

Health Promotion Practices in Nursing: A Scoping Review

CHRISTIAN JAY S. ORTE, PHD, RN¹, NGOZI O.B. NWOSU, PHD (C), MAN², JESTONI D. MANIAGO, DNS, RN³, RUBY S. MATIBAG, EDD, RN⁴, ALMA M. CORPUZ, EDD, RMT⁵, JOHDEL C. CABALUNA, PHD, RN⁶,

¹The Graduate School, Our Lady of Fatima University, Philippines, College of Nursing, Systems Plus College Foundation, Angeles City, Philippines, jay_serafica19@yahoo.com, +63 928 799 6234

²The Graduate School, Our Lady of Fatima University, Philippines, ngooblessnwosu@yahoo.com, +63 917 742 1189

³College of Nursing, Systems Plus College Foundation, Angeles City, Philippines, College of Nursing, President Ramon Magsaysay State University, Philippines, jestonimaniago@spcf.edu.ph, +63 999 189 9380

⁴College of Nursing and Midwifery, Bataan Peninsula State University, Philippines, ruby.matibag@gmail.com, +63 927 430 9753

⁵College of Science, Tarlac State University, Tarlac, Philippines, corpuzalma1970@yahoo.com, +63 9082613454

⁶College of Nursing, Adamson University, Philippines, johdel.cabaluna@adamson.edu.ph, +63 917 955 0768

ABSTRACT

This review aimed to describe the concept of health promotion in nursing as one of the domains of nursing practice. Among three-thousand five hundred four (n=3,504) articles from EBSCO, Medline, and Web of Science regarding the health promotion practices in different fields of nursing, only 29 were selected based on the eligibility criteria. Two themes have emerged with five subthemes were developed. The first theme is the health promotion barriers with a subtheme of financial barriers in attaining health promotion and addressing health literacy while the second theme is the health promotion field practices with a subtheme of hospital health promotion set-up, community health promotion set-up, and school health promotion set-up. This literature emphasized that health promotion is important especially in attaining wellness among client/s as well as providing nursing services.

ORCID for all authors: Christian Jay S. Orte, PhD, RN (ORCID No. 0000-0002-7230-9491)

Ngozi O.B. Nwosu, PhD (c), MAN (ORCID No. 0000-0002-2823-7355)

Jestoni D. Maniago, DNS, RN (ORCID No. 0000-0002-8603-3094)

Ruby S. Matibag, EdD, RN (ORCID No. 0000-0002-6360-0391)

Alma N. Corpuz, EdD, RMT (ORCID No. 0000-0002-0477-8317)

Johdel C. Cabaluna (ORCID No. 0000-0002-8289-5973)

Ethical Code: IRB Log Number: Not Applicable

IRCT Code: Not applicable

Conflicts of interest: The authors declare that there are no conflicts of interest.

Authors' contributions:

C.J.S.O., N.O.B.N., J.D.M., R.S.M., A.M.C., J.C.C. conceived and planned the study. C.J.S.O., N.O.B.N., J.D.M. carried out the data collection. C.J.S.O., J.D.M., R.S.M., A.M.C., J.C.C. contributed to the interpretation of the results. C.J.S.O., J.D.M. took the lead in writing the manuscript. All authors provided critical feedback and helped shape the research, analysis and manuscript.

Acknowledgment: The authors would like to thank their institutions for the support in conducting this research.

Financial support and sponsorship: This study was funded by the researchers themselves.

Keywords: community health promotion; health education; health literacy; health service settings; nursing

INTRODUCTION

Health promotion model (HPM) is a reflection of a belief regarding behavioral and nursing sciences. This contains the following features: a) individuals sought to initiate a situation of existence by wherein it manifest unique potentials; b) a human can reflect on himself, self-awareness revolves in the assessment of personal capabilities; c) a person value growth is sensed on different directions not as negative, thereby it tends to attain a personally acceptable equilibrium between solidness and modification; d) people attempt to stabilize their behavior effectively; e) people in all their bio-psychosocial arena communicate with their surroundings, evolving pass through transformative stage over time; and f) professional health team depicting the component of the inter-personal environment, that affects the others through influencing; and this will initiate changes interactively to the practice habit of others (Parsons et al., 2011). Moreover, Dyess et al. (2010) stressed that theory-based nursing practice positively influences evaluation outcome in healthcare institutions, and nurses; therefore, must establish client's

major concerns regarding their health needs. In this respect, they may able to formulate their care plan with a greater focus on promotional health intervention, for the client to attain optimum potentials. However, even there are studies that pertains to reduce the health care costs, creation of interventions, and combat the health diseases, still, the understanding how it works is lacking on literatures (Bauer et al., 2006; McElligott et al., 2009; Yaghoubi & Javadi, 2013), particularly the execution of it among nurses (Aldossary et al., 2013); hence, this study aimed to describe the health promotion practices of nurses in various fields of nursing as well as the basis in the promotion of best health care practice towards health and wellness among individuals, clients, and communities.

