 1**), the occupational health nurse should ask the following questions:

1. Are you interested in quitting smoking? (If no, then use "precontemplation" strategies).
2. Are you thinking about quitting smoking soon? (contemplation).
3. Are you ready to plan how you will quit smoking? (preparation).
4. Are you in the process of quitting smoking? (action).
5. Are you trying to stay smoke-free after quitting? (maintenance).

IN SUMMARY

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Evidence-Based Strategies for Occupational Health Nursing Practice

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1. Occupational health nurses are well positioned in the workplace to implement health promotion programs for individuals and groups. Nurses are in a natural leadership role as they add knowledge of evidence-based strategies for health promotion to their solid foundation in assessment of modifiable risk factors.
2. Evidence-based strategies include concepts, theories, and planning models (e.g., the Health Promotion Model, self-efficacy, Stages of Change, motivational interviewing, federal guidelines, the PRECEDE-PROCEED Model, and the nursing process.
3. Strong evidence demonstrates workplace health promotion programs reap health and financial benefits for both employees and employers. Program effectiveness is enhanced by tailoring interventions to the needs of the employee population.

Self-Efficacy Example. The success of a simple plan to design a workplace walking program may depend upon determination of employees' self-efficacy for physical activity and barriers. The occupational health nurse can analyze barriers to this program by using the 5-minute Barriers Specific Self-Efficacy Scale (BARSE) created by McAuley in 1992 (Expsychlab.com, 2011), which can be accessed at http://expsychlab.com/2011/07/07/138/ and is in the public domain. In one study of working mothers (Dombrowski, 2006), the most frequent barriers to physical activity were: schedule conflicts, difficulty getting to the exercise location, and not enjoying exercise. The first two of these common barriers can be addressed during the planning and implementation phases through employer policy modifications and the third through building mastery experiences to increase employee self-efficacy and exercise enjoyment.

Motivational Interviewing Example. This strategy can be used with individuals during the implementation phase of health behavior change, such as quitting smoking or beginning an exercise program. Some of the techniques in motivational interviewing include using open-ended questions, affirmation, reflection, and summarization (OARS framework). Specific questions can

be asked using this framework as the employee begins a health behavior change: (O) "What are your current plans to accomplish your goal?", (A) "It is obvious that you have invested a lot into making these changes", (R) "On the one hand, you are happy with your current lifestyle, but on the other hand, you realize that some changes need to be made.", (S) "We covered a lot today and I would like to review what we discussed." (Dart, 2010, p. 17). Exemplary videos are available on YouTube that demonstrate motivational interviewing techniques.

Evaluation

During evaluation, the occupational health nurse and advisory committee must first return to the overall mission of the organization and the health promotion program to assess fidelity to both. Second, were the goals of the program met? Were the original participant objectives met and, if not, did ongoing evaluation methods allow for revision of these objectives? The key to effective workplace health promotion programs is tailoring the program to the risk factors, needs, and interests of the employee population. Many organizations have implemented a policy that distributes financial incentives for employees to join and continue to participate in workplace health promotion programs. This initial financial incentive may motivate employees to learn skills that build intrinsic motivation, which is essential for lasting behavior change.

DISCUSSION

The most costly health issues for employers are smoking, hypertension, and sedentary behavior, all of which are associated with the leading causes of death (Redmond & Kalina, 2009). Well-designed workplace health promotion programs that address these behaviors and maintain healthy workers' safety can save the company up to three times the cost of the program (O'Donnell, 2010). In addition, the indirect cost of presenteeism, or less-than-optimal job performance due to chronic health problems, can be reduced (Redmond & Kalina, 2009). The Task Force on Community Preventive Services recommends workplace programs to improve diet and physical activity based on strong evidence of their effectiveness in controlling weight (Guide to Community Preventive Services, 2013).

Strong evidence demonstrates that workplace health promotion programs achieve both financial and health benefits (Baicker, Cutler, & Song, 2010). Several evidence-based theories and methods can be effectively used by occupational health nurses in designing health promotion programs for both individuals and groups. These theory-based strategies include the Transtheoretical Model, self-efficacy, and motivational interviewing. The effectiveness of programs is enhanced by using a structured planning model, such as PRECEDE-PROCEED, or the nursing process to tailor the interventions to the needs of the specific employee population. With a strong background in assessment and health promotion, occupational health nurses are well positioned to become leaders in workplace health promotion.

REFERENCES

Anspaugh, D. J., Dignan, M. B., & Anspaugh, S. L. (2006). *Developing health promotion programs* (2nd Ed.). Long Grove, IL: Waveland.

Baicker, K., Cutler, D., & Song, Z. (2010). Workplace wellness programs can generate savings. *Health Affairs*, *29*, 304-311.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior*, *31*, 143-164.

Brobeck, E., Bergh, H., Odencrants, S., & Hildingh, C. (2011). Primary healthcare nurses' experiences with motivational interviewing in health promotion practice. *Journal of Clinical Nursing*, *20*, 3322-3330.

Casey, D. (2007a). Findings from non-participant observational data concerning health promoting nursing practice in the acute hospital setting focusing on generalist nurses. *Journal of Clinical Nursing*, *16*, 580-592.

Casey, D. (2007b). Nurses' perceptions, understanding and experiences of health promotion. *Journal of Clinical Nursing*, *16*, 1039-1049.

