2009

# The School Nurse's Perception of Health Promotion Behavior

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# The School Nurse's Perception of Health Promotion Behavior

by

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A project submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Degree of Master of Science in Nursing

Boiling Springs, North Carolina

2009

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## Acknowledgement

I would like to thank the faculty of the MSN program at Gardner-Webb University for all of the support I received during my graduate education. I would specifically like to thank Dr. Kathy Lindsey who I could always count on for encouragement and guidance in this program. Her love for nursing theory made me realize how important it is to our nursing profession.

I would also like to thank my husband, Steve, and my children, Callie and Conner, for their patience and understanding with me during this process. I would like to express appreciation to my friends Lucinda Ourant and Vanessa Seehafer for their assistance as a sounding board as I was putting together my thesis.

Finally, I would like to thank my co-worker, friend, and school buddy, Wendy Nielsen for her continuous support and company during the multiple trips we made to Gardner-Webb over the last two years.

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## Abstract

This was a descriptive study that assessed school nurses' perceptions of health-promoting behavior. A sample of 33 school nurses was asked to complete the Health Promotion Lifestyle Profile II (HPLP-II) to measure their health-promoting lifestyle. The HPLP-II is a Likert-styled instrument that consists of 52 items divided among six subscales. The six subscales are: (1) health responsibility; (2) physical activity; (3) nutrition; (4) interpersonal relations; (5) spiritual growth and; (6) stress management. The findings indicated that the nurses perceived interpersonal relationships and spiritual growth to be components of their health–promoting behavior as evidenced by higher mean scores in those two subscales. The mean scores of the remaining subscales were scored as less important pieces of their health behavior.

# Chapter I

## Introduction

Health-promoting behavior is defined as an outcome directed toward attaining positive health results such as optimal well-being, personal fulfillment, and productive living (Tomey & Alligood, 2006). The goals of health promotion include changing health risks, such as unhealthy food choices and lack of exercise, managing stress, gaining adequate rest, spiritual growth and building positive relationships.

Health promotion is concerned with human beings and their perception of their well-being (King, 1994, 212). Over the past several years, health promotion has moved to the forefront of health care. The role of the nurse has evolved into becoming a role model, educator, advocator, problem solver and facilitator (King, 215).Teaching and education from the nurse has become more important than ever. The credibility of the nurse as a health educator is related to the expectation that they exhibit healthy behaviors (Rush, Kee, & Rice, 2005). The nurse's knowledge about health and the nurse's healthy lifestyle behaviors can serve as an example to those around them (Ryan, 2008, 183).

## Background

School nurses have many different responsibilities in the school setting. The standpoint of the National Association of School Nurses (NASN) is that the school nurse has a role in the promotion of health and the prevention of disease in the school community that is served (National Association of School Nurses, 2004). The school nurse's performance in these endeavors provides an opportunity to contribute to the nation's goals of health promotion, disease prevention, and decreasing disability (National Association of School Nurses).

Health promoting behaviors are any behaviors that are initiated by any individual of any age to maintain or increase the most favorable well being, and personal satisfaction (Blacconiere & Oleckno, 1999).The health behaviors of school nurses have an effect on their role as advocates and educators to promote the health of youth (Petch-Levine, Cureton, Canham, & Murray, 2003, 273). Issues that affect the health of children include obesity, chronic illnesses, and mental health issues (Percy, 2006). Other chronic illnesses are diabetes, hypertension, cardiovascular disease, osteoporosis and cancer (Denehy, 2001). The majority of these chronic conditions are due to health behaviors that are set in motion during childhood (Denehy). Therefore, the school nurse has the opportunity to have a positive influence on the students by promoting a healthy lifestyle by providing health education and exhibiting healthy behaviors.

The National Association of School Nurses (NASN) defined seven roles of the school nurse (Troop & Tyson, 2008, 484). The roles are: (1) the school nurse provides direct health care to students and staff; (2) the school nurse provides leadership for the provision of health services; (3) the school nurse provides and facilitates screening and referral for health conditions; (4) the school nurse promotes a healthy school environment; (5) The school nurse promotes health; (6) the school nurse serves in a leadership role for health policies and programs; (7) the school nurse is a liaison between school personnel, family, health care professionals, and the community (Troop & Tyson, 485). The school nurse has such an influence on the health environment in the school setting it is important for the school nurse to engage in behaviors that reflect health promoting behavior.