METHODOLOGY

A scoping review was utilized by this paper in order to mapping the meat of the study, the health promotion practices of nurses (Pham et al., 2014). As such, this strategy is used to set research agendas, connect the knowledge gaps, and identify implications for decision-

making (Tricco et al., 2016). This study uses the terms “health promotion in clinical”, “health promotion practices” and “health promotion in nursing” for its search strategy, and these were typed to the EBSCOhost (n=1,560), Medline/PubMed (n=1,345) and Web of Science (n=599) published from 2000-2016. Books were also searched to ensure the richness of statements regarding health promotion (n=5). A total of three-thousand five hundred four (n=3,504) articles were initially collected for the review (see Figure 1). Abstracts and contents were perused and reviewed to extract the related literature which will be fit to the study. The eligibility criteria are the following: a) health promotion related to nursing, b) descriptive type of research, and c) written only in English. Studies were further read and re-read to polish the systematic review. All of the duplicated publications are also removed (n=3461) to trim the necessary concepts needed for scoping review and upon determining, it was found out that forty-three (43) pieces of literature were initially reviewed for its full content. Full-text were accessed and reviewed by the researchers. Upon consensus of the focus and content, only twenty-nine (29) concepts were then thematically analyzed for this review. Notable concepts between each of 29 articles were categorized and formed into a cluster of themes. (insert Figure 1)

RESULTS

Findings from this review identified two major themes and five sub-themes. The two major thematic representations appeared as follows: Health Promotion Barriers and Health Promotion Field Practices.

Theme 1: Health Promotion Barriers: This theme presents health promotion barriers which is a major consideration regarding the health care cost that might affect the stability of health promotion practices.

Financial barriers in attaining health promotion.

Financial returns become relevant which may contribute to health promotion retention (Baxter et al., 2014). Through programs regarding health promotion, it decreases absenteeism and outflow of healthcare-related costs hence there are facts to correlate that increase levels of stress, mass body weight, and multiple risk factors are considered a contributor to the said illness-related work prevalence. The relatedness between seat belt use, cholesterol, diet, hypertension, and alcohol abuse and absenteeism, and health care expenditures are either mixed or unknown. Hospitals must need to support this through financial matters (Baxter et al, 2014).

However, the practitioners and researchers realized the complex relationship between individual, family, organizational, and community-level factors as they influence population health. Health promotion advocates must work collectively and efficiently with others in the community to form integrated strategies that work as a system to address the factors that affect health and wellness advocacy through financial advocates (Best et al., 2003).

Addressing health literacy.

Javadzade et al. (2012), stressed that to be recognized as a health literate, there must be the inclusion of the following criteria, the person’s capacity to read, recognize, and initiate to work on medical instructions.

Limited health literacy affects the attainment of basic health-related materials among adults, for instance, prescription, food labels, health education pamphlets, articles, appointment slips, and health insurance plans. These days, a fall in health literacy is referred to as a worldwide health threat. That is why, Vatcharavongvan et al. (2013), instill a parallel track model which had been mostly utilized to broke communities to identify factors affecting health, such as poverty and health literacy. This narrative determines that the model creates specified health evaluation such as health literacy and community capacity a positive outcome. The parallel track model was found to be a possible community-building capacity model and somehow use as the least intervention in initiating positive health outcomes of behaviors within a short period frame.

The study was supported by Hashemi et al. (2012) which they evaluated the health literacy of the students from the Kerman Public Health School. Students from environmental health appear to study well as obtaining higher scores than others which signifies positive health outcomes of health literacy.

On the other hand, Lee et al. (2010) used Mandarin Health Literacy Scale in their study. Physical and mental health from outpatient and emergency visits as well as hospitalizations was studied and obtained through a self-rated scale to analyzed health status. It was found out that inadequate or marginal health literacy was found among older adults obtaining a result of thirty percent (30%) being educated only for few years, having an inadequate salary, and live in remote areas. Poor mental health is also connected among people with inadequate health literacy (Wolf et al., 2007).

Theme 2: Health promotion field practices: Health promotion practices in different fields have different perceptions towards attaining health. Therefore, many pieces of literature cited researches that may improve or increase attaining health through health promotion programs.

Hospital health promotion set-up.

