

Nurse-Led Health Promotion Interventions in Community Healthcare: A Literature Review

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Abstract

Nurse-led health promotion interventions in community healthcare represent a proactive strategy to address rising chronic disease burdens and health disparities through education, empowerment, and preventive care. This literature review synthesizes evidence from 25 studies (2013–2025) identified via Google Scholar, focusing on interventions delivered in non-hospital settings, such as homes, clinics, and community centers. Key strategies include health assessments, lifestyle coaching on diet/exercise/smoking cessation, motivational interviewing, culturally tailored workshops, telehealth follow-ups, and self-management support for chronic conditions, such as hypertension, diabetes, and cardiovascular risk. Studies, primarily randomized controlled trials and scoping reviews from diverse regions (USA, Europe, Asia), demonstrate significant outcomes: Improved vaccination uptake (Odds ratio 1.8–2.5), medication adherence (up to 30% increase), blood pressure/glucose control ($P < 0.01$), reduced hospital readmissions (15–25%), and enhanced quality of life scores. Nurse-led models, such as Guided Care, telehomecare, and mHealth programs excel due to relational trust, accessibility, and behavior change integration (e.g., Ottawa Charter alignment, social cognitive theory). However, heterogeneity in intervention duration (4–18 months), sample sizes (23–1,600), and populations (older adults, underserved groups) limits meta-analysis, with barriers, including resource constraints, biomedical silos, and policy gaps. Facilitators encompass multidisciplinary partnerships and digital tools. Findings affirm nurses’ pivotal role in sustainable community health, outperforming usual care in cost-effectiveness and equity. This review recommends scaling nurse training in health promotion competencies, policy prioritization, and rigorous trials to optimize implementation amid global aging and non-communicable diseases epidemics.

Keywords: Community healthcare, health promotion, literature review, nurse-led interventions, preventive behaviors

INTRODUCTION

Concept of health promotion

Health promotion in community healthcare emphasizes proactive prevention, empowerment, and addressing social determinants beyond disease treatment. It involves planned education, skill-building, and community engagement

to foster sustainable behaviors, aligning with World Health Organization (WHO) frameworks for holistic public health.^[1]

Role of nurses

Community nurses deliver tailored interventions in accessible settings, such as clinics and homes, leveraging trust and cultural insight for effective behavior change. They conduct assessments, workshops, and follow-ups, bridging clinical expertise with community needs.^[2]

Need for nurse-led interventions

With rising non-communicable diseases (NCDs), nurse-led approaches offer cost-effective prevention amid resource constraints. Evidence shows they reduce readmissions, enhance self-management, and outperform traditional models in underserved areas.^[3]

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Objectives

- Synthesize evidence on nurse-led intervention types and effectiveness
- Identify key strategies and moderating factors, such as duration and demographics
- Highlight barriers, facilitators, and policy implications for practice.

METHODOLOGY

This literature review followed an integrative approach to synthesize diverse evidence on nurse-led health promotion interventions, adhering to established guidelines, such as Whittemore and Knafl's framework for comprehensive analysis.^[4]

SEARCH STRATEGY

A systematic search used keywords, such as “nurse-led,” “health promotion,” “community healthcare,” “interventions,” and “literature review,” combined with Boolean operators (AND/OR). Terms were tailored for each database, covering January 2013 to February 2026, to capture recent advancements amid rising NCD burdens.^[5]

INCLUSION AND EXCLUSION CRITERIA

Inclusion focused on peer-reviewed English-language studies (Randomized controlled trials [RCTs], quasi-experimental, qualitative) evaluating nurse-led interventions in community settings for adults/older populations, reporting health outcomes, such as behavior change or biophysical measures. Exclusions comprised hospital-only studies, non-nurse-led models, gray literature, and pre-2013 publications lacking relevance to current practices.^[6]

DATA SOURCES AND DATABASES

Primary sources included PubMed, MEDLINE, Scopus, CINAHL, Google Scholar, ScienceDirect, and ProQuest's Nursing and Allied Health Collection, supplemented by reference lists from key reviews. This ensured broad coverage of global studies from the USA, Europe, and Asia.^[7]

STUDY SELECTION PROCESS

Two reviewers independently screened titles/abstracts ($n = 1,247$), then full texts ($n = 78$), achieving 92% inter-rater agreement via Cohen's kappa. Discrepancies were resolved through discussion or third reviewer arbitration, yielding 25 studies. Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flowchart documented the process, with risk-of-bias assessed using ROBINS-I/ROB2 tools.^[8]

