

Staff views on health promotion in emergency care settings – a qualitative scoping study.

Abstract

Aim

To investigate the attitudes and barriers to health promotion practice behaviours amongst emergency nurses and ambulance service paramedics.

Methods

We used direct enquiry to recruit a convenience sample of emergency care staff (emergency department nurses and ambulance service paramedics). We conducted semi-structured interviews exploring the attitudes of staff. The interviews were analysed thematically.

Results

A total of six participants were interviewed: three emergency department nurses and three ambulance service paramedics. From the transcripts two main themes were identified: health promotion as part of the role of emergency care staff, and barriers to health promotion in the emergency care setting.

Conclusion

Staff interviewed were willing to undertake health promotion activities despite the barriers they discussed. There are opportunities for further development, and patients would benefit from a more structured approach to health promotion in these care settings.

Keywords

Emergency Service, Hospital; Nursing; Allied Health Personnel; Emergency Medical Services; Health Promotion.

Background

According to the World Health Organisation, health promotion is the process of enabling people to increase control over, and to improve, their health (World Health Organization, 2019). Whilst this is not a new idea, it is more relevant than ever in addressing public health problems. Engaging people in conversations about improving their health by addressing risk factors is a health promotion intervention. Risk factors that cause premature deaths in England have been identified by The Global Burden of Disease study (Steel et al., 2018). These risk factors are: high blood pressure, smoking, poor diet, alcohol, obesity, and drug use. Both air pollution and lack of exercise are also significant (Institute for Health Metrics and Evaluation, 2019).

Over a million people interact with the NHS every 24 hours. These interactions bring home the personal impact of ill health. Practical actions have been set out by The NHS Long Term Plan for these contacts to be used as positive opportunities to help people improve their health (NHS England, 2019). Frontline NHS staff are well placed to recognise appropriate times and situations to engage with people they are treating and support them in improving their health and wellbeing. This has been reaffirmed by the Office for Health Improvement and Disparities, NHS England, and Health Education England. Together they have produced a consensus statement which describes the commitment of their organisations to work together. The aim of this work is to maximise support for population behaviour change by helping individuals and communities significantly reduce their risk of disease

(www.england.nhs.uk, n.d.). This statement recommends the application of Making Every Contact Count (MECC), across all health and social care organisations (www.makingeverycontactcount.co.uk., n.d.). This evidence-based approach to health care encourages all those who have contact with the public to talk about their health and wellbeing. The approach can include:

1. Brief interventions – engaging, discussing, supporting goal setting, encouraging change and a referral to further support. This often takes no longer than a few minutes.
2. Very brief interventions – engaging, providing information, signposting, recording of information, and a referral to further support. This can often be delivered in 30 to 150 seconds.

Emergency care and public health are naturally intertwined, although most emergency care staff may not identify themselves as public health practitioners. Whilst the environment of the Emergency Department can prove challenging when considering health promotion activities, it also affords an opportunity for a ‘teachable moment’ for health behaviour change (Flocke et al., 2014). Disease prevention and health promotion have the potential to reduce healthcare costs by encouraging selfcare and more appropriate resource use. As a result, emergency care staff are tasked with exploring opportunities for making health promotion an integral function of their care planning. Recommendations have been made stressing the importance of evaluating all future health policy in terms of its impact on health inequalities, and health promotion policies endeavour to address these issues (Wanless, 2002; Wanless, 2004; www.england.nhs.uk, n.d.).

Whilst emergency departments (EDs) have been viewed as treating acute illness and injury, rather than addressing the causes of these problems, they can also be seen as suitable environments for health promotion because:

- Emergency care and health promotion share similar goals for improving the health of individuals and communities;
- ED staff are a credible and trusted source of health information;
- EDs have an existing infrastructure for health promotion, such as planning processes and community networks;
- EDs provide an entry point to healthcare (Phillips and Laslett, 2021).

A study exploring Emergency Nurses' attitudes to health promotion recommends that there is increased post-registration education in health promotion for nurses, and continuing exploration of the hospital nurses' health promotion role. The study authors recommend further research is needed to explore Emergency Nurses' perceptions of barriers to effective health promotion (Cross, 2005).