Centers for Disease Control and Prevention. (2013). *Workplace health model.* Retrieved from http://www.cdc.gov/workplacehealthpromotion/model/index.html

Dart, M. A. (2010). *Motivational interviewing in nursing practice: Empowering the patient.* Sudbury, MA: Jones & Bartlett Publishers.

DiClemente, C. C., Schlundt, D., & Gemmell, L. (2004). Readiness and stages of change in addiction treatment. *American Journal on Addictions*, *13*, 103-119.

Dombrowski, J. J. (2006). *The relationship of self-efficacy, time management behavior, interrole conflict, and number and ages of children in the household to physical activity in working mothers* (Doctoral dissertation). Retrieved from Dissertations and Theses at Catholic University of America-WRLC. (UMI No. 3198177)

Expsychlab.com. (2011, July 7). *The Barriers Self-Efficacy Scale.* Retrieved from http://expsychlab.com/2011/07/07/138/

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). *Health behavior and health education: Theory, research and practice.* San Francisco: Jossey-Bass.

Green, L. W., & Kreuter, M. W. (2005). *Health program planning: An educational and ecological approach* (4th Ed.). Boston: McGraw-Hill.

Guide to Community Preventive Services. (2013). *Obesity prevention and control: Worksite programs.* Retrieved from www.thecommunityguide.org/obesity/workprograms.html

Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology*, *1*, 91-111.

Kelley, K., & Abraham, C. (2007). Health promotion for people aged over 65 years in hospitals: Nurses' perceptions about their role. *Journal of Clinical Nursing*, *16*, 569-579.

Linnan, L. A. (2010). The business case for employee health: What we know and what we need to do. *North Carolina Medical Journal*, *71*, 69-74.

Mooney, B., Timmins, F., Byrne, G., & Corroon, A. M. (2011). Nursing students' attitudes to health promotion: Implications for teaching practice. *Nurse Education Today*, *31*, 841-848.

National Center for Health Statistics. (2011). *Health, United States, 2010: With special feature on death and dying.* Hyattsville, MD: U.S. Department of Health and Human Services.

National Wellness Institute. (n.d). *The six dimensions of wellness.* Retrieved from http://www.nationalwellness.org/?page=Six_Dimensions

Norton, L. (1998). Health promotion and health education: What role should the nurse adopt in practice? *Journal of Advanced Nursing*, *28*, 1269-1275.

O'Donnell, M. P. (2002). *Health promotion in the workplace* (3rd Ed.). Albany, NY: Thomson Learning.

O'Donnell , M. P. (2010). Integrating financial incentives for workplace health promotion programs into health plan premiums is the best idea since sliced bread. *American Journal of Health Promotion*, *24*, iv-vi.

Pender, N. J. (1996). *Health promotion in nursing practice* (3rd Ed.). Stamford, CT: Appleton & Lange.

Pender, N. J., Bar-Or, O., Wilk, B., & Mitchell, S. (2002). Self-efficacy and perceived exertion of girls during exercise. *Nursing Research*, *51*, 86-91.

Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2011). *Health promotion in nursing practice* (6th Ed.). Upper Saddle River, NJ: Pearson.

Prochaska, J. O., DiClemente, C. C., Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychiatrist*, *47*, 1102-1114.

Redding, C. A., Rossi, J. S., Rossi, S. R., Velicer, W. F., & Prochaska, J. O. (1999). Health behavior models. In G. C. Hyner, K. W. Peterson, J. W. Travis, J. E. Dewey, J. J. Foerster, & E. M. Framer (Eds.), *SPM handbook of health assessment tools* (pp. 83-93). Pittsburgh: The Society of Prospective Medicine.

Redmond, M. S., & Kalina, C. M. (2009). A successful occupational health nurse-driven health promotion program to support corporate sustainability. *AAOHN Journal*, *57*, 507.

Roden, J., & Jarvis, L. (2012). Evaluation of the health promotion activities of paediatric nurses: Is the Ottawa Charter for Health Promotion a useful framework? *Contemporary Nurse: A Journal for the Australian Nursing Profession*, *41*, 271-284.

Snelling, A. M., & Stevenson, M. O. (2003). Using theories and models to support program planning. In C. C. Cox (Ed.). *ACSM's Worksite Health Promotion Manual: A Guide to Building and Sustaining Healthy Worksites* (pp. 7-18). Boston: Human Kinetics.

U.S. Department of Health and Human Services. (2008). *2008 Physical Activity Guidelines for Americans.* Retrieved from http://www.health.gov/paguidelines/guidelines/

U.S. Department of Health and Human Services. (2010). *Healthy People 2020.* Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=11

Whitehead, D. (2006). Health promotion in the practice setting: Findings from a review of clinical issues. *Worldviews on Evidence-Based Nursing*, *3*, 165-184.

Whitehead, D. (2008). An international Delphi study examining health promotion and health education in nursing practice, education and policy. *Journal of Clinical Nursing*, *17*, 891-900.

Whitehead, D. (2009). Reconciling the differences between health promotion in nursing and 'general' health promotion. *International Journal of Nursing Studies*, *46*, 865-874.

Wilhelmsson, S., & Lindberg, M. (2009). Health promotion: Facilitators and barriers perceived by district nurses. *International Journal of Nursing Practice*, *15*, 156-163.

Yura, H., & Walsh, M. B. (1978). *The nursing process: Assessing, planning, implementing, evaluating.* New York: Appleton-Century-Crofts.