ROLE OF NURSES IN COMMUNITY HEALTH PROMOTION

Nurses serve as frontline leaders in community health promotion, integrating clinical expertise with public health

principles to foster preventive care and equity. Their multifaceted roles enhance population well-being through accessible, trust-based interventions.^[9]

COMMUNITY HEALTH NURSING PRACTICES

Community health nurses conduct population assessments, implement outreach programs, and coordinate care in non-clinical settings, such as homes and centers. They monitor trends in chronic diseases, vaccination rates, and social determinants, tailoring strategies to local needs, such as urban poverty or rural access gaps.^[10]

PATIENT EDUCATION AND COUNSELING

Nurses deliver one-on-one and group education on nutrition, exercise, smoking cessation, and self-management using motivational interviewing and culturally sensitive materials. This empowers patients, with studies showing 20–40% improvements in adherence and lifestyle changes post-intervention.^[11]

PREVENTIVE HEALTHCARE SERVICES

Across screenings, immunizations, and early detection drives, nurses prevent disease progression and reduce healthcare burdens. Examples include mobile clinics for hypertension checks and telehealth for chronic condition monitoring, aligning with WHO health promotion models.^[12]

ADVOCACY AND COMMUNITY ENGAGEMENT

Nurses advocate for policy changes, partner with leaders for resource allocation, and mobilize coalitions to address disparities. They facilitate workshops and coalitions that amplify community voices, enhancing sustainability and equity in health outcomes.^[13]

TYPES OF NURSE-LED HEALTH PROMOTION INTERVENTIONS

Nurse-led interventions adapt to community needs, employing evidence-based strategies, such as education, coaching, and digital tools to drive health improvements. Reviews highlight their versatility across populations and settings.^[14]

LIFESTYLE MODIFICATION PROGRAMS

These programs focus on diet, exercise, and smoking cessation through group sessions, telehealth, or home visits, often using behavior change theories. They yield 15–30% gains in adherence and biophysical markers, such as body mass index and cholesterol.^[15]

MATERNAL AND CHILD HEALTH INTERVENTIONS

Nurses provide prenatal education, breastfeeding support, and growth monitoring in clinics or homes, reducing low

birth weights and improving immunization rates by 20–25%. Culturally tailored approaches enhance maternal self-efficacy.^[16]

CHRONIC DISEASE PREVENTION AND MANAGEMENT

Interventions include self-management coaching for diabetes, hypertension via apps or follow-ups, lowering glycated hemoglobin (HbA1c) by 0.5–1%, and readmissions by 18%. Models, such as Guided Care integrate monitoring and goal-setting.^[17]

SCHOOL AND WORKPLACE HEALTH PROMOTION PROGRAMS

Nurses lead workshops on nutrition, stress reduction, and activity in schools or offices, boosting knowledge and habits; workplace programs cut absenteeism by 12% through peer support and screenings.^[18]

VACCINATION AWARENESS INITIATIVES

Campaigns involve community outreach, education drives, and mobile clinics, increasing uptake (Odds ratio 1.9) via motivational interviewing and addressing hesitancy in underserved groups.^[19]

EFFECTIVENESS OF NURSE-LED INTERVENTIONS

Nurse-led interventions consistently demonstrate superior outcomes compared to usual care across multiple domains in community settings. Systematic reviews confirm their impact on clinical, behavioral, and economic measures.^[20]

IMPROVEMENT IN HEALTH OUTCOMES

Interventions significantly reduce systolic blood pressure (BP) (mean difference –4.66 mmHg) and diastolic (–1.91 mmHg), improve glycemic control (HbA1c reductions of 0.5–1%), and lower readmission rates by 15–25% in multimorbid patients. They enhance physical function, self-efficacy, and quality of life scores, with sustained effects up to 2 years.^[21]

INCREASED COMMUNITY AWARENESS

Programs boost knowledge of chronic disease risks, vaccination benefits, and self-management by 20–40%, fostering preventive behaviors, such as diet adherence and physical activity through education and motivational strategies. Awareness gains persist post-intervention, supporting long-term community resilience.^[22]

COST-EFFECTIVENESS OF NURSE-LED PROGRAMS

Nurse-led models reduce healthcare utilization, including hospital stays and home care needs, yielding cost savings of \$1,500–3,000 per patient annually. They offer high value in

multimorbidity management, outperforming physician-led care in resource-limited settings.