## Theoretical Framework

Nola J. Pender's belief is that the goal of nursing is to help people care for themselves. In 1975 Pender published, "A Conceptual Model for Preventive Health Behavior." This was the basis for studying how individuals made decisions about their own health care in a nursing context. The original Health Promotion Model was derived from research obtained which influenced decision making and actions of individuals in preventing disease (Tomey & Alligood, 2006).

Nola J. Pender's Health Promotion model is suitable for working with people of any age and in any environment. The research used to derive the model was based on a broad demographic sampling. Pender's original Health Promotion Model was published in 1982. Based on research it was revised. The revised model identifies concepts relevant to health-promoting behaviors and facilitates the generation of testable hypotheses (Tomey & Alligood, 2006).

The assumptions of the Health Promotion Model reflect the behavioral science perspective and emphasize the active role of the client for managing health behaviors by modifying the environmental context. The theoretical assertions maintain that complex biopsychosocial processes motivate individuals to engage in behaviors directed toward the enhancement of health (Tomey & Alligood, 2006).

The revised Health Promotion Model focuses on 10 categories of determinants of health-promoting behavior. They are: perceived barriers of action; perceived self-efficacy; activity-related effect; interpersonal influences; situational influences; commitment to a plan of action; immediate competing demands; prior related behavior and; personal factors (Tomey & Alligood, 2006).

The Health Promotion Model provides an archetype for the development of instruments to measure health-promoting lifestyles. This study is an assessment of the health-promoting lifestyle of school nurses.

Two concepts of Pender's Health Promotion Model were used in the study. Health-promoting behavior was one concept used from the theoretical framework. Health-promoting behavior is an action taken toward attaining positive health outcomes such as optimal well being (Tomey & Alligood, 2006). Perceived benefits of action is the second concept used from the theoretical framework. Perceived benefits of action are anticipated positive outcomes that will occur from health behavior (Tomey & Alligood).

## Purpose and Rationale

This research question is, “What is the School Nurse’s Perception of Health Promoting Behavior?” The purpose is to examine the health promotion behavior of the school nurses in Union County, North Carolina. It is important to determine the nurses’ perceptions because of the nurse’s ability to influence the students’ health behaviors. School nurses also have opportunities to educate the students about healthy lifestyle practices. The health practices of the school nurse have implications for the school nurse role as advocate and educator to promote the health of the students (Petch-Levine, Cureton, Canham, & Murray, 2003, 273) The school nurse has a role in cultivating a healthy culture in the school environment which is essential for promoting student health and wellness (National Association of School Nurses, 2004).

# Chapter II

## Review of Literature

In recent years there has become an increased focus on health and more literature devoted to healthy behaviors. Pender's Health Promotion Model has been used successfully in more than forty studies to predict health promotion lifestyle, exercise and nutritional practices (Tomey & Alligood, 2006). However, a review of the literature revealed limited studies that address health promotion behavior and school nurses.

## Theoretical Review of Literature

### *Health Promoting Behavior*

In a study guided by Pender's Health Promotion Model, Kawthymmanukul, Brown, Weaver and Thomas (2006) assessed predictors of exercise participation in female hospital nurses. The authors interviewed nurses that were employed in a hospital in Thailand. The results indicated that there was a statistically significant relationship between exercise participation and the set of selected personal factors, perceived benefits of, and psychological, and sociocultural factors.

Padula and Sullivan (2006) identified determinants of health promotion behavior in older adults who were in long-term marriages. Husbands and wives completed the research tool separately from each other. Perceived barriers and perceived self-efficacy, relationship quality and social support were hypothesized to predict participation in health promotion behaviors. The results of the study indicated that perceived barriers, social support and relationship quality predicted thirty-one percent of the variance in health promotion behaviors. A low positive correlation was demonstrated between husbands' and wives' scores for some of the variables.

Sadler, Huff, and Harrigan (2000) implemented a practice model of health promotion behavior and faculty practice emphasizing health promotion behavior within the vulnerable population of a community correctional facility. Faculty of the correctional facility bring educational and health knowledge expertise to clients who need a holistic approach to lifestyle changes. The study used The Omaha System which is a nursing classification system that describes, measures, documents and communicates nursing practice in a variety of settings. The clients were able to identify health promotion topics they were interested in and the faculty were able to implement the topics. It was a benefit to the clients and to the faculty. The faculty benefited by expanding and reinforcing their own knowledge, their expression of altruism, validation of self, meeting university requirements and expansion of community needs scope. The clients' benefits included awareness of health care issues and ways to increase health behavior, expressing individual ideas with discussion and opportunities for guided interaction with others.