A study conducted by Tucker et al., (2012) regarding the level of stress, behaviors on health promotion, and its demographic variables about perceptions of Registered Nurses. Acquiring burnout and stress is related to being absent, developing an illness, and even turnovers are important factors to their administrators and this may affect behaviors regarding personal health affecting health promotion teaching delivery.

Policymakers and even administrators of health services who will invest resources must reintroduce to hospitals a system that will make an enhancement and evaluation regarding health promotion practices. The health promotion standards will address the areas on the policy of management; assessment of clients; information and intervention of clients; workplace wellness promotion; and enhancement of cooperation and continuation of employing of this among International Networks of Health Promoting Hospitals (Bauer et al., 2006; McElligott et al., 2009; Yaghoubi & Javadi, 2013).

Likewise, standards on health promotion are having a relationship concerning clients’ rights, information, and education in which accreditation/certification systems are

addressed to some extent (Groene et al., 2010). On the other hand, the setting of standards which is usually implemented by health promotion hospitals reflects a higher level of compliance with regards to health promotion. Moreover, it also reveals that small hospitals have lesser possibilities in executing health promotion activities than bigger hospitals especially when it comes to their existing economic status (Groene et al., 2010).

Moreover, Brotons et al. (2005) stated that health promotion, as well as prevention of illness, is considered important tasks among general practitioners regarding their daily activities and practice. Likewise, Whitehead and Irvine (2010), cited that the position of health promotion of nursing among other health professionals is somehow contradicting their policies, practice, and even on their theories upon execution.

According to McBride (2004), patients begin to make active participation that reflects their potential in achieving when they are involved in health promotion. This is evident among hospitals that initiate awareness and development promoting health advocacy.

According to researchers on health promotion, they cited that nurses seem to demonstrate health promotion very well as part of their role. Likewise, nurses are promoters of general health as evidenced by executing activities on health promotion such as health teaching to give necessary information among clients with regards to their health status and how to achieve a positive outcome (Kempainen et al., 2013).

Communication is also important in promoting health among clients because it was found out that cultural competence and even language are factors that contribute to its implementation especially to migrant nurses (Aldossary et al., 2013).

Community health promotion set-up.

Maglaya (2003) stated that community health is achieved through community organizing which is executed by public health nurses utilizing motivation, enhancement of activities, and exploring wider active community participation. In this field, nurses are the one who mobilizes people in initiating and maintaining health changes among the population group which is very different on the activities of an ordinary health education that just influence and modify people's behavior and their attitudes.

Cooper et al. (2003) stressed that clients' responsibility in regulating their health status can be manipulated through health education and this cannot be maintained long-term without health professional's collaboration and support. In executing communication skills to execute health promotion must have a deep understanding of its underlying theories on client education which will be applied to practice.

In support, Cuevas et al. (2007), accorded that the public health nurse (PHN) is a care provider to individuals, families, and communities providing primary, secondary, and tertiary health care services in any setting including community, school, and workplace

The promotion of public health is the primary responsibility of nurses. Achieving behavioral change and prevention of diseases was traditionally known objectives of nurses to achieve client's health. But somehow, it dramatically changes to a complex health promoter

wherein it evolves through multidisciplinary knowledge and experiences (Kempainen et al., 2013).

Al-Ghamdi et al. (2007) cited that Primary Health Care Centers (PHCC) are the best venues in promoting health, particularly in a healthy lifestyle. Meanwhile, Crisp et al. (2009), emphasized that one of the caring processes is getting to know the client. Knowing develops overtime as a health worker understands the capacity of clinical conditions within a profession and the behaviors and the physiological responses of clients. Knowing the client is the key process by which nurses or health workers make clinical decision-making skills. As supported by Edelman and Mandle (2002), the first step in health promotion is to identify the risk factors, wellness education, and illness prevention activities. Health hazards should be discussed with the client following a comprehensive nursing assessment, and then the client can properly make decisions on how to improve or maintain health status, by taking risk reduction actions. Challenges in the future to strengthen the community should emphasize to individuals and even on systems which can be achieved through capacity development, collaboration partners to professionals and in the community through solidifying actions of community-based health promotion which must be supported and have the involvement of external professional institutions and community stakeholders as cited by Bahraminejad et al., 2015).

