



## **The Promising Health Promotion Role of Advanced Practice Nurses in the Sultanate of Oman**

By Munira Abdullah Al-Rumhi<sup>1</sup> (Masters of Nursing Student) &  
Dr. Khaldoun Aldiabat<sup>2</sup> (RN, PhD), Assistant Professor,  
College of Nursing, Sultan Qaboos University,  
Al Khoudh, Muscat 123, Oman

<sup>1</sup>This paper was written by the first author as part of the final assignment of a Master of Nursing course, NURS 6004, Teaching Strategies for Health Promotion, which she completed in Spring 2020.

<sup>2</sup>The second author was her supervisor, who reviewed this manuscript and provided editorial assistance for the final version.

Corresponding Author: Dr. Khaldoun Aldiabat (Email: [k.aldiabat@squ.edu.om](mailto:k.aldiabat@squ.edu.om))

### **Abstract**

**Background:** Health promotion contributes significantly to enhancing population awareness and improving their knowledge of wellness and illness. Advanced practice nurses (APNs) play a major role in lifestyle modification, treatment regimen, coordination of care, individual patient care and health promotion. The Omani health care system has seen changes in epidemiology from communicable diseases to non-communicable diseases. The title of APNs is still not conceptualized enough in Oman, and the role of APNs in Oman is still not well-known. **Aim:** this paper aims to discuss the expected and the promising role of APNs in health promotion in the Sultanate of Oman. **Method:** Both published and grey literature and reports were reviewed to draw a roadmap for the expected role of APNs in Oman. **Result:** APNs in Oman have many health promotion competencies that qualify them professionally and ethically to play an important role in promoting health and preventing diseases in Omani society. **Conclusion:** Preparing, recruiting, and engaging APNs in the Omani health care system is important for optimizing Omanis' health and preventing diseases.

**Keywords:** Advanced Practice Nurses, Health Promotion, Disease Prevention, Oman

---

Health promotion is the process of enabling people to increase their control over the factors that can improve their health. According to the International Council of Nurses, an Advanced Practice Nurse is “a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice” (<https://international.aanp.org/Practice/APNRoles>). Advanced practice nurses (APNs) are able to deliver high-quality health services, including health promotion, as well as prevention and treatment of actual and potential health problems (Bryant-Lukosius et al., 2017). Planning, implementing and evaluating appropriate health promotion programs are expected APN skills. APN leadership is also required to advocate for policies and support nursing practice in new care delivery models providing better health promotion (Bryant-Lukosius et al., 2017). In Oman, when the nursing profession was strengthened, the quality of healthcare in the country improved (Al Maqbali, Al Omari, Slimane, & Balushi, 2019).

Future plans in Oman include introducing APNs' roles in strengthening community and primary health care services (Al Maqbali et al., 2019). Applying the role of APNs to health promotion in Oman faces challenges to implementation, as well as facilitators of the change. In this paper, we discuss the role of the APNs as health promoters and educators, the importance of this role to Omanis' health, relevant ethical concerns and the competencies and skills needed by APNs to carry out this role in Oman, and the major challenges and facilitators to implementing this new APN role in Oman. We conclude with our own recommendations and conclusions.

### **The role of advanced practice nurses as health promoters and educators.**

Advanced practice nurses (APNs) have a vital role in health promotion. Health promotion interventions by APNs can lead to positive health outcomes such as increasing patients' adherence to treatment, improving their quality of life, expanding patients' knowledge of their illnesses, and improving their self-management (Kemppainen, Tossavainen, & Turunen, 2013). APNs also play a major role in lifestyle modification, adapting treatment regimens, coordinating care, providing individual patient care and promoting health (Smith, 2017). APNs focus on activities such as helping individuals or families to make appropriate health-related decisions or supporting them in their engagement with health promotion activities (Kemppainen et al., 2013). The first principle of health promotion is to understand the risk factors associated with the disease and the environment. The second principle is to design an intervention to counter the risk factors. Countering risk factors may depend on behaviour modification and/or therapeutic intervention. The third principle is to ensure access to public health and social services that can minimize the risk factors. APNs can provide information and health education to patients and their families. In addition, APNs can empower individuals and their families to take a more active role in their health. The principal benefits of health promotion activities include reducing both the risk and incidence of health-related problems.

In a study of health promotion and education strategies in Arab Gulf countries, Samara, Andersen, and Aro (2019) concluded that all Arab Gulf countries, including Oman, need more qualified personnel and the development of infrastructure that can help reduce the growing obesity challenge. APNs can provide evidence-based health promotion strategies and leadership

(Gutiérrez-Rodríguez et al., 2019). A cross-sectional study (Smith, 2017) concluded that APNs play an essential role in the delivery of quality health care as well as bridging the gap in primary care because they possess sufficient confidence in their clinical knowledge to successfully integrate health promotion into their practice, for example, advocating for a healthy lifestyle, including weight reduction, exercise promotion, and healthy diet.