*Perceived benefits of action*

The purpose of a research project by Murphy and Polivka (2007) was to gain an understanding of parental perceptions of the school's role in addressing childhood obesity. Research questions identified included: what are perceptions regarding causes of obesity and the use of body mass index (BMI) as a screening tool for obesity; how do parents prefer to receive BMI information; how do parents view the school's role in prevention and treatment of childhood obesity?

Parents with a school-age child in a suburban program were surveyed regarding their perceptions of childhood obesity, BMI, and the school's role in preventing and treating obesity. The parents identified inactivity, poor eating behaviors, lack of parental control in what their

children eat, and eating too much as the main causes of childhood obesity. Parents responded that they would like to know their child's BMI, and they would like to receive the information in a letter from the school nurse. The school nurse should participate in coordinated planning with school administrators as well as parents. Parents also responded that physical education classes, as well as classes on nutrition and weigh t control should be present in schools. Eliminating junk food machines and offering special low-calorie meals was also suggested. Parents indicate that schools should have a role in eliminating or reducing childhood obesity by supporting these strategies (Murphy & Polivka, 2007).

## Review of Literature

### *Health Promoting Behavior*

In a study by Petch-Levine, Cureton, Canham and Murray ( 2003), the health practices of 388 school nurses were evaluated. A 40-item questionnaire that identified health practices in the areas of: (a) health promoting behaviors, (b) exercise, (c) nutrition, (d) relaxation and well-being, (e) safety, and (f) substance abuse was administered to the school nurses. The findings indicated that the participants most often avoided tobacco and wore seatbelts. Most of the participants did not maintain their weight or exercise consistently.

Waggie, Gordon, and Brulal (2004), faculty of the University of The Western Cape, Bellville, Republic of South Africa, wanted to assess the status of the health promotion initiatives in schools where students were placed. The sites studied were poor socio-economic areas with high unemployment, crime, and a range of social problems. The faculties had developed a community-based interdisciplinary health promotion module for students in the foundation years. The purpose was to create a mutually supportive relationship where the school becomes a site of

learning for students, and the school benefits through the expertise and resources provided. However, after several years it became evident that the purpose of the project was not being met.

The objectives of the study were to determine what health promotion activities were in the schools, opportunities and barriers to develop and sustain health promotion activities in the schools, and the knowledge and attitude of teachers and principals toward school health promotion. The variables measured were demographic data of the schools, teacher's and principal's views of health promotion barriers and opportunities to implement health promotion.

The study indicated that these schools were not a viable educational site for interdisciplinary health promotion. The health promotion initiatives were uncoordinated and erratic based on the resources the school had access to at any given time, and curricular demands. Therefore, the barriers were too powerful to overcome in order to have interdisciplinary health promotion at the schools studied.

*Perceived benefits of action*

With the expectation that nurses model health behaviors, Rush, Kee, and Rice (2005) examined through a qualitative analysis how nurses define and describe themselves and other nurses as role models for health promotion. Awareness of how nurses perceive themselves as role models for health promotion is a step in increasing their influence with clients in the promotion of health.

The findings of the study by Rush, Kee, and Rice (2005) indicated that nurses perceived that society expected them as role models to be informational resources and to put into practice their own teachings. Aspects of the personal domain included the nurses valuing health, accepting imperfections and self-reflecting. Gaining trust, caring and partnering were components of the professional domain. Nurses defined themselves separately of societal

expectations in accordance with personal and professional domains. The term “role model” was interpreted both positively and negatively.

A study by Gross, Cohen and Kahan (2006) stated that in 1993, the American Association of Pediatrics outlined the goals of a school health program. The goals focused on prevention and early prevention to ensure access to primary health care, provide a system for dealing with medical crises, provide mandated screening and immunization monitoring, and provide a process for identification and resolution of students’ healthcare needs in the population (Gross et al.).

However, the roles of the school health services of youth have come under investigation recently. More problems are seen regarding immigration issues, divorce and violence. The information is important for future prioritization of health care needs in the population. Therefore, the authors designed this study to examine the perceptions of parents, nurses and school principals in Israel of the roles of the health service teams in elementary schools (Gross et al., 2006).