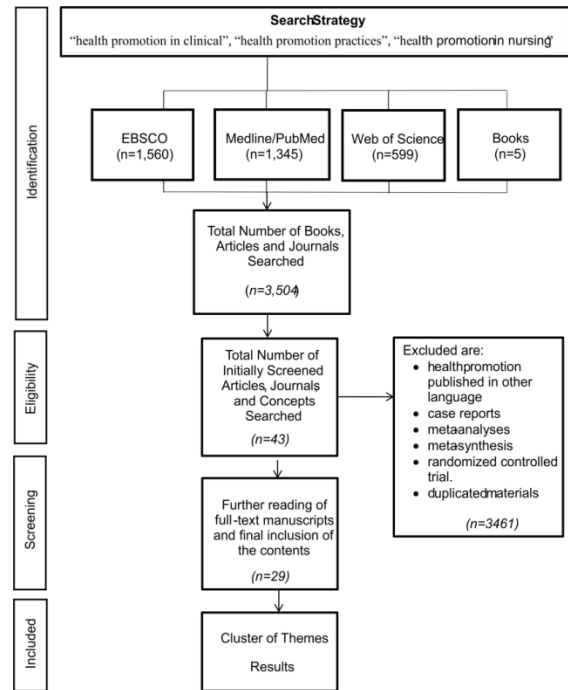


Figure 1. Process of Journals, Articles, and Book Selections.

School health promotion set-up.

Arising health promotion among schools with positive effects is now evident. Health promotion programs among schools are now emphasized as part of health advocacy. Schools are now having an objective in achieving health promotion incorporated in education as integrated of their task (Leurs et al., 2005).

A college-based health promotion program's effectiveness that includes teachers which is important and imperative has never been proved and conducted among studies (Pirzadeh et al., 2012; Sharifirad et al., 2012). Students show the association between acquiring health-promoting lifestyles, spiritual growth aspects, and management of stress on their quality of life (Tol et al., 2013).

DISCUSSION

Many outcomes among healthcare organizations are due to theory-based nursing practice according to Dyess et al. (2010). Most of the college of nursing and healthcare organization partners in creating projects to develop human resources which are considered grounded in caring under the education unit. Quasi-experimental, non-experimental, and modeled studies usually increase financial returns. A positive return of investments (ROI) is demonstrated among health promotion workplaces (Baxter et al., 2014). Lower levels of absenteeism are seen in health promotion programs while reduction of health care costs is evident among fitness programs (Aldana, 2001). Moreover, protocols, standards, and strategies about health promotion in supporting nurses have effectively executed health promotion in their daily practices (Aldossary et al., 2013; Kemppainen et al., 2013). Policymaking by elites and health service administrators needs a specific system designed for hospitals to properly improve and promote health (Albougami et al., 2019; Feliciano et al., 2021; Hashemi et al., 2012; Magalhães & Kumpher 2015; McBride, 2004; Yaghoubi & Javadi 2013). As such, Vermeesch (2011) emphasized that nurses are well versed when it comes to health promotion practices since they are instilling positive outcomes among their clients through the initiation of health awareness.

Variables with regards to self-efficacy, perceived barriers, perceived severity, self-behavior, cues to action, and intervention to the control group are having significant differences which are not seen before. The potential establishment of health programs about prevention of diseases with their complications according to the studies is effective using HBM. (Baghianimoghadam et al., 2013). External professional organizations in the community with numerous stakeholders are effective partners among diverse groups in participating in community-based health promotion strategies. Based on practice and research studies, health promotion with stakeholders are properly executed and considered a challenging and more complex task (Bahraminejad et al., 2015; Maniago et al., 2020).

It supports by the study wherein interventions in the workplace reduces home and work-stresses and improves health and wellness among nurses which results in quality health outcome are positively seen (Qaddumi et al., 2020; Tucker et al., 2012). Feliciano et al. (2019) and Whitehead and Irvine (2010) cited that implementation and formulating of policy and political role in health still not demonstrated among health promotion strategies for nurses. Although it is not considered a universal phenomenon, there are existing practices and knowledge in nursing about health promotion. Health promotion reform for nurses suggests having steps to spread this advocacy. The following steps are as follows to execute the promotion of health under

research and practice. These are network support and promotion investments through experience sharing and dialogue; having community partners which are bound to find the approach to health promotion; and proposal framework integration for consensus gaining (Best et al., 2003; Maniago, 2015; Maniago et al., 2020).

Nursing practice often regards burnout, and compassion of fatigue and satisfaction. To have reciprocals of these problems, contribution in engagement supports for health promotional behaviors are needed by nurses (Aggari et al., 2020; Devera & Maniago, 2017; Neville & Cole, 2013).