### **The importance of this role to Omanis' health**

According to Oman Health Vision 2050, there is a need to increase health promotion in primary health care if we are to decrease the need to invest in more expensive tertiary and quaternary care (Al-Riyami, 2012). The Omani government spends around 81% of its budget on health (MOH, 2018). One of the significant challenges facing the Omani health system is a massive shift in the epidemiology from communicable diseases to non-communicable diseases such as diabetes and hypertension (Al Hinai et al., 2020). Contributing to these diseases are behaviours such as smoking, unhealthy eating, sedentary lifestyle and mental stress (Al Hinai et al., 2020). Deaths due to non-communicable diseases such as these is expected to increase by 15% between 2010 and 2020 (MOH, 2018). Health promotion can play a significant role in preventing these non-communicable diseases.

Health promotion has been shown to delay the onset of communicable disease and the progression of disease complications. Health promotion activities play a very important role in increasing awareness and enhancing knowledge about effective health practices (Rahman, 2018). It is hoped that health promotion activities can also reduce the incidence of non-communicable diseases and their complications by encouraging the adoption of a healthier lifestyle and activities.

Oman's Ninth Five-Year Development Plan (2016 to 2020) contains a substantial component aimed to (a) improve health services delivered to women and children, and (b) implement proper strategies to end preventable maternal and childhood deaths through promoting preconception, birth spacing and premarital testing and counselling services. Both objectives will involve the use of health promotion interventions (MOH, 2020). The Ministry of Health plans to promote the health context of schools and universities by provisions that will ensure a safe educational and health-promoting environment that enables students to increase their educational and practical achievements and acquire behaviours and skills necessary to deal with life and to integrate them into the society (MOH, 2020). Disease prevention and health promotion programs include health education and awareness, food surveillance, and monitoring of the school environments, as well as improving hand hygiene, adolescent health, university health, and peer education (MOH, 2020). The Nizwa healthy lifestyles project started in 2004 and is ongoing (WHO, 2020). The health promotion outcomes of this project to date include: (1) almost 50% of participants reporting having changed their lifestyle and (2) increased participant awareness of physical inactivity as one of the major risk factors for experiencing a non-communicable disease increased from 6.9% in 2001 to 93% in 2010 (WHO, 2020). Since 2014, an active community health nursing program exists in which APNs have a significant role in providing services for the elderly.

## **Ethics, competencies and skills needed to play this role in Oman**

The principles governing the goals of any health promotion program must include: considering health as a fundamental right of every human being, making effective healthy choices, building the capacity of the community as a whole, building inter-sectoral partnerships, and adapting to evidence-based approaches for the collection of up-to-date information. Ultimate goals for public health and public policy are equality, happiness, and quality of life. All Omani citizens have the right to receive health promotion interventions. Promoting environmental and social factors that contribute to increased or sustained health is key (Tengland, 2016). Ethics are the basis of any health promotion intervention. People are inherently social beings and are interdependent, relying on one another. However, a person's right to make his own decisions must be balanced against the fact that each person's actions affect other people (Reilly, Crawford, Lobo, Leavy, & Jancey, 2016). Also, trust must be maintained at every step in the health promotion intervention (Reilly et al., 2016). APNs can only achieve improved community health if they respect the rights of individuals and groups within the community, empower community members, and obtain informed decisions on policies and programs while gaining the community's consent for health promotion implementation (Reilly et al., 2016). In addition, APNs must manage all individual health information confidentially.

Developing cultural competency is required if health promotion services and programs are to be accepted by the community (Jongen, McCalman, & Bainbridge, 2017). Cultural competency interventions focus on improving health and well-being through the integration of cultural understanding and responsiveness into health services delivery. Culturally-fit interventions increase people's satisfaction (Jongen et al., 2017). Applying culturally relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health is critical. APNs must develop cultural competencies if they are to successfully implement and evaluate health promotion programs.

In addition, the other major competencies required from the APNs include situational assessment, evidenced-based strategies, evaluation research, partnership building communication and report writing technology and health care and health promotion knowledge. APNs should be able to locate, conduct and critically analyze relevant literature, assess epidemiological and socio-demographic factors, involve needed stakeholders and community members in situational assessment, a prioritize the health promotion actions, and identify behavioural, environmental, social factor that increase risk factors. APNs must be able to plan appropriate, comprehensive health promotion interventions based on situational assessment and health priorities, set realistic goals and objectives, and identify all the needed resources such as money, place, and stakeholders. Currently available theories and models can guide health promotion interventions. In planning evidence-based strategies, APNs must appraise the relevant evidence (e.g., population, health data, health knowledge) needed for planning the intervention, set goals and objectives, and develop appropriately targeted health education material such as pamphlets, posters, visual presentation to meet the goals of the project.