Parents, school nurses and school principals of 35 elementary schools in Israel were administered a questionnaire. The study concluded that nurses, parents, and school principals in Israel agree that the traditional roles of health teams in elementary schools are very important. However, the majority are willing to expand the role to a social-based model with less time spent on screening and surveillance and more time spent on identifying and managing the special needs of children and staff (Gross et al., 2006).

# Chapter III

# Methodology

## *Design*

This study was a descriptive design that described the school nurse's perceptions of health promoting behavior. A 52-item Likert-type questionnaire developed by Nola J. Pender was used. This type of design explores relationships that exist in a situation (Burns & Grove, 2005). The variables were examined in a currently occurring situation. Demographic data were collected by means of a researcher developed questionnaire (Appendix A).

## *Subjects, Sampling, and Setting*

This was a convenience sampling of 33 school nurses that are employed full time by Union County Public Schools. The nurses were employed at elementary, middle, and high schools. The nurses were personally recruited by this researcher requesting their voluntary participation. The participants were informed that their responses would remain confidential. Each participant was given an informed consent to sign and was assured that if they chose not to participate there would be no negative action against them (Appendix B). The questionnaire was completed and returned during a staff meeting.

## *Instrumentation*

The instrument utilized in this study was the Health Promotion Lifestyle Profile II (HPLP-II) developed by Nola J. Pender. (Tomey & Alligood, 2006) (Appendix C). The original Health Promotion Lifestyle Profile was available in 1987, but was revised to reflect more accurately current literature and practice and to achieve balance among the subscales (Tomey & Alligood). The revision of the instrument was tested for validity and reliability by assessing data from 712 adults aged 18 to 92. Content validity has been established by literature review and the

content experts' evaluation. Factor analysis supported construct validity that confirmed a six-dimensional structure of health-promoting lifestyle, by merging with the Personal Lifestyle Questionnaire ) r = .678), and by a non-significant correlation with social desirability. Criterion-related validity revealed significant correlations with concurrent measures of perceived health status and quality of life (r's = .269 to .491). The total scale had an alpha coefficient of internal consistency of .943; alpha coefficients for the subscales varied from .793 to .872. A 3-week test and retest stability coefficient for the total scale was .892 (Walker & Hill-Polerecky, 1996). This instrument has been used often as the operational definition for health-promoting behaviors. It has also emerged as an instrument to assess health-promoting behaviors (Tomey & Alligood). The HPLP-II is used to measure health-promoting lifestyles. The instrument consists of a 52-item, four-point Likert-style questionnaire with six subscales. The subscales are (1) health responsibility, (2) physical activity, (3) nutrition, (4) interpersonal relations, (5) spiritual growth, and (6) stress management. Each item is to be answered by either Never (N), Sometimes (S), Often (O) and, Routinely (R). The scoring is 1, 2, 3, and 4, respectively (Walker, 2008). Permission to download and use the HPLP II and scoring instructions was granted by the copyright holder, Susan Noble Walker, EdD, RN, FAAN (Appendix D) (Appendix E). Demographics were also obtained including questions about age, gender, marital status, highest degree obtained, ethnicity, children, health lifestyle, role model, and teaching healthy behaviors.

*Ethics*

Prior to the distribution of the questionnaires, approval for this study was granted by the Institutional Review Board (IRB) of Gardner-Webb University. Included with the questionnaire

was an informed consent form explaining that participation was voluntary. The informed consent form also explained the purpose of the survey.

*Data Collection*

Questionnaires were distributed by the researcher and personally collected after completion. The questionnaires were distributed and collected in person during a staff meeting to ensure that the researcher would be available for any questions that might arise regarding the questions. There was no information on the questionnaire that would identify the participants.

*Data Analysis Procedures*

The data obtained was entered into Statistical Package for the Social Science (SPSS) Program for analysis. The score for each question regarding the health-promoting lifestyle was obtained by calculating the percentage of each response. The six subscale scores were obtained by calculating a mean of the responses to the subscale items. Comparisons between the scores were evaluated to determine the school nurses' overall perceptions of health promotion behavior.