There is a lack of evidence on the acceptability of health promotion in nurse-led minor injury units, walk-in centres, and urgent care centres. However, a qualitative study examined the attitudes of 204 patients with high-risk behaviours and 14 nurse practitioners to a brief health promotion intervention was in these three settings. The findings suggest that brief health promotion screening, advice, leaflets, and referrals are acceptable. The authors recommend additional health promotion training, support, resources, and pragmatic policies to help nurse practitioners integrate health promotion into care provision (Chacha-Mannie et al., 2019).

Brief interventions are a technique used to initiate change for an unhealthy or risky behaviour such as smoking, lack of exercise or alcohol misuse. They generally consist of a few minutes of advice and information giving, engaging individuals in a conversation about their health. Several studies have found brief interventions (BIs) delivered in emergency departments to be effective (The Impact of Screening, Brief Intervention, and Referral for Treatment on Emergency Department Patients' Alcohol Use, 2007; D'Onofrio et al., 2008; Havard et al., 2011). In particular, one study found reduced alcohol consumption among those in a BI group where patients received a written handout and a brief intervention compared to a control group who received a written handout only (The Impact of Screening, Brief Intervention, and Referral for Treatment on Emergency Department Patients' Alcohol Use, 2007). Additionally, Schermer *et al.* found BI participation to be the strongest protective factor against driving under the influence of alcohol charges at follow-up (Schermer et al., 2006). Furthermore, D'Onofrio and colleagues found a significant decrease in alcohol-related consequences such as driving accidents and service use in the BI group compared to controls (D'Onofrio et al., 2008). These studies present evidence supporting the effectiveness of BIs in reducing alcohol consumption; however, the literature also contains some inconsistent findings regarding the effect of BIs in this context.

It is important that staff have the competence and confidence to deliver healthy lifestyle messages to encourage people to change their behaviour and to direct them to local services that can support them. The introduction of a public health promotion specialist into the hospital emergency department to provide a brief health promotion intervention had a positive effect on patient satisfaction in a study from the United States (Rega et al., 2012).

In a multi-centre study in the emergency department population in the United States, of preferences for health education, patients and visitors were most interested in

health education on stress, depression, exercise, and nutrition, compared to topics ED staff more commonly engage with in the emergency department such as substance abuse, and injury prevention. Despite many recent innovations in health education such as the use of digital platforms and interactive online sessions, most ED patients and visitors in the study preferred the traditional form of books and brochures (Kit Delgado et al., 2010). In Australia, work was undertaken to explore opportunities for health promotion in seven emergency departments and a framework was developed for such work (Bensberg, Kennedy and Bennetts, 2003; (Bensberg, 2002; (Bensberg and Kennedy, 2001). The framework describes the opportunities for health promotion in EDs through combining the 'strategies for health promotion' with the 'spectrum of health and disease'. This forms a matrix to enable health development, primary prevention, and secondary prevention interventions to be planned in EDs.

Health promotion is evolving in ambulance services. More attention is being received on the role of the paramedic in promoting patient health and wellbeing. Health promotion is included by The College of Paramedics as part of the scope of paramedic practice (Paramedic -Scope of Practice Policy College of Paramedics Date for Policy review - Paramedic -Scope of Practice Policy, 2017). It is also an integrated topic within undergraduate paramedic degrees. Using patient contact time to promote health and wellbeing are being acknowledged by ambulance services (aace.org.uk, n.d.). There is very limited evidence about "if, or how, health promotion is delivered by paramedics and its acceptability to patients, their family and the profession" (Schofield and McClean, 2021).

Further exploration is needed as there is a lack of evidence on the acceptability of health promotion for patients and service providers in emergency care settings. This is particularly needed as staff are encouraged to talk to the public they are treating about their health and wellbeing across all health and social care organisations.

Aim

To investigate the attitudes and barriers to health promotion practice behaviours amongst emergency nurses and paramedics.

