

The Best of Both Worlds: The Integration of Nursing and Health Education as a Dynamic Career Move

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Abstract

The purpose of this article is to explore the diverse career paths of three health educators who started their health careers in the nursing profession and advanced their careers by pursuing a degree in health education. With the combination of nursing and the focus on health education to improve the overall health and well being of communities, these health educators have found satisfying and rewarding opportunities in multiple and various work settings.

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The authors of this article are privileged to share their common experiences and highlight their distinct career paths that can be attributed to the combination of a nursing background and health education. Despite the differences in age and experiences, the authors arrived at the same conclusions that led them to further their careers with the specialization in health education.

The combination of the two professions- health education and nursing can propel a career into such work settings as community health departments for a community hospital, as a health educator at a county health department or as a consultant and adjunct professor for public health/ health education programs. With the unique blend of the two professions, the possibilities and work settings are endless. Not only does the individual benefit from an expanded array of career opportunities, but the employer also benefits from getting the holistic perspective and specialized skills, knowledge and training of two distinguished professions in one person. The individual also reaps the rewards of bridging two professions that are essential to respond and advocate for the health of the public.

One of the most common threads that each of the articles reiterates is the desire by each of the authors, sometime during their nursing career, to focus on disease prevention and health promotion. Although primary prevention of illness and disease is a strong value in the nursing profession, it is not the focal point of the practice in a hospital setting where they started their careers. It was this belief in proactive health promotion and illness prevention that led them to a career in health education.

Phyllis Kumpf: Reflections on Nursing and Health Education in the Healthcare Arena by a “Late Careerist”

The idea of one career is a notion of the past. In the job market today it is not unusual for someone to change jobs an average of seven times in their professional life span. Changing jobs means building upon your educational background and experience then transferring those skills to another arena. Transitions between jobs are particularly easy and plentiful for nurses.

Johnson & Johnson has developed wonderful career information to entice high school students into healthcare professions, particularly nursing. It is always moving to see nurses in the J&J

video talk about what the nursing profession means to them. They are committed, they are challenged daily and they treasure the sense of accomplishment and giving that is an integral part of their jobs. Another important component of the J&J project is to highlight all of the career opportunities that are available to nurses. The litany of choices is truly astonishing. Many health educators have started their professional life as nurses, registered or licensed practical, and have made significant contributions to both professions.

There is an on-going dialogue about the distinction between the shared responsibilities and professional preparation of nurses and health educators. As Joanna Hayden, PhD. states in her article, *Help Wanted: Nurse or Health Educator?*, "Although health education is one component of nursing, it is not the primary or sole focus of nursing. Health education is, however, the sole focus of the profession of health education and the health education specialist." The combination of these two professions provides a wide range of skills, skills that build on prior skill sets and skills that complement each other. These skills open many doors and provide opportunities for professionals who have chosen to combine nursing and health education.

That is what I did and, I have never been sorry. I am a diploma school graduate, from the time long ago, before diploma schools became the "hands-on" or clinical component of nursing schools in a baccalaureate or associate degree program. I knew a bachelor's degree was in my future. At that point, there were no challenge exams and I would not be given credit for any of the nursing education I had successfully completed. I had a license as a registered nurse, but would have to start over on the education ladder. I began my professional career as a staff RN in emergency rooms. I worked in two states, in emergency rooms that could not have been more diverse. I quickly decided that I needed a degree to provide the level of care and education to my patients to which I aspired. I also learned that I preferred wellness and health promotion to trauma care. The young men I cared for who were experiencing chest pain or the young

women who were in auto accidents because their friends had been drinking and driving were reasons enough for me to focus on prevention.

I earned a Bachelor of Arts degree but not in nursing. I was still uncertain about a definite career path. It was essential to combine nursing with my next career because "a nurse" was how I identified myself.

I spent one hour with a career counselor at my college. That was the most valuable hour of my professional career. She guided me through the process of identifying the components of my "ideal job". I then spent three hours in the career library, where I made a list of all the careers that interested me and utilized the education I already had acquired. At the end of the library time, my list was filled with career opportunities in community health education. The master's degree I pursued was a master in allied health education with a concentration in community health. This choice was available to me because of my nursing background. This track was designed to prepare medical professionals with technical skills to assume the responsibilities of managerial positions. After completing the core courses, I chose courses designed specifically to meet the state department of health standards for a community health education position.