APNs can identify appropriate evaluation research designs that allow them to effectively assess the process, outcome, and impact of a program. Ongoing monitoring of the health promotion

programs allows APNs to adjust objectives and strategies based on data. APNs must share and communicate the evaluation with stakeholders. Specific skills needed to implement a successful health promotion intervention include effective communication, conducting meetings, using appropriate technology to facilitate communication, managing the required database, and developing effective partnerships with key stakeholders within and outside the health sector.

### **The major challenges and facilitators faced by APNs to play their role in Oman**

Challenges faced by APNs involved in the health promotion field in Oman include the lack of APNs' role definition, scope of practice and rules and regulations. There is no regulatory mechanism to protect the APNs roles and the public when they function in this advanced role as health promoters.

Health promotion is a complex intervention in which patients and health promotor objectives may not always be consistent, or there may be barriers to implementing them. Performing advanced practice nursing in Oman will face many challenges, such as lack of knowledge about available resources for referral. The Omani population believes that health promotion only makes sense in high-risk patients. Other healthcare professionals lack motivation and confidence to implement health promotion and health education. Lack of financial incentives for the service or the professional is also a barrier to implementation. Omanis have little knowledge regarding the application and conduction of health promotion programs. Oman does not have a centralized system to translate and use health education materials and ensure the consistency of health education materials. Another barrier is the lack of national guidelines for developing health education that is culturally acceptable. There is currently little sharing of health education materials among health care sectors. In addition, there is a lack of dissemination mechanisms for health education material.

There are also patient-related barriers, such as psychological comorbidity and lack of patient resources (economic, social, and/or educational). The Omani population, especially in the villages, have conveyed a lack of interest in, and/or adherence to, previous health promotion interventions, as indicated by a denial of responsibility and not offering any feedback to APNs.

Institutional-related barriers include factors such as the APNs workload, their lack of time and limited referral resources for the implementation of health promotion interventions. Nevertheless, many professionals think that the primary health care setting is well placed and has the necessary credibility to implement health promotion. However, it has been shown to be difficult to maintain various sectors' collaboration to promote health ( Al Hinai et al, 2020) and their commitment to create an enabling environment to move forward on non-communicable diseases prevention and control strategy. There are also low levels of awareness of the non-communicable diseases as risk factors in the Omani community. A study done in Saudi Arabia (Samara, Nistrup, Al-Rammah, and Aro,2015) showed that physical inactivity was not related to socio-cultural factors, but rather to lack of facilities for women to practice sports. APNs should include patient education about disease prevention, health promotion, plan of care, and disease processes in all patient encounters if they are to promote better health outcomes.

A well-organized practice where everyone knows their role regarding health promotion can facilitate health programs. Today there is increased access to health care and reduced illiteracy in Oman (Al Hinai et al., 2020). The health care system in Oman provides preventive, promotional, and rehabilitative services across the country free of cost and works to continuously develop policies and monitoring tools (Al Hinai et al., 2020). Maintaining a collaborative relationship with other healthcare professionals and defining the APN role are critical to the success of the implementation of health promotion by APNs (Torrens et al., 2020). A multi-sectoral national health education committee was established with which APNs can collaborate. The committee activities help create awareness of various health information sources such as the breast cancer association and the diabetic association. In Oman, demographic, technological, political, and economic shifts have led to new organizational primary care and health promotion. The Omani population has begun to adopt a healthier lifestyle. However, healthy food options are often more expensive. The government also offers free sport clubs to increase physical activities and exercise.

Collaboration may be the most important facilitating factor for achieving an effective health promotion intervention. Collaboration is facilitated by effective communication and engagement of all relevant stakeholders. Engaging local stakeholders in the community enables proper planning and implementation of culturally tailored health promotion activities. Availability of needed resources is another facilitator. Without the appropriate resources, APNs will have difficulty in achieving goals and objectives. Both financial and human capital are crucial.

## **Recommendations**

Developing the role of APNs as health promoters and educators in Oman should be a major priority. Al Hinai et al. (2020) offered several recommendations, including: (a) establish a National Health Council for the Promotion of Wellness policies; (b) provide enough capable health promoters like APNs to promote health; (c) address the social determinants of health using methods such as reorienting health services, creating a supportive environment, building health policies, and advocating APNs as health promoters through social market; (d) develop health promotion offices and update community-based health strategies and evaluate health promotion policies. The health promotion office is expected to ensure the consistency and the appropriate dissemination of all the health education-related materials. There is a critical need to develop finance mechanisms for the sustainability of health promotion and enhance the surveillance system for risk factors and social determinants. APNs should initiate the development of an electronic mechanism to facilitate virtual community health promotion by sharing knowledge and disseminating evidence-based programs. There is a need to translate health and quality-of-life factors into their economic impact, provide support for evaluation of practice-based research and training APNs in the promotion of public health. Finally, there is a need to utilize research findings to implement and evaluate community health promotion.