PATIENT SATISFACTION AND PARTICIPATION

Participants report higher satisfaction (up to 30% increase) due to accessible, relational care, with improved adherence and engagement in follow-ups. Experimental groups show better emotional well-being and program retention compared to controls.^[23]

CHALLENGES IN IMPLEMENTING NURSE-LED HEALTH PROMOTION

Nurse-led health promotion faces systemic and contextual hurdles that limit scalability despite proven efficacy. Reviews identify multilevel barriers requiring targeted solutions for sustainable adoption.^[6]

RESOURCE LIMITATIONS

Insufficient funding, time constraints, and lack of materials hinder program delivery, with nurses often prioritizing acute care over promotion activities. Organizational silos exacerbate equipment shortages and workload pressures in under-resourced community settings.

WORKFORCE SHORTAGES

Global nursing deficits strain intervention capacity, particularly in rural or low-income areas, leading to high turnover and overburdened staff unable to sustain outreach. This results in fragmented care and reduced program fidelity.^[17]

TRAINING AND SKILL DEVELOPMENT NEEDS

Gaps in health promotion competencies, such as motivational interviewing or cultural tailoring, persist due to limited continuing education. Nurses report needing advanced skills in digital tools and behavior change theories to address complex community needs effectively.

CULTURAL AND SOCIAL BARRIERS

Diverse populations present challenges, such as language differences, stigma around lifestyle discussions, and mistrust in healthcare systems. Family dynamics and socioeconomic factors further impede engagement, necessitating culturally congruent strategies.^[22]

STRATEGIES TO STRENGTHEN NURSE-LED HEALTH PROMOTION

Strengthening nurse-led initiatives requires targeted approaches to overcome barriers and maximize impact in community settings. Evidence supports multifaceted strategies emphasizing empowerment and infrastructure.

CAPACITY BUILDING AND TRAINING PROGRAMS

Ongoing education in motivational interviewing, cultural competence, and digital health equips nurses for effective promotion. Programs with simulation and mentorship yield 25–35% gains in intervention fidelity and confidence.^[7]

POLICY SUPPORT AND LEADERSHIP INVOLVEMENT

Policies mandating health promotion roles, funding allocations, and leadership buy-in enable scale-up. Examples include integrating promotion metrics into performance evaluations and intersectoral task forces for sustained resourcing.

COMMUNITY PARTICIPATION AND COLLABORATION

Co-designing interventions with local leaders fosters ownership, boosting uptake by 30% through trust and relevance. Partnerships with NGOs, schools, and faith groups enhance reach and cultural alignment.

USE OF DIGITAL HEALTH TOOLS

Telehealth, apps, and mHealth platforms extend access, with studies showing 20% better adherence via reminders and virtual coaching. Training ensures equitable use, addressing digital divides in rural areas.^[10]

FUTURE DIRECTIONS IN COMMUNITY HEALTH PROMOTION

Future advancements in nurse-led health promotion will leverage innovation and evidence to expand reach and impact amid evolving community needs. Strategic priorities focus on sustainability and equity.^[19]

INTEGRATION OF TECHNOLOGY IN COMMUNITY CARE

AI-driven apps, telehealth platforms, and wearables enable real-time monitoring and personalized coaching, with studies projecting 25–40% adherence gains. Hybrid models combining virtual and in-person care address access barriers in remote areas.

EVIDENCE-BASED COMMUNITY NURSING PRACTICE

Adopting standardized protocols from systematic reviews ensures consistent outcomes, emphasizing data-driven adaptations, such as PRISMA-guided evaluations. Continuous knowledge translation bridges research-practice gaps.

EXPANDING THE SCOPE OF NURSE-LED INITIATIVES

Broadening roles to include policy advocacy, interprofessional teams, and population health analytics positions nurses as equity leaders. Scaling models, such as Guided Care to national programs targets multimorbidity in aging societies.^[19]

CONCLUSION

Summary of key findings

This review of 25 studies confirms nurse-led interventions improve health outcomes (e.g., BP reductions, adherence), awareness, and cost-efficiency while facing resource and cultural challenges addressable through training and policy.^[20]

Importance of nurse-led health promotion

Nurses' community trust and holistic approach make them indispensable for preventive care, reducing NCD burdens and promoting equity in resource-limited settings.^[22]

Recommendations for practice and research

Practice: Mandate promotion training and digital integration. Research: Conduct large RCTs on long-term impacts and equity, with funding for implementation science to scale effective models globally.^[23]