The transition from nursing to health education came after I completed my master's degree. Employed as the Coordinator of a Home Health Aide certification program and a classroom/clinical instructor in a licensed practical nursing program, I utilized my nursing skills as well as my newly acquired teaching skills.

The shift from primarily a nursing focus to a health education focus came when I took my first position as a community health educator with a Visiting Nurse Association. Responsible for the health promotion and disease prevention standards for ten local health departments caused the focus of my attention to shift to the essence of health education practice. The application of health education principles and theories guided the assessment of need and development, implementation and evaluation of

programs for the residents in the towns in which I served.

I expanded my career when I became a consultant to local health departments rather than an employee of an agency. As my contracts grew, I hired a part-time health educator and also worked on special projects for the state department of health. I relied primarily on my education as a health educator at this point, however, my credentials and background as an RN provided a theoretical foundation for all my work.

A major career change came when I became the Director of a Community Health Department in a medical setting. Initially, I was responsible for contracts with local health departments. I established standards and consistency of practice with the contracts based upon standards of performance dictated by the state department of health. My responsibilities expanded to include development of an occupational health center and a health and wellness center. I believe these additional opportunities and challenges were afforded me in this healthcare setting because of my background as a nurse and health educator. My skills as a manager were being honed and became part of my professional persona.

Currently I am employed as the director of a community health department in another healthcare setting. This department is comprised of programs that are population specific: children and families, faith communities, older adults and employees in local businesses. I am at the opposite end of the spectrum from where I began. Primarily, I am a health educator with a background as a nurse. In a healthcare setting, the value of community health is often not fully recognized. Community health addresses health concerns along all the points on the continuum of care and through health promotion and wellness activities contributes to the quality of life of the people we serve. This approach is necessary if we are to try to contain health care costs.

I am now considered a "late careerist". This stage provides me with the ability to see the environment of healthcare with the perspective

that history provides. I can now teach a college-level class and add anecdotes from years of practice. I can review grants with the perspective that history gives me and give sage advice. I can serve as a mentor to "early careerists".

Many of the current challenges in healthcare are those that can be addressed by a professional with a combined health education and nursing background. There are opportunities in disease management, corporate wellness, women's health and bioterrorism. I will certainly pursue business seminars or courses because healthcare has become a business. To survive at the management level, it is essential to understand business and to combine the principles of business techniques with the principles of management.

I love nursing and health education. I am happy where I am. But, I won't be in this place in five years or even next year. There are too many challenges and healthcare is too exciting not to continue to learn, to change and to contribute.

Lucille Young-Talbot: Coming Full Circle: The Flexibility of Synergizing Nursing and Health Education Degrees

As with many young enthusiastic nurses, early careers focus on the desire to help others and to witness the miracle of modern medicine and treatments combined with nursing care to restore or maximize quality of life for patients. This is easily or not so easily accomplished by practicing essential nursing care, utilizing skills learned in the classroom including applied sciences, practicing in the lab and field and being a part of the health care delivery system.

Working with patients in an acute care setting proves to be very satisfactory and rewarding in itself for obvious reasons. It is truly a joy to care for and assist a patient who fell victim to bodily harm caused by an outside agent or force and is eventually discharged from the facility satisfied with recovery. It is not so obvious however, to feel satisfied and fulfilled when working with chronically ill patients. It is far from joyous and even further disturbing when one comes to the realization that many chronically ill patients could have been spared hospitalizations,

treatments and suffering if they had been informed on the possible outcome of their lifestyle choices.

This is not to state that only chronically ill patients suffer due to lifestyle choices as conversely some acute conditions are also related to lifestyle choices. However, there are clearly documented risk factors for diseases that are caused by or exacerbated by behaviors that lead to unhealthy lifestyles, two of the most obvious being smoking tobacco and obesity.