## **Conclusion**

The future of the health promotion strategy in Oman should be based on evidence from the health promotion literature and on promising innovation. Health promotion offers the best opportunity to enhance the quality of life for the population of Oman; it builds on the strengths

and capacities of the existing system and ensures that the following elements for success are incorporated and adopted by all stakeholders, including APNs. Positive changes in lifestyles and living conditions can be promoted by introducing the APNs role to the public, engaging community members and researchers in comprehensive and participatory approaches to research and action. Developing clear guidelines about the role and regulation of APNs will enhance the APN's role as health promotor.

## References

- Al-Riyami, A. (2012). Health vision 2050 Oman: A committed step toward reforms. *Oman Medical Journal*, 27(3), 190.
- Al Hinai, H., Al Mufarji, K., Al Siyabi, H., Al Anqoudi, Z., Al Saadi, R., & Al Awaidy, S. (2020). Health promotion strategy as part of Vision 2050 in Oman: the way forward. *Global Health Promotion*, 1757975920909115.
- Al Maqbali, M. R., Al Omari, O., Slimane, S. B. A., & Balushi, N. A. (2019). The nursing profession in Oman: An overview. *Nursing science quarterly*, 32(4), 322-325.
- Bryant-Lukosius, D., Valaitis, R., Martin-Misener, R., Donald, F., Peña, L. M., & Brousseau, L. (2017). Advanced practice nursing: a strategy for achieving universal health coverage and universal access to health. *Revista latino-americana de enfermagem*, 25.
- Gutiérrez-Rodríguez, L., Mayor, S. G., Lozano, D. C., Burgos-Fuentes, E., Rodríguez-Gómez, S., Sastre-Fullana, P., . . . Morales-Asencio, J. M. (2019). Competences of specialist nurses and advanced practice nurses. *Enfermería Clínica (English Edition)*, 29(6), 328-335.
- Jakimowicz, M., Williams, D., & Stankiewicz, G. (2017). A systematic review of experiences of advanced practice nursing in general practice. *BMC nursing*, 16(1), 6.
- Jongen, C. S., McCalman, J., & Bainbridge, R. G. (2017). The implementation and evaluation of health promotion services and programs to improve cultural competency: a systematic scoping review. *Frontiers in public health*, 5, 24.
- Kemppainen, V., Tossavainen, K., & Turunen, H. (2013). Nurses' roles in health promotion practice: an integrative review. *Health Promotion International*, 28(4), 490-501.
- MOH. (2018, 28/5/2020). Annual Health Report 2017. . Retrieved from <https://www.moh.gov.om/ar/web/statistics/-/2018->.
- MOH. (2020, 29/5/2020). E health portal. Retrieved from <https://www.moh.gov.om/en/web/general-directorate-of-primary-health-care/directorates>

- Rahman, R. (2018). Role of Health Promotion Strategies on Lifestyle and Behavioral Changes to Reduce the Number of Non-communicable Disease Patient: An Opinion. *ARCHIVOS DE MEDICINA*, 3(1), 7.
- Reilly, T., Crawford, G., Lobo, R., Leavy, J., & Jancey, J. (2016). Ethics and health promotion practice: exploring attitudes and practices in Western Australian health organisations. *Health Promotion Journal of Australia*, 27(1), 54-60.
- Samara, A., Andersen, P. T., & Aro, A. R. (2019). Health promotion and obesity in the arab gulf states: Challenges and good practices. *Journal of obesity*, 2019.
- Samara, A., Nistrup, A., Al-Rammah, T. Y., & Aro, A. R. (2015). Lack of facilities rather than socio-cultural factors as the primary barrier to physical activity among female Saudi university students. *International journal of women's health*, 7, 279.
- Smith, H. (2017). *The Relationship Between Advanced Practice Nurses and Health-Promoting Behaviors of Community-Dwelling Pre-Diabetic Overweight and/or Obese Adults Ages 18-55*. Alcorn State University.
- Tengland, P.-A. (2016). Behavior change or empowerment: On the ethics of health-promotion goals. *Health Care Analysis*, 24(1), 24-46.
- Torrens, C., Campbell, P., Hoskins, G., Strachan, H., Wells, M., Cunningham, M., . . . Maxwell, M. (2020). Barriers and facilitators to the implementation of the advanced nurse practitioner role in primary care settings: a scoping review. *International Journal of Nursing Studies*, 104, 103443.
- WHO. (2020). The Nizwa healthy lifestyles project, Oman. Retrieved from: <http://www.emro.who.int/health-education/physical-activity-case-studies/the-nizwa-healthy-lifestyles-project-oman.html>