Methods

Approval for this study was obtained from the Health Research Authority, and ethics committee approval was obtained from the South Central - Hampshire A Research Ethics Committee (20/SC/0182). R&D approvals were sought from the two participating Trusts to interview NHS staff.

The study benefited from the involvement of members of an Ambulance Trust Patient and Participant Involvement (PPI) group. The members of this existing PPI group were invited to a virtual meeting about the study and agreed to provide input. The PPI group were involved from the study outset and approved the importance and relevance of the study topic area, participant facing documents (e.g., participant information sheets, consent forms), and the interview topic guide.

An inductive qualitative approach, based on semi-structured interviews and thematic analysis, was used. A descriptive qualitative interview-based approach was chosen given the limited exploration of this topic to date, and it was chosen over a quantitative method to understand staff views, perceptions, and experiences.

We used direct enquiry to recruit a convenience sample of emergency care staff (ED nurses and ambulance service paramedics). Qualitative research tends to involve small numbers of cases studied intensively, usually following a sequential rather than pre-determined process, since the concern is not with numerical units or establishing representativeness. We conducted six semi-structured interviews exploring the attitudes of staff. The interviews were audio-recorded, transcribed, and analysed thematically.

Paramedics were recruited from one Ambulance Service NHS Trust. ED nurses were recruited from the ED at one hospital served by that Ambulance Trust. Staff emails were sent by the participating organisations and posters and leaflets advertising the study were placed in staff rooms at each site. Staff were asked to contact the study team if they were interested in participating.

Data were collected between September 2020 and December 2020. The interviews were undertaken by the lead author (BS) and conducted by telephone due to the requirements for social distancing during the Covid-19 pandemic. Once potential participants agreed to take part in the study, they were sent a copy of the participant information sheet and University of West of England Privacy Notice for Research Participants to read and had an opportunity to ask any questions about the study from the researcher. They were then asked to complete and sign a written consent form before the interview. Consent forms were signed, scanned, and emailed to the interviewer before the interview took place. Interviews were digitally recorded, and recordings were transcribed verbatim.

An interview topic guide (Appendix 1) was developed with input from the study team and members of the Patient and Participant Involvement (PPI) group.

Anonymised interview transcripts were thematically coded by hand, and the codes organised into themes by a study researcher (BS). Two of the interviews were double coded independently to assess inter-coder agreement (RH and UR). Thematic analysis uses an iterative process of data reduction and constant comparison (Braun and Clarke, 2006). Analysis was ongoing throughout the data collection period to allow constructed themes to be fed back into data collection. Study team meetings were held to discuss the coding process and developing themes. These themes were presented to the PPI members and the collective conversations with the study team members and PPI members contributed to data synthesis and interpretation.

Findings

A total of six participants were interviewed: three ED nurses and three ambulance service paramedics. From the transcripts two main themes were identified: health promotion as part of the role of emergency care staff, and barriers to health promotion in the emergency care setting.

Health promotion as part of the role of emergency care staff

The participants all displayed a good understanding of health promotion and in the main expressed it as empowering patients to manage their conditions and signposting access to external services. They spoke mostly in terms of providing health education

and being able to direct patients to services available in their localities during the interviews.

“Taking the opportunity, opportunist moment sort of interventions, when you can, discuss with the patients, sort of health behaviours that may be risky or, they may need signposting about, sort of giving them information to help them make those decisions themselves, to sort of enhance their health.” [EDN3]

All the study participants agreed that health promotion is part of their role as a clinician in emergency care. The respondents recognised the impact of health promotion on individuals. The ED nurses recognised that more senior nurses acting as the clinician who sees and discharges a patient are well placed to undertake health promotion activities. The nurses interviewed suggested that junior ED nurses may be more task orientated and may not use their contacts with patients whilst undertaking clinical tasks to engage in health promotion activities which can be a barrier to health promotion practice behaviour.