Relatively, whole-school approaches in health are now created as based-programs among school health promotion practices. Their objectives influence understanding the impact of promoters for health core-business of schools under education as integrated task approach. The result depicts a positive view on health-risk behaviors among students through school health promotion (Leurs et al., 2005). Adopting lifestyle for health promotion, spiritual growth aspects, management for stress, and quality of life are having significant relationship among students in health promotion (Maniago, 2017; Paragas et al., 2019; Slaughter-Smith et al., 2012; Tol et al., 2013). Since most students are eager to learn, assistance must be needed for them which is considered to have a big implication for their assertiveness to understand health promotion. Faculty members must have established their plan and goal every clinical rotation to inject a certain understanding on health promotion throughout their exposures to clinical areas and together with the staff in the area (Slaughter-Smith et al., 2012). The impact of family and peer role variables must be included in future research in conducting studies for health promotion (Eslami et al., 2015).

Older adults are having low health literacy among groups (Mahdipour et al., 2015.) Therefore, issues on health literacy are important to identify in conducting health promotion. Health promotion on the society must be conducted using tools for simple understanding as a campaign material needed for effective interventions among low health literacy group and minimize improper execution of health effects due to low health literacy (Javadzade, 2012; Sharifirad et al., 2012; Vatcharavongvan et al., 2013; Wolf et al., 2007).

Wellness strategies are under changes in healthy lifestyles which are considered activities for health promotion and modification of risk factors as part of illness prevention. To attain the quality of life, clients learning should be emphasized as part of the strategy to boost its objectives in preventing complications and unmanaged problems in health which is considered burdens especially its costs (Cuevas et al., 2007; Edelman & Mandle 2002; Parsons et al., 2011; Vermeesch, 2011). Nurses' concerns for health promotion standards revealed much more affirmed towards physicians (McElligott et al., 2009). Moreover, Crisp et al. (2009) said that health care providers learn over time the different clinical conditions through their specialization especially with client's responses on their physiologic aspects. The nurse must assess the client first before making a decision. Through experiences, the nurse gained knowledge which turns on

into a caring relationship as a meaningful task to promote changes on his/her clients' current state or condition, and the nurse effortlessly distinguished alterations on his/her client.

Clinical evaluation which is considered relevant or irrelevant cues can be recognized by the nurse through experience and he/she analyzed the situation for that matter (Maglaya, 2003; Orte et al, 2020; Floresca et al, 2021). While Al-Ghamdi et al. (2007) cited that healthy lifestyles as part of health promotion are best seen among PHCCs especially on modifications of these factors. Four implications are identified for screening. First, screening for a successful strategy with confirmation can be done through PHCCs. Second, follow-up check-up among public facilities was identified reduced. Third, health care services among rural areas are also poor rather than urban areas. Fourth, to achieved success throughout the campaign on health promotion, proper coordination with health care team motivational must be included as its cornerstone.

CONCLUSION

Health promotion practices encompasses the passion of educating people in different settings such as a hospital or even in the public as well to attain a high level of wellness and shift their habits to a good lifestyle promoted by the health agency. Therefore, it is imperative that health promotion must be emphasized in the nursing curriculum to guarantee the competencies among graduate-nurses who will execute this concept in the actual nursing practice. As such, programs on health promotion practices must be supported by the Local Government Units (LGUs) or health institutions (i.e., PHCC, Hospitals, Medical Centers, Clinics, etc.) which may enhance wellness to its client and their satisfaction regarding their services considering that health promotion is imperative among nurses. But somehow it can be affected by the institutional culture in executing the said concept against its ideal praxis; therefore, it is imperative that health institution may also identify the barriers the hinders health promotion practices and address their implementation to solidify its application to different health care settings. Health promotion practitioners, policy makers and researchers including the community must effectively integrate and enhances strategies that will work as a system regarding factors affecting this concept.

REFERENCES

1. Aggari, M. I., Diño, M. J. S., & Orte, C. J. S. (2020). Leaders shaping leadership: Knowledge, professional values and competency as prognosticators of career growth and development among nurses. *Enfermeria clinica*, 30, 9-14. <https://doi.org/10.1016/j.enfcli.2019.09.020>
2. Albougami, A. S., Alotaibi, J. S., Alsharari, A. F., Albagawi, B. S., Almazan, J. U., Maniago J. D., Assiri, Z. A., & Elrazkey, J. H. (2019). Cultural competence and perception of patient-centered care among expatriate nurses in Saudi Arabia: A cross-sectional study. *Pakistan Journal of Medical and Health Sciences*, 13(2), 933-938. http://www.pjmhsonline.com/2019/july_sep/pdf/933.pdf
3. Al-Ghamdi, A. J., Al-Turki, K. A., Al-Baghli, N. A., & El-Zubaier, A. G. (2007). A community-based screening campaign for the detection of diabetes mellitus and hypertension in the Eastern province, Saudi Arabia: methods and participation rates. *Journal of family & community medicine*, 14(3), 91. <https://www.ncbi.nlm.nih.gov/pubmed/23012153>
4. Aldana, S. G. (2001). Financial impact of health promotion programs: a comprehensive review of the literature. *American*