It is difficult to weave into this documentation the personal choice this author made to become a health educator after working as a staff nurse for almost 10 years based solely on these prior statements, but it is an accurate reflection. I returned to school working toward my RN while still employed as a staff nurse. It was during this time while working in hemodialysis, I realized I wanted to be the impetus to prevent people from having to endure chronic pain and related treatments with impaired lifestyles. I learned about health education from a college counselor when I verbalized that I wanted to work towards prevention and not treatment and nursing care. It was this realization that paved the road for an enhanced career including many accomplishments and challenges by bridging these disciplines.

Like nurses, young and enthusiastic health educators, early in their careers have a desire to impart their knowledge about the benefits of establishing healthy lifestyle choices naively believing everyone will be receptive to the message. Of course, this is not the case and it is difficult to obtain a position as an inexperienced health educator albeit proudly sporting credentials.

That being stated, being a practical nurse and a health educator opened up several doors including a position as a health educator in a hospital. Here, I was able to realize my dream to motivate people to make informed healthy choices, became a behavior change agent myself, conducted workshops on weight loss and smoking cessation, developed exercise programs and combined the knowledge from nursing and

all the principals from health education training with a great deal of personal success and professional satisfaction.

My next position as a health educator was an ideal start up position to plan and develop a blood donor program, to recruit and retain blood donors for an acute care hospital with a cardiac surgery program. This of course only increased the necessity for a large and committed pool of volunteers. Blood Donor Recruiter skills required program and event planning, implementation, evaluation, financial analysis, increasing public awareness and support for the hospital through marketing materials and educating the public on the importance of donating and blood supply safety. This position not only incorporated all of the program planning skills of a competent health educator but I was also selected for the position due to my ability to function in the donor room assisting when needed with the technical skills of a nurse. This developed into a managerial position and became a viable donor program that is still highly regarded and recognized.

In searching for new ways to enhance my career, after returning to school to obtain a masters degree in Public Administration, I worked as the Director for Health Promotion in a hospital, managing a staff of health educators, nurses and professional staff. I was part of a team responsible for community health assessments, coalition building and providing communities with quality health care and health care programs.

This was another challenging position that enabled me to utilize knowledge about acute and chronic disease from nursing and community health, from working as a staff nurse caring for patients and contributing to care plans for individuals to developing community health plans, developing protocols for screenings and gain leadership skills.

The essence of this article is not that one discipline can replace the other as each has distinct and separate skills sets required for various areas of responsibilities. Regardless of the setting or population one is working with,

nurses, health educators, health administrators and health planners alike want to enhance quality of life.

One could conclude based on this author's experience, that the skills set of nurses and health educators combined complement each other in select settings. Without this combination, this author would not have had those opportunities. An added benefit that I witnessed during my career has been to showcase the competencies and assets a health educator possess in workplaces that would not have hired a health educator based on that credential alone. This has changed in recent years as is demonstrated by how many nurses are getting advanced degrees in health education and in the various workplaces health educators across the country are now employed.

In reality, who knew where these choices would lead, but even in my youth, I always wanted to either be a nurse or a teacher! Now as a result, I am working on a variety of challenging projects as an independent consultant and teaching as an adjunct at a local university. I feel as though I'm always preparing for future challenges with a lot to learn!

Candice Davenport: Health Education Opening Doors to a New Career

It has been the experience of this author that the value of the profession of health education, in combination with another specialized profession, such as nursing, produces an invaluable employee in the public health workforce and enhances the profession of health education as a whole. This section of the article will be based on this particular author's experiences interweaving nursing and health education.

When I was younger and deciding on my career path and college major, I had envisioned myself working in fields such as education or communications - areas that would allow be to help people through the sharing of information. I always appreciated the dynamics and excitement of engaging people in an educational dialogue and how, over time, their attitudes, beliefs and skills could change through the information that you would share with them.

My wise mother, and a nurse for over 25 years, gave me wonderful, life-changing advice at this juncture, "To be a good teacher, you've got to know something to teach about". She suggested that I start my career in nursing and use it as a stepping-stone to achieve my goal.