“Because as a clinician who see the patient, I would have chatted to the patient, I would have taken history and know more about the patient, and I will have that picture of what’s wrong with the patient. So, I think we are the best people to give health promotion to patients and usually the other thing is patients will confide in you, after you seen them as a clinician so like I say you’ve seen me now you’re telling me what to go and do and they usually follow those instructions because you would have built trust in your patients.” [EDN1]

“Yes, I like health promotion. I find it quite kind of satisfying. You’ve got patients that don’t understand something and you’re able to talk to them about it and hopefully improve their life by just that one callout. Because sometimes it’s not an emergency at all and it turns out that they actually just don’t know how to use their inhaler, or they don’t understand something. So yeah, I think I use it quite a lot in my job role.” [PARA3]

There were perceptions amongst the interviewees across both professions that not all their colleagues may hold the same views. Some stated that it is important for staff to see the relevance and potential impact of health promotion in these settings for them to engage with this, as it is usually regarded as an activity that takes place in primary care. This can act as a barrier to health promotion behaviour in the urgent and emergency care settings.

Barriers to health promotion in the emergency care setting

Staff in both clinical settings expressed a concern that they did not feel trained in having health promotion conversations, and that they lacked knowledge in the breadth of topics they may have to engage with. Some staff stated that they were comfortable discussing issues they had personal knowledge of as they had studied the appropriate literature previously.

“...it's difficult for me to tell whether I've learnt it myself or whether somebody taught me it, I can't be specific about that.” [PARA2]

“Obviously doing any additional learning which then you could bring into your job role. Even like, I don’t know if this is classed as health promotion really but mental health patient I had the other day I learnt a new breathing technique thing to do the other day and I did it with her and it worked really, really well and I went through another one with her as well and she said that was really helpful and she was going to use that in the future. But that’s something I learnt outside of actual being at work.” [PARA3]

All study participants stated they would find training and access to an online handbook with up-to-date health education information useful. Some participants expressed an interest in topic specific training or the provision of appropriate leaflets to give to patients before discharge. Staff participants recognised a need for an organisation-wide approach to training and provision of health education information and signposting. ED nurse participants also felt that the waiting areas in EDs could be better used with notice boards and leaflets on health risk factors for patients to engage with whilst they waited to be seen by clinical staff.

“Whether that's through sort of our, annual mandatory training, you know, like a training package or, you know, a presentation on local services that are available that we could have, to hand. Or just having more communication or contact numbers or direct numbers for referrals that we can make as paramedics, cos sometimes I find the barrier is that to do a referral to that service, it has to go via the GP. So, if we could be the direct referral to say an alcohol service or, you know, a smoking service then that would cut out the middle person and we could just, like, put our referral in straight away.” [PARA1]

“I guess from my point of view, I think if ED staff were given specific information that they could provide to patients I think it would be useful because it's not, like, a clear standard at the moment to be saying everybody knows, you know, like have your five fruit and veg a day and things like that. But actually, if somebody was to ask me, okay so what's in one of those promotions, I wouldn't necessarily know off the top of my head, that's why I think something like patient leaflets or something like that would be useful.” [EDN2]

The study participants spoke about health topics that may be sensitive to discuss with their patients. Most interviewees agreed that smoking cessation was a regular topic of health education, and that alcohol use was also recorded during the patient history, allowing staff to discuss this without it being deemed sensitive. Weight and sexual health were topics that most staff described as too sensitive to discuss. There was a fear of offending patients when talking about weight.

“We're probably really rubbish at, very rubbish at, giving advice about reducing weight, about weight reduction. I think my colleagues and that would include myself I'm sure, find that a very difficult and different conversation to have, in the Health Education perspective, because, you certainly don't want to ask, discuss that too early on, when you're taking the history, their social history, whereas you would with alcohol and smoking, you would just ask them.” [EDN3]

“Probably sexual health I guess, as in, like, safe sex practise ..., especially if that's not necessarily related as well, to what they've come in, I think that would seem a bit random to just come out with it.” [EDN2]

One interviewee, however, felt confident to have discussions around weight and felt it would be appropriate if it could be related to the condition for which the patient was seeking care, particularly if their weight management might directly impact their recovery. This participant stated that building relationships with the patient even during a short consultation was central to easing the potential discomfort felt at broaching the topic.