Journal of Health Promotion, 15(5), 296-320. <https://doi.org/10.4278%2F0890-1171-15.5.296>

5. Aldossary, A., Barriball, L., & While, A. (2013). The perceived health promotion practice of nurses in Saudi Arabia. *Health promotion international*, 28(3), 431-441. <https://doi.org/10.1093/heapro/das027>
6. Baghianimoghadam, M. H., Shogafard, G., Sanati, H. R., Baghianimoghadam, B., Mazloomi, S. S., & Askarshahi, M. (2013). Application of the health belief model in promotion of self-care in heart failure patients. *Acta Medica Iranica*, 52-58. <https://acta.tums.ac.ir/index.php/acta/article/view/4016>
7. Bahraminejad, N., Ibrahim, F., Riji, H. M., Majdzadeh, R., Hamzah, A., & Keshavarz Mohammadi, N. (2015). Partner's engagement in community-based health promotion programs: a case study of professional partner's experiences and perspectives in Iran. *Health promotion international*, 30(4), 963-975. <https://doi.org/10.1093/heapro/dau043>
8. Bauer, G., Davies, J. K., Pelikan, J., & Euhpid Theory Working Group and The Euhpid Consortium. (2006). The EUHPID Health Development Model for the classification of public health indicators. *Health promotion international*, 21(2), 153-159. <https://doi.org/10.1093/heapro/dak002>
9. Baxter, S., Sanderson, K., Venn, A. J., Blizzard, C. L., & Palmer, A. J. (2014). The relationship between return on investment and quality of study methodology in workplace health promotion programs. *American Journal of Health Promotion*, 28(6), 347-363. <https://doi.org/10.4278%2Fajhp.130731-LIT-395>
10. Best, A., Stokols, D., Green, L. W., Leischow, S., Holmes, B., & Buchholz, K. (2003). An integrative framework for community partnering to translate theory into effective health promotion strategy. *American journal of health promotion*, 18(2), 168-176. <https://doi.org/10.4278%2F0890-1171-18.2.168>
11. Brotons, C., Björkelund, C., Bulc, M., Ciurana, R., Godycki-Cwirko, M., Jurgova, E., ... Vuchak, J. (2005). Prevention and health promotion in clinical practice: The views of general practitioners in Europe. *Preventive Medicine*, 40(5), 595-601. <https://doi.org/10.1016/j.ypmed.2004.07.020>
12. Crisp, J., Taylor, C., & Potter, P. A. (2009). *Potter & Perry's fundamentals of nursing*. Sydney; New York: Mosby/Elsevier Australia.
13. Cuevas, F., Reyala, J., Cruz-Earnshaw, R., Bonito, S., Sitioco, J., & Serafica, L. (2007). *Public Health Nursing in the Philippines*. National League of Philippine Government Nurses Inc. 10th edition
14. Dyess, S., Boykin, A., & Rigg, C. (2010). *Integrating Caring Theory With Nursing Practice and Education: Connecting With What Matters*. *JONA: The Journal of Nursing Administration*, 40(11), 498-503. <https://doi.org/10.1097/NNA.0b013e3181f88b96>
15. Edelman, C. L., & Mandle, C. L. (2002). *Health promotion throughout the lifespan*. St. Louis: Mosby Year Book.
16. Eslami, A. A., Ghofranipour, F., Bonab, B. G., Zadeh, D. S., Shokravi, F. A., & Tabatabaie, M. G. (2015). Evaluation of a school-based educational program to prevent adolescents' problem behaviors. *Journal of education and health promotion*, 4. <https://dx.doi.org/10.4103%2F2277-9531.154127>
17. Feliciano, E. E., Feliciano, A. Z., Maniago, J. D., Gonzales, F., Santos, A. M., Albougami, A., ... & Al-Olah, H. (2021). Nurses' competency in Saudi Arabian healthcare context: A cross-sectional correlational study. *Nursing Open*. <https://doi.org/10.1002/nop2.853>
18. Feliciano, E. E., Boshra, A. Y., Mejia, P. C. G., Feliciano, A. Z., Maniago, J. D., Alsharyah, H. M., ... & Osman, A. (2019). Understanding Philippines nurses' competency in the delivery of healthcare services. *Journal of Patient Care*, 5(1), 146. <https://doi.org/10.35248/2573-4598.19.5.146>
19. Floresca, H. M. A., Diño, M. J. S., Ong, I. L., Orte, C. J. S., & Aggari, M. I. (2021). Filipino Nurses' Feedback on Using a Web-Based Medication Management System: A Pilot Study in a Telehealth Hospital. *Computers, Informatics, Nursing: CIN*. DOI: 10.1097/cin.0000000000000816
20. Groene, O., Alonso, J., & Klazinga, N. (2010). Development and validation of the WHO self-assessment tool for health promotion in hospitals: results of a study in 38 hospitals in eight countries. *Health promotion international*, 25(2), 221-229. <https://doi.org/10.1093/heapro/daq013>