# Chapter IV

## Results

Thirty-three female school nurses comprised the participating sample. Thirty-two of the nurses were Baccalaureate prepared and one nurse was Master's prepared. The age range was 26 to 64 years old. The years of nursing experience was four years to 39 years. Twenty-nine nurses were married and four were divorced. The ethnicity sample included 32 Caucasian and one Other. Thirty-one had children and two had no children. All 33 nurses reported living a healthy lifestyle. Twenty-eight reported that they viewed themselves as good role models to the students at their schools while five reported that they did not view themselves as good role models. Twenty-one nurses reported that they taught healthy lifestyle content to the students at their school and 11 reported that they did not. One nurse did not answer that question. The question that was confusing and received varying answers was the question regarding education. The question meant years working in the school environment, but the responses included years of education, years in their Baccalaureate programs and other educational experience. Table 1 provides the demographic data.

Table 1: *Demographic Data*

| | Range | Frequency | Percent |
|---|---|---|---|
| Age | 26-35 | 5 | 15.2 |
| | 36-45 | 12 | 36.3 |
| | 46-54 | 12 | 36.4 |
| | 55-64 | 4 | 12.1 |
| Gender | Female | 33 | 100.0 |
| Years Nursing Experience | 4 – 10 yrs | 6 | 18.2 |
| | 11 – 19 yrs | 9 | 27.3 |
| | 20 – 29 yrs | 13 | 39.3 |
| | 30 – 39 yrs | 5 | 15.2 |
| Years In Education | 0 – 5 yrs | 27 | 81.8 |
| | 6 – 10 yrs | 1 | 3.0 |
| | 11 – 15 yrs | 0 | 0.0 |
| | 16 – 20 yrs | 4 | 12.2 |
| | 21 – 25 yrs | 1 | 3.0 |
| Degree | BSN | 32 | 97.0 |
| | MSN | 1 | 3.0 |
| Marital Status | Married | 29 | 87.9 |
| | Divorced | 4 | 12.1 |
| Ethnicity | Caucasian | 32 | 97.0 |
| | Other | 1 | 3.0 |
| Do you have children | Yes | 31 | 93.9 |
| | No | 2 | 6.1 |
| Practice Health Lifestyles | Yes | 33 | 100.0 |
| Role Model for Health | Yes | 28 | 84.8 |
| | No | 5 | 15.2 |
| Taught Healthy Lifestyle Content to Students | Yes | 21 | 63.6 |
| | No | 11 | 33.4 |
| | No Answer | 1 | 3.0 |

The mean scores for each of the 52 items on the Health Promotion Lifestyle Profile II tool were calculated along with the standard deviations for each. The mean of responses of the six subscale scores were obtained as well. This enabled the researcher to compare the subscale means with individual items on the HPLP-II.

The results indicated that the subscale items were ranked with the highest mean score of 3.21 belonging to spiritual growth. The lowest mean score of 2.26 belonged to physical activity. The summary of the ranking of the six subscales is in Table 2.

Table 2: *Subscale Means and Standard Deviations*

| | Mean | Std. Deviation |
|---|---|---|
| Physical Activity | 2.2695 | .64141 |
| Stress Management | 2.5417 | .57254 |
| Health Responsibility | 2.7239 | 1.00965 |
| Nutrition | 2.8249 | .57603 |
| Spiritual Growth | 3.2121 | .57020 |
| Interpersonal Relations | 3.3030 | .50175 |

These mean scores indicate that the school nurses more often or routinely focus on spiritual growth and interpersonal growth. Spiritual growth involves maximizing wellness through searching for meaning, finding a sense of purpose and working toward goals in life (Walker & Hill-Polerecky, 1996). Interpersonal relations involves using communication to achieve a sense of intimacy and closeness inside meaningful relationships (Walker & Hill-Polerecky).

Three items that were scored “routine” by the school nurses and received the highest percentage were from the subscales of spiritual growth and interpersonal relations. The subscale of interpersonal relations had two items in which 66.7 % of the respondents scored as routine. They were items (13) Maintaining meaningful and fulfilling relationships with others, and; (31) Touch and be touched by people I care about. The highest overall percentage scored as routine was 77.8% on item (48) which is; Feel connected with some force greater than myself. This item was located within the spiritual growth subscale.

The lowest mean score occurred within the subscale of physical activity. Physical activity involves regular participation in light, moderate, and/or physical activity for the sake of fitness and health (Walker & Hill-Polerecky, 1996).

The highest percentage of respondents to score routinely to an item in the subscale of physical activity was only 33%. This response was to item (34) which is; Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking). The lowest overall percentage scored as routine was 3 % on item (40) which is; Check my pulse rate when exercising.