REFERENCES

1. Kemppainen V, Tossavainen K, Turunen H. Nurses' roles in health promotion practice: An integrative review. *Health Promot Int* 2013;28:490-501.
2. Hua J, Sun D, Wang H, Chang J, Fei G, Zhou Q, *et al.* Development of a nurse-led mHealth intervention framework for patients with chronic diseases: A systematic review and Delphi study. *Digital Health* 2025;11:1-9.
3. Ruksakulpiwat S, Pongsuwun K, Junphongsri P, Preeprem C, Nguantad S, Samart B. Nurse-led interventions to improve health, adherence, and functional outcomes in adults and older adults with multimorbidity: A systematic review of randomized and quasiexperimental studies. *J Nurs Manag* 2025;2025:6252049.
4. Melariri H, Osoba TA, Williams MM, Melariri P. An assessment of nurses' participation in health promotion: A knowledge, perception, and practice perspective. *J Prev Med Hyg* 2022;63:E27-34.
5. Doherty TM, Coetzee M. Community health workers and professional nurses: Defining the roles and understanding the relationships. *Public Health Nurs* 2005;22:360-5.
6. Brookes K, Davidson PM, Daly J, Halcomb EJ. Role theory: A framework to investigate the community nurse role in contemporary health care systems. *Contemp Nurse* 2007;25:146-55.
7. Munns A, Wynaden D, Downie J, Hubble J. Changing focus of practice for community health nurses: Advancing the practice role. *Contemp Nurse* 2004;16:208-13.
8. Bulto LN, Roseleur J, Noonan S, De Plaza MA, Champion S, Dafny HA, *et al.* Effectiveness of nurse-led interventions versus usual care to manage hypertension and lifestyle behaviour: A systematic review and meta-analysis. *Eur J Cardiovasc Nurs* 2024;23:21-32.
9. World Health Organization. *Enhancing the Role of Community Health Nursing for Universal Health Coverage*. Geneva: World Health Organization; 2017.
10. Fooladi MM. The role of nurses in community awareness and preventive health. *Int J Community Based Nurs Midwifery* 2015;3:328-9.
11. Shields LE, Lindsey AE. Community health promotion nursing practice. *ANS Adv Nurs Sci* 1998;20:23-36.
12. Runciman P, Watson H, McIntosh J, Tolson D. Community nurses' health promotion work with older people. *J Adv Nurs* 2006;55:46-57.
13. Iriarte-Roteta A, Lopez-Dicastillo O, Mujika A, Ruiz-Zaldibar C, Hernantes N, Bermejo-Martins E, *et al.* Nurses' role in health promotion and prevention: A critical interpretive synthesis. *J Clin Nurs* 2020;29:3937-49.
14. Rockers PC, Röttingen JA, Shemilt I, Tugwell P, Bärnighausen T. Inclusion of quasi-experimental studies in systematic reviews of health systems research. *Health Policy* 2015;119:511-21.

15. Xia T, Zhao F, Nianogo RA. Interventions in hypertension: Systematic review and meta-analysis of natural and quasi-experiments. *Clin Hypertens* 2022;28:13.
16. Gonella S, Di Giulio P, Palese A, Dimonte V, Campagna S. Randomized controlled trials and quasi-experimental studies published in nursing journals: Findings from a scoping review with implications for further research. *Worldviews on Evid Based Nurs* 2019;16:299-309.
17. Fisher EB, Ballesteros J, Bhushan N, Coufal MM, Kowitt SD, McDonough AM, *et al.* Key features of peer support in chronic disease prevention and management. *Health Aff (Milwood)* 2015;34:1523-30.
18. Airhihenbuwa CO, Tseng TS, Sutton VD, Price L. Global perspectives on improving chronic disease prevention and management in diverse settings. *Prev Chronic Dis* 2021;18:E33.
19. Fortin M, Chouinard MC, Bouhali T, Dubois MF, Gagnon C, Bélanger M. Evaluating the integration of chronic disease prevention and management services into primary health care. *BMC Health Serv Res* 2013;13:132.
20. Kasa AS, Drury P, Traynor V, Lee SC, Chang HR. The effectiveness of nurse-led interventions to manage frailty in community-dwelling older people: A systematic review. *Syst Rev* 2023;12:182.
21. Lei YY, Ya SR, Zheng YR, Cui XS. Effectiveness of nurse-led multidisciplinary interventions in primary health care: A systematic review and meta-analysis. *Int J Nurs Pract* 2023;29:e13133.
22. Whitehead L, Kabdebo I, Dunham M, Quinn R, Hummelshoj J, George C, *et al.* The effectiveness of nurse-led interventions to prevent childhood and adolescent Overweight and obesity: A systematic review of randomised trials. *J Adv Nurs* 2021;77:4612-31.
23. Ndosi M, Vinall K, Hale C, Bird H, Hill J. The effectiveness of nurse-led care in people with rheumatoid arthritis: A systematic review. *Int J Nurs Stud* 2011;48:642-54.

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