Taking my mother's advise and guidance I ventured off to college and graduated with a Bachelors of Science in Nursing (BSN).. For the next several years I specialized in the fields of maternal/ child health, pediatric intensive care and obstetrics and gynecology. The combination of my academic training in nursing, combined with these practical experiences was essential to my professional growth and understanding of holistic health and critical thinking. I am very proud of my nursing experience and the colleagues with whom I worked with during those years. Although I felt like I was making a difference, I also felt limited working in the microcosm of the hospital setting because I was providing tertiary care and treatment to patients and their families when so much could have been done to prevent their illness or injury in the first place. I recall caring for a 14 year old who did not wear his helmet while riding his bicycle. I knew that an educational outreach or injury prevention program could have prevented the tragedy. I believed more could be done and I had a role and responsibility to be a part of that change.

After two years of nursing I knew I wanted to focus on primary/ secondary prevention efforts, education and community health issues. But how?

I realized I wanted to take a broader perspective to addressing health and decided to get a masters degree in public health. After researching public health programs and speaking with colleagues I chose to specialize in community health education. Although I had heard the term before, I had always thought that it simply meant "teaching" about health - doing things like one-on-one counseling with people who were learning to manage their diabetes, or giving lectures on heart disease prevention to Senior groups. In fact, I had always considered myself a health educator because those were just the types

of things that I did! However, the more I learned about Health Education as a discipline and as a profession, the more intrigued I became.

Health education appealed to me on a wide range of levels. First, a health educator's focus is based on an ecological perspective - a perspective that allows you to take a broad, comprehensive approach to health and quality of life issues, not only at an intrapersonal level but also on interpersonal, organizational, community and public policy levels. I found this to be similar to the holistic approach in nursing whereas you not only look at the specific disease process or individual patient *per se*, but also the nursing professional bases diagnosis and treatment with the family, support networks, the patient's community, and demographic characteristics in mind as well. With this in mind, one can see that both professions share an understanding of the definition of "health" proposed by the World Health Organization (WHO), "A state of physical, mental, and social well-being and not merely the absence of disease and infirmity". Further, when looking at Green & Kreuters definition of health education (1980), "the combination of educational and ecological supports for actions and conditions of living conducive to health" the nursing process and profession has great similarities and overlap with health education, affirming my belief that multiple levels of involvement and the convergence of multiple disciplines are required to achieve - or work towards - a patient's or a community's health.

The second area in which I found great synergy with my nursing background was in the value of education as the primary tool for behavior change and prevention efforts. Working as a peer health educator during my undergraduate years among the college community exposed me to the process of health education. It was one of the best and rewarding experiences of my life and I believed that it would further enhance that passion to educate when I became nurse. As a nurse, the importance of education was evident when I worked with various age groups and different populations during my community health nursing clinical rotations, whether it was teaching foreign-born children about safety

through videos and pictures, or in the postpartum setting instructing new parents on how to take care of their newborns prior to discharge. However as I pursued my graduate degree and learned more about health education, a distinction between nursing and health education soon became apparent. Nursing dealt with more direct patient care and education, with a focus on changing individual behaviors, rather than community level changes. Although patient education was a part of my nursing job in providing patient care, it was also not the primary focus of my job, as it currently is in my current position as a Health Educator and Risk Communication Specialist for a county health department.

Third, health education opened up the field of public health to my nursing viewpoint. I would be able to address issues and make change on a larger scale, affecting not only individuals, but also whole communities to achieve greater health and well-being. Behavior change can start at the individual level but it can also be influenced and reinforced by the supportive relationships that connect the individual to society and support their purpose for work, recreation, and community involvement. As a health educator, focusing on behavior change and education on multiple levels within the arena of public health, I found a venue for expanding my new career and interests.

To marry my love for teaching and my skills and knowledge as a nurse with all the possibilities of health education, I enrolled in a Masters program in public health. I enrolled with the intention of becoming an administrator for a college health education / health promotion department. Little did I know at the time of all of the other doors that health education would open for me.

Among the many courses I took during my Masters program in public health and community health education, I took an elective environmental health course that soon became a true passion for me. I began to see how the health of our environment was intrinsically linked to the health and well being of the humans living among it. This was also a natural

fit to the nursing philosophy that a clean environment - clean water, fresh air, fresh food and an uplifting atmosphere - can do wonders in restoring and rehabilitating the sick and infirmed.