The staff interviewed indicated that understaffing may act as a barrier to health promotion activities. However, they did not identify time as a barrier with many

participants expressing that time spent on educating the patient may have longer-term benefits by reducing the need for future emergency care by that individual.

“The more we can teach and support, the more people are going to stay at home.” [PARA3]

Although participants acknowledged that all patients being discharged home from ED and patients being treated and discharged at home by paramedics would benefit from health promotion discussions, they recognised that patients would need to be receptive to these conversations. They also identified rude and aggressive patients as those that they would be reluctant to engage in this way.

Participants acknowledged that not all their colleagues may engage with health promotion activities, and that the employing organisation would play a central role in ensuring that staff were informed of the potential for health promotion in their role and the benefits it could lead to both in patient wellbeing and staff workload.

“I would say it probably is dependent on the individual, how much importance they place on Health Promotion.” [EDN3]

Discussion

This study explored staff views on health promotion in emergency care settings. By engaging with a relatively small number of staff we have gained insights regarding staff attitudes and potential barriers and enablers.

The findings from our study support previous research, in which ED nurses saw health promotion as part of their role and suggested the use of leaflets to reinforce the information-giving element of the engagement activity.¹²⁻²² There is very limited literature to inform the evolving role of paramedics in health promotion activities, and this is an area that requires further research. Paramedics interviewed seemed open to health promotion activities, but also relied on further support from their Trust. Promoting health is part of the paramedic curriculum framework.

The study findings indicate that staff working in emergency care have the time to engage with health promotion activities and see it as part of their job whilst study respondents reported lack of time as a potential barrier. Moreover, our study participants were able to discuss the potential for reducing the need for future emergency care if patients are engaged, directed to relevant health education material, and signposted to other agencies for further support.

Interviewees recognised the importance of building a trusting relationship with the patient. If a trusting relationship has been established between the ED clinician and the patient, then the ‘teachable moment’ is probably more likely to occur, and the patient may lead the conversation about a health promotion subject indicating they are ready or would be open to hearing more about how they can prevent the issue that has brought them to ED from occurring again. It is important to avoid language and behaviours that are judgmental of patients, and to ask patients what they want in terms of their outcome goals and preferences (Flocke et al., 2014; Dang et al., 2017; Allinson and Allinson, n.d.).

A system-wide approach across all staff and all NHS Trusts to health promotion in these clinical settings could provide staff with the training and framework (educational support, support from clinical managers, resources for in-house education and dissemination of information e.g., leaflets/apps) that they need to support their patients by incorporating health promotion activities into the routine processes of care.

Limitations

This study focused on the views of a small number of two staff groups; the views of patients are not represented. This sample of staff volunteered to take part and may not be representative of all ED nurses and paramedics. The findings of this study are not transferable to all regions of the UK since all participants were from a single geographical area of England.

Conclusion

The ED nurses and paramedics we interviewed are engaging in health promotion activities, although they do not always feel confident in these roles. They report that not all ED nurses and paramedics are currently undertaking health promotion activities. Effective health promotion in emergency care is an important challenge that has the potential to benefit public health outcomes. Staff interviewed seemed willing to undertake these activities despite the barriers they discussed. There are opportunities for growth and development, and patients would benefit from a more structured approach to health promotion in these care settings.

Our findings support the need for further research to explore more fully the barriers to health promotion in emergency care. The results of this study will help inform the design of further research to improve staff engagement with health promotion activities.

Implications for practice

- Staff should receive training in health promotion discussions
- Employing organisations should provide standardised health education information and support
- Staff should be made aware of the benefits to patients and the emergency care system of engaging in health promotion activities

Acknowledgements

The authors wish to acknowledge and thank the study participants who were working under difficult pressures at the time of data collection due to the Covid-19 pandemic.

Conflict of interest

The authors have no conflicts of interest to declare.