21. Cooper, H. C., Booth, K., & Gill, G. (2003). Patients' perspectives on diabetes health care education. *Health education research*, 18(2), 191-206. <https://doi.org/10.1093/her/18.2.191>
22. Hashemi, M., Khanjani, N., Saber, M., & Fard, N. K. (2012). Evaluating health literacy of Kerman Medical University, School of Public Health students about recycling solid waste. *Journal of education and health promotion*, 1. <https://dx.doi.org/10.4103%2F2277-9531.99955>
23. Javadzade, S. H., Sharifirad, G., Radjati, F., Mostafavi, F., Reisi, M., & Hasanazade, A. (2012). Relationship between health literacy, health status, and healthy behaviors among older adults in Isfahan, Iran. *Journal of education and health promotion*, 1. <https://dx.doi.org/10.4103%2F2277-9531.100160>
24. Kemppainen, V., Tossavainen, K., & Turunen, H. (2013). Nurses' roles in health promotion practice: an integrative review. *Health promotion international*, 28(4), 490-501. <https://doi.org/10.1093/heapro/das034>
25. Lee, S. Y. D., Tsai, T. I., Tsai, Y. W., & Kuo, K. N. (2010). Health literacy, health status, and healthcare utilization of Taiwanese adults: results from a national survey. *BMC public health*, 10(1), 1-8. <https://doi.org/10.1186/1471-2458-10-614>
26. Leurs, M. T., Schaalma, H. P., Jansen, M. W., Mur-Veeman, I. M., St. Leger, L. H., & De Vries, N. (2005). Development of a collaborative model to improve school health promotion in the Netherlands. *Health Promotion International*, 20(3), 296-305. <https://doi.org/10.1093/heapro/dai004>
27. Magalhães, C. C. A., & Kumpfer, K. L. (2015). Effectiveness of culturally adapted Strengthening Families Programme 6-11 years among Portuguese families. *Journal of Children's Services*, 10(2), 151-160. <https://doi.org/10.1108/JCS-02-2014-0010>
28. Maglaya, A. (2004). *Nursing Practice in the Community*. Argonauta Corporation.
29. Mahdipour, N., Shahnazi, H., Hassanzadeh, A., & Sharifirad, G. (2015). The effect of educational intervention on health promoting lifestyle: Focusing on middle-aged women. *Journal of education and health promotion*, 4. <https://dx.doi.org/10.4103%2F2277-9531.162334>
30. Maniago, J. D. (2015). Personality Domains and Emotional Intelligence on Relational Nursing Practice among Public Health Nurses. *Asian Journal of Health*, 5, 12-28. <http://dx.doi.org/10.7828/ajoh.v5i1.774>
31. Maniago, J.D. (2017). Spirituality dimensions and the caring nurse-patient interaction skills among Asian students. *International Journal of Health and Life Sciences*, 3(2), 139-160. <https://dx.doi.org/10.20319/ijhls.2017.32.130160>
32. Maniago, J. D., Albougami, A., Orte, C. J. S., Feliciano, E. E., Malabanan, M. C., Boshra, A. Y., ... & Cajigal, J. V. (2020). Stakeholders' Quality Framework of Nursing Education: A Brief Report. *International Journal of Medical Research & Health Sciences*, 9(4), 44-49. <https://www.ijmrhs.com/medical-research/stakeholders-quality-framework-of-nursing-education-a-brief-report.pdf>
33. McBride, A. (2004). Health promotion in the acute hospital setting: the receptivity of adult in-patients. *Patient education and counseling*, 54(1), 73-78. [https://doi.org/10.1016/S0738-3991\(03\)00198-8](https://doi.org/10.1016/S0738-3991(03)00198-8)
34. McElligott, D., Siemers, S., Thomas, L., & Kohn, N. (2009). Health promotion in nurses: Is there a healthy nurse in the house?. *Applied Nursing Research*, 22(3), 211-215. <https://doi.org/10.1016/j.apnr.2007.07.005>
35. Neville, K., & Cole, D. A. (2013). The relationships among health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction in nurses practicing in a community medical center. *JONA: The Journal of Nursing Administration*, 43(6), 348-354. <https://doi.org/10.1097/NNA.0b013e3182942c23>