The mean score of the subscale health responsibility was 2.72. This subscale involves having an active sense of accountability for one’s own health and well-being (Walker & Hill-Polerecky, 1996). There were varying and surprising answers to the items in this subscale. On item (21), 57.6% of the respondents reported that they either never or sometimes would get a second opinion when they questioned their health care provider’s advice. Also, regarding item (33); 57.6% respondents reported that they either never or sometimes inspect their body at least monthly for physical changes/danger signs. Item (45) had 84.8% of the respondents either never or sometimes attend educational programs on personal health care.

The subscale for nutrition had the mean score of 2.82. Nutrition entails knowledge about the selection and consumption of foods necessary for health and well-being (Walker & Hill-Polerecky, 1996). Item (38) in the nutrition subscale had equal percentages of 33.3 % of sometimes, often and routinely regarding the respondents score of eating only 2-3 servings from the meat, poultry, fish, dried beans, eggs and nuts group each day. Item (50) in the nutrition subscale scored 75.8% of the respondents often or routinely eating breakfast.

The subscale of stress management had a mean score of 2.54. Stress management requires identifying and rallying psychological and physical resources to successfully control or reduce stress (Walker & Hill-Polerecky, 1996).

The highest percentage of respondents to score routinely to an item in the subscale of stress management was only 30.3 %. This was in response to item (5) which is; Get enough sleep. Inversely, 69.7 % of the respondents do not routinely get enough sleep. Item (41) is; Practice relaxation or meditation for 15-20 minutes daily. The respondents indicate that 93.9% never or sometimes practice relaxation or medication 15-20 minutes daily. Item (47) is; Pacing myself to prevent tiredness and 66.7 % of the respondents never or sometimes do this. A summary of the results is in Table 3.

Table 3: *Percentages of Responses to Specific Items*

| Subscale | Mean | Percentage scored routinely | Percentage scored often or routinely | Percentage scored never or sometimes |
|---|---|---|---|---|
| Interpersonal relations | Maintaining meaningful and fulfilling relationships with others | 66.7% | | |
| Interpersonal relations | Touch and be touched by people I care about | 66.7% | | |
| Spiritual growth | Feel connected with some force greater than myself | 77.8% | | |
| Physical activity | Get exercise during usual daily activities (stairs, parking further away) | 33% | | |
| Physical activity | Check my pulse while exercising | 3% | | |
| Nutrition | Eat only 2-3 servings from the meat, poultry, beans, eggs and nuts group daily | | 33.3% | |
| Nutrition | Eat breakfast | | 75.8% | |
| Health responsibility | Get a second opinion when they question their healthcare provider's advice | | | 57.6% |
| Health responsibility | Inspect body at least monthly for physical changes/danger signs | | | 57.6% |
| Health responsibility | Attend educational programs on personal health care | | | 84.8% |
| Stress management | Get enough sleep | | 30.3% | |
| Stress management | Practice relaxation or meditation 15-20 minutes daily | | | 93.9% |
| Stress management | Pacing themselves to prevent tiredness | | | 66.7% |

# Chapter V

## Discussion

The purpose of this study was to examine the school nurse's perception of health-promoting behavior. The results of the study indicated that the nurses identified the subscales of interpersonal relationships and spiritual growth as incorporated most routinely into their lives for health promotion. The least important subscale was physical activity. This seemed to be the area that was the least included in their lives for health promotion. Stress management and health responsibility were also two areas in which the nurses had less active participation for health-promoting behavior.

### Interpretation of Findings

All of the respondents in the study indicated in the demographics that they perceived living a healthy lifestyle. However, according to the results, the respondents are not actively participating in health-promotion behavior according to the results of the HPLP-II. Not surprisingly, the school nurses scored spiritual growth and interpersonal relationships as high on their scale. Nurses are nurturing people by nature, so it would be expected for the score of interpersonal relationships to be higher. Also, the respondents reside in an area where organized religion is considered important for personal health and wellbeing. This fact would also contribute to spritual growth having a higher mean score.

In the area of health responsibility, it was surprising that the respondents were not more active in accountability for their own health. As health professionals and consumers, we have the knowledge, the right and the responsibility to ask for a second opinion if we so desire for our health. We also should acquire health information through education and ask questions on a

routine basis. It could be that as health care providers, nurses feel that they have a lot of the information and may not feel the need to seek out further information.