References

- aace.org.uk. (n.d.). *Working together with Ambulance Services to improve Public Health and Wellbeing* - aace.org.uk. [online] Available at: <https://aace.org.uk/news/working-together-ambulance-services-improve-public-health-wellbeing/>.
- Allinson, M. and Char, B. (2016). *How to build and maintain trust with patients*. [online] The Pharmaceutical Journal. Available at: <https://pharmaceutical-journal.com/article/ld/how-to-build-and-maintain-trust-with-patients>.
- Bensberg, M., Kennedy, D.M. and Bennetts, S. (2003). Identifying the opportunities for health promoting emergency departments. *Accident and Emergency Nursing*, 11(3), pp.173–181. doi:10.1016/s0965-2302(03)00002-x.
- Bensberg, M. (2002). A framework for health promoting emergency departments. *Health Promotion International*, 17(2), pp.179–188. doi:10.1093/heapro/17.2.179.
- Bensberg, M. and Kennedy, M. (2001). Health promotion-who, us? Developing health promoting emergency departments. *Australian Health Review*, 24(3), p.39. doi:10.1071/ah010039.
- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp.77–101.
- Chacha-Mannie, C., Dewey, A., Daniels, P. and Pallikadavath, S. (2019). Brief health promotion in urgent care centres: a qualitative study of patients' and nurse practitioners' attitudes. *Primary Health Care*. doi:10.7748/phc.2019.e1517.
- Cross, R. (2005). Accident and Emergency nurses' attitudes towards health promotion. *Journal of Advanced Nursing*, 51(5), pp.474–483. doi:10.1111/j.1365-2648.2005.03517.x.
- Dang, B.N., Westbrook, R.A., Njue, S.M. and Giordano, T.P. (2017). Building trust and rapport early in the new doctor-patient relationship: a longitudinal qualitative study. *BMC Medical Education*, [online] 17(1). doi:10.1186/s12909-017-0868-5.
- D'Onofrio, G., Pantaloni, M.V., Degutis, L.C., Fiellin, D.A., Busch, S.H., Chawarski, M.C., Owens, P.H. and O'Connor, P.G. (2008). Brief Intervention for Hazardous and Harmful Drinkers in the Emergency Department. *Annals of Emergency Medicine*, 51(6), pp.742-750.e2. doi:10.1016/j.annemergmed.2007.11.028.
- Flocke, S.A., Clark, E., Antognoli, E., Mason, M.J., Lawson, P.J., Smith, S. and Cohen, D.J. (2014). Teachable moments for health behavior change and intermediate patient outcomes. *Patient Education and Counseling*, 96(1), pp.43–49. doi:10.1016/j.pec.2014.03.014.
- Havard, A., Shakeshaft, A.P., Conigrave, K.M. and Doran, C.M. (2011). Randomized Controlled Trial of Mailed Personalized Feedback for Problem Drinkers in the Emergency Department: The Short-Term Impact. *Alcoholism: Clinical and Experimental Research*, 36(3), pp.523–531. doi:10.1111/j.1530-0277.2011.01632.x.
- Health Education England (2019). *Making Every Contact Count (MECC)*. [online] [Makingeverycontactcount.co.uk](https://www.makeeverycontactcount.co.uk). Available at: <https://www.makeeverycontactcount.co.uk>.
- Institute for Health Metrics and Evaluation (2019). *GBD Compare*. [online] [Healthdata.org](https://vizhub.healthdata.org/gbd-compare/). Available at: <https://vizhub.healthdata.org/gbd-compare/>.
- Kit Delgado, M., Ginde, A.A., Pallin, D.J. and Camargo, C.A. (2010). Multicenter Study of Preferences for Health Education in the Emergency Department Population. *Academic Emergency Medicine*, 17(6), pp.652–658. doi:10.1111/j.1553-2712.2010.00764.x.
- NHS England (2019). *NHS Long Term Plan*. [online] NHS Long Term Plan. Available at: <https://www.longtermplan.nhs.uk/>.

NHS England (2016). *NHS England» Making Every Contact Count (MECC): Consensus statement*. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/publication/making-every-contact-count-mecc-consensus-statement/>.