36. Orte, C. J. S., Bautista, R. A., Borrigo, C. B., Neo, J. E. C., Parico, A. M., & De Dios, M. A. S. (2020). Comparative study on patient satisfaction on healthcare service delivery in selected private and government hospitals. *Enfermería Clínica*, 30, 47-51. <https://doi.org/10.1016/j.enfcli.2020.07.010>
37. Paragas Jr, E. D., Maniago, J. D., Adolfo, C., & Alamri, M. (2019). Student Nurses' Quality of Life in Majmaah University: A Cross-Sectional Study. *Majmaah J. Health Sci*, 7(3), 10-19. <http://dx.doi.org/10.5455/mjhs.2019.03.003>
38. Parsons, M. A., Pender, N. J., & Murdaugh, C. L. (2011). *Health promotion in nursing practice*. Pearson Higher Ed.
39. Pham, M. T., Rajić, A., Greig, J. D., Sargeant, J. M., Papadopoulos, A., & McEwen, S. A. (2014). A scoping review of scoping reviews: Advancing the approach and enhancing the consistency. *Research Synthesis Methods*, 5(4), 371-385. <https://doi.org/10.1002/jrsm.1123>
40. Pirzadeh, A., Sharifirad, G., & Kamran, A. (2012). Healthy lifestyle in teachers. *Journal of Education and Health Promotion*, 1(1), 46. <https://doi.org/10.4103/2277-9531.104816>
41. Qaddumi, J. A., Al-Tell, M., Almahmoud, O., Issa, D. T., Alamri, M. S., Maniago, J. D., ... & AL-Dossary, R. N. (2020). Physiological and psychosocial stressors among Palestinian hemodialysis patients: A cross-sectional study. *Saudi Journal for Health Sciences*, 9(1), 50. https://doi.org/10.4103/sjhs.sjhs_88_19
42. Sharifirad, G. R., Shamsi, M., Pirzadeh, A., & Farzanehan, P. D. (2012). Quality gap in primary health care services in Isfahan: women's perspective. *Journal of education and health promotion*, 1. <https://dx.doi.org/10.4103%2F2277-9531.104815>
43. Slaughter-Smith, C., Helms, J. E., & Burris, R. (2012). Nursing staff perceptions of student contributions in clinical settings. *Journal of Nursing Education*, 51(1), 54-57. <https://doi.org/10.3928/01484834-20111130-02>
44. Tol, A., Tavassoli, E., Shariferad, G. R., & Shojaezadeh, D. (2013). Health-promoting lifestyle and quality of life among undergraduate students at school of health, Isfahan university of medical sciences. *Journal of education and health promotion*, 2. <https://dx.doi.org/10.4103%2F2277-9531.108006>
45. Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., ... Straus, S. E. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Medical Research Methodology*, 16(1), 15. <https://doi.org/10.1186/s12874-016-0116-4>
46. Tucker, S. J., Weymiller, A. J., Cutshall, S. M., Rhudy, L. M., & Lohse, C. M. (2012). Stress ratings and health promotion practices among RNs: a case for action. *JONA: The Journal of Nursing Administration*, 42(5), 282-292. <https://doi.org/10.1097/NNA.0b013e318253585f>
47. Vatcharavongvan, P., Hepworth, J., & Marley, J. (2013). The application of the parallel track model in community health promotion: a literature review. *Health & social care in the community*, 21(4), 352-363. <https://doi.org/10.1111/hsc.12017>
48. Vermeesch, A.L. (2011). A concept analysis of health promotion applied to patients with diabetes mellitus. *International Nursing Research Congress Focusing on Evidence-Based Practice*. <https://stti.confex.com/stti/congrs09/webprogram/Paper41919.htm>
49. Whitehead, D., & Irvine, F. (2010). *Health promotion and health education in nursing: A framework for practice*. Basingstoke: Palgrave Macmillan.
50. Wolf, M. S., Gazmararian, J. A., & Baker, D. W. (2007). Health literacy and health risk behaviors among older adults. *American journal of preventive medicine*, 32(1), 19-24. <https://doi.org/10.1016/j.amepre.2006.08.024>
51. Yaghoubi, M., & Javadi, M. (2013). Health promoting Hospitals in Iran: How it is. *Journal of education and health promotion*, 2. <https://dx.doi.org/10.4103%2F2277-9531.115840>