Soon after, I took an internship at the Region II Office of the U.S. Environmental Protection Agency Had I only had my nursing degree, I do not think the possibility would have been open to me to enter into the dredging program and then later to work in the Office of Children's Health Protection. However, because of my dual degrees I believe I presented a more well-rounded and holistic viewpoint and brought a different perspective to human health that the environmental scientists would have otherwise not been exposed to. Needs assessment, planning, implementation and evaluation, as well as social marketing and coalition building, were applied to virtually all of the projects that I worked on: Educating the public about the hazardous exposure to diesel exhaust fumes, using health education models and theories such as the Health Belief Model/ Social Learning Theory when working with children or when developing educational outreach campaigns for the effects of dredging on recreational fishing and food consumption.

After earning my Masters degree in Public Health and Community Health Education, I found a terrific starting point for my new career as health educator as the Health Educator and Risk Communicator for a county health department, specializing in bioterrorism preparedness and response, and emerging infectious diseases. This is newly created position was developed in response to create a stronger public health infrastructure with local government. This position enables me to be involved in the initial development of many community wide programs and health initiatives and as a health educator, I am also at the forefront for addressing of critical, and emergent issues in the field of public health. I have been able to see how programs are implemented at the municipal, county and state levels and I can use my health education skills to advance programs and make substantial change at the community level. New topics including

SARS, new strains of influenza, Monkeypox, and the threat of many other biological agents and diseases challenge the application of all my skills - from understanding the medical terminology and science to the communication challenges and social ramifications of these diseases and threats to the community.

In this position, my nursing background has been invaluable because of my in-depth knowledge about disease transmission, disease processes, communicating about diseases, the critical thinking skills for immediate response and decision-making in emergency situations. This, combined with my health education skills in community assessment, program planning, implementation, and evaluation, and knowledge of prevention and behavior change provides for a perfect synergy.

One project that I wrote a successful grant application for (yet another critical health education skill I was trained in!) and now oversee is the establishment of a Medical Reserve Corps for the county. Understanding the roles and responsibilities of healthcare providers and being able to communicate with them using medical terminology proves to be very helpful in establishing trust and credibility. However, without my health education knowledge and skills, I would be limited in the needed skills of adult learning processes, coalition development, community organization, community empowerment, health promotion theories, training, epidemiology, provision of health education services.

Conclusion

The profession of nursing and the profession of health education provides a platform from which to view and create new career opportunities, at times even forging the way for greater understanding and appreciation of the health education profession in work environments that may not have seen its value or believed that all the skills and assets that a health educator brings could be done by a nurse or other personnel without formal training. There is a constant need to concretely define and explain health education as a distinct profession and its differences from nursing. And yet because we

have a nursing background, it is assumed that we can do health education based on employers' previous perceptions. However what many employers soon realize is that the combination of health education and nursing have proven to be invaluable to their organizations and that these individuals add credibility and a deeper understanding of community issues when providing health services.

As with all new changes, the transition between two worlds can prove challenging. Several times, we have been approached by public health and nursing colleagues who have questioned our career paths and asked why we didn't stay in nursing, even just for the significant differences in salary. Other times, the transition between the two worlds was quite simple because the strong nursing foundation quickly acclimated the authors to the science and theories of health education and behavior change and our personal experiences as nurses only supported the need for health education among communities.

As indicated by the authors of this article, there is a harmony between the two professions. Speaking of the two professions engaging in a harmonious relationship indicates that they are two complementary and yet distinct vocations. There is a need within the public health

workforce for both professions to address and provide multiple levels of care to the general public or even specific subgroups of the population. Both fields work harmoniously together to accomplish the common goal- to attain, maintain and foster the holistic health of individuals, communities and society at large.

It is hard to differentiate where the skills sets of one profession begin and the other one ends. Ultimately they combine to create a stronger, more enhanced health educator who brings a colorful and dynamic perspective to the profession of health education and becomes a bridge between the medical/health care arena and public health.

Does the combination of the two careers spawn a leader? Obviously the combination of the knowledge and experience, both practical and theoretical, enable one to think creatively, critically, intuitively and systematically to achieve the best and most health oriented results. Maybe it is also the advantage of being able to look at a situation from two different perspectives - one can approach various circumstances with new ideas and offer a different vision than others who are not trained in health education or nursing cannot see. It is this innovative thinking and foresight that can drive public health into a healthier future.

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