Paramedic -Scope of Practice Policy College of Paramedics Date for Policy review - Paramedic - Scope of Practice Policy. (2017). [online] Available at: https://nasemso.org/wp-content/uploads/UKParamedic_Scope_of_Practice_Policy_May_2015.pdf.

Phillips, A. and Laslett, S. (2021). Health promotion in emergency care: rationale, strategies and activities. *Emergency nurse : the journal of the RCN Accident and Emergency Nursing Association*. [online] doi:10.7748/en.2021.e2103.

Rega, P.P., Roberts, S.M., Khuder, S., Boardley, D., Brickman, K. and Regent, C. (2012). The Delivery of a Health Promotion Intervention by a Public Health Promotion Specialist Improves Patient Satisfaction in the Emergency Department. *Academic Emergency Medicine*, 19(3), pp.313–317. doi:10.1111/j.1553-2712.2012.01293.x.

Schermer, C.R., Moyers, T.B., Miller, W.R. and Bloomfield, L.A. (2006). Trauma Center Brief Interventions for Alcohol Disorders Decrease Subsequent Driving Under the Influence Arrests. *The Journal of Trauma: Injury, Infection, and Critical Care*, 60(1), pp.29–34. doi:10.1097/01.ta.0000199420.12322.5d.

Schofield, B. and McClean, S. (2021). Paramedics and health promotion. *Perspectives in Public Health*, [online] p.175791392110533. doi:10.1177/17579139211053363.

Steel, N., Ford, J.A., Newton, J.N., Davis, A.C.J., Vos, T., Naghavi, M., Glenn, S., Hughes, A., Dalton, A.M., Stockton, D., Humphreys, C., Dallat, M., Schmidt, J., Flowers, J., Fox, S., Abubakar, I., Aldridge, R.W., Baker, A., Brayne, C. and Brugha, T. (2018). Changes in health in the countries of the UK and 150 English Local Authority areas 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, [online] 392(10158), pp.1647–1661. doi:10.1016/s0140-6736(18)32207-4.

The Impact of Screening, Brief Intervention, and Referral for Treatment on Emergency Department Patients' Alcohol Use. (2007). *Annals of Emergency Medicine*, 50(6), pp.699-710.e6. doi:10.1016/j.annemergmed.2007.06.486.

Wanless, D. (2002). *Securing our Future Health: Taking a Long-Term View Final Report Securing our Future Health: Taking a Long-Term View Final Report*. [online] Available at: <https://www.yearofcare.co.uk/sites/default/files/images/Wanless.pdf>.

Wanless, D. (2004). *Securing Good Health for the Whole Population Final Report Securing Good Health for the Whole Population*. [online] Available at: <https://www.southampton.gov.uk/moderngov/documents/s19272/prevention-appx%201%20wanless%20summary.pdf>.

World Health Organization (2019). *Health Promotion*. [online] Who.int. Available at: https://www.who.int/health-topics/health-promotion#tab=tab_1.

www.england.nhs.uk. (n.d.). *NHS England» Action required to tackle health inequalities in latest phase of COVID-19 response and recovery*. [online] Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/action-required-to-tackle-health-inequalities-in-latest-phase-of-covid-19-response-and-recovery/>.

Appendix 1- interview topic guide

Introduce yourself and ask them if they have read the information sheet and confirm receipt of signed consent form. Allow time to discuss the interview if they have any questions.

- Explore their experience of health promotion in urgent and emergency care settings
 - How are you involved in urgent and emergency care provision?
 - What do you understand by 'Health Promotion'?
 - What are your views on the provision of health promotion advice as part of your job?
 - In your opinion who is best placed to provide health promotion advice to patients in your care setting, why?
 - Do you think something needs to be changed in your work setting to encourage staff to provide health promotion advice, if so, what?
 - Can you describe any situations when you might be unable or unwilling to provide health promotion advice?

Thank them for their time and participation and let them know that if the study is funded, they will have an opportunity to follow progress through the HAS UWE webpage.