The respondents did not indicate many attempts at actively using stress management techniques in their health promotion behaviors. This is very disturbing because nursing can be a very stressful profession. Stress management did not rank high on the list of health-promoting behaviors.

Physical activity also was ranked low by the respondents as part of their health-promoting lifestyle. All of the respondents in this study are female and all but 2 have children. Physical activity is something that a person has to make time to do for themselves. As nurturing beings, most nurses are going to take care of everyone else first and put themselves last. Nurses need to make sure they have time to incorporate physical activity into their health-promoting behavior.

Nutrition is an area that is easily incorporated in health-promoting behavior. The majority of the respondents are eating breakfast. The food pyramid is the basis for many of the questions in this subscale. The respondents did not routinely incorporate the food pyramid into their health behaviors.

Nurses have the knowledge to incorporate activities into their lives to improve their health-promoting behaviors. Although the nurses' perceptions were that they were modeling healthy lifestyles to the students at their school, the results of the survey indicated that they were not. Interestingly, 84.8% of the respondents also felt they were a good role model for the students while 15% felt they were not. The school nurses need to become more active participants in their health-promoting behaviors.

## Limitations

This was a very small convenience sample of female nurses that reside in the same geographical area. There was minimal diversity which is a limitation of the study. Also, one of the demographic questions was determined to be unclear as determined by the varying answers.

## Implications for Nursing

Society is becoming more health conscious. The role of the school nurse has expanded over the years to include health education and health promotion (Nwabuzor, 2008). School nurses have also become role models to the students in the schools. The school nurse can serve as an example to the students by exhibiting healthy lifestyles. The school nurse's failure to participate in health promotion behavior can set a poor example for the students, and it demonstrates a lack of health responsibility. Poor stress management, a lack of health responsibility, poor nutrition, and a lack of physical activity can take its toll and possibly lead to increased sickness and other health issues for the nurse. Demonstrating positive health-promoting behaviors has been associated with being more effective in the role of health advocate (Petch-Levine et al., 2003, 274). Therefore, school nurses should begin to survey their relationship with health issues and make positive changes.

## Implications for Further Research

Pender's Health Promotion Model has been utilized in different areas to assess health promotion behaviors of different populations. However limited studies are available that discuss perceptions of health-promoting-behaviors and school nurses. Additional studies could be beneficial to determine if there is a correlation between health promotion behaviors and illness and/or attendance issues at work. Additional studies assessing the student's and/or faculty's perceptions of the school nurse's health-promoting behavior could establish the extent with

which the school nurse is a role model in the school environment. Further studies could also suggest reasoning behind poor health behaviors the school nurse demonstrates. The results of any studies can be useful in providing documented research that can facilitate the school nurse in achieving positive health promotion behaviors which will have a positive impact on the students served in the school.

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# Appendix A

## Demographic Data of the Participants

What is the School Health Nurses' Perception of Health Promotion Behavior?

**Demographic Information**

1. Age: _____
2. Gender: (1) male (2) female
3. Years of Experience : Nursing _____ Education _____
4. Degree(s): _____
5. Marital Status: (1) Married (2) Single (3) Divorced (4) Separated (5) Widowed
6. Ethnicity: (1) Caucasian (2) African-American (3) Hispanic (4) Other
7. Do you have children? (1) Yes (2) No
8. Do you discuss healthy lifestyles with your students at school? (1) Yes (2) No
9. Do you consider yourself a role model for healthy lifestyles to your students at school? (1) Yes (2) No
10. Have you taught healthy lifestyle content to your students at school ? (1) Yes (2) No

# Appendix B

## Participants' Consent Form

GARDNER-WEBB UNIVERSITY

SCHOOL OF NURSING

CONSENT FORM – RESEARCH STUDY

This is a research study that investigates the school health nurses' perception of health promotion behavior. The information obtained will be obtained by anonymously completing a questionnaire which should take approximately 20 minutes. The participants will have 1 week to complete the questionnaire and will return it to the researcher during a staff meeting by placing it in a specific location out of the researcher's view. There are no risks to the participants included in the study. The benefit of the research will determine the school nurse's perception of health promotion behavior and lead the way to examine the school nurse as a role model to the students served.

The participants will be identified numerically. No names will be used. The confidentiality of the individual responses will be maintained. If there are any questions about the research, contact Susan Furr, RN, School Nurse, Union County Public Schools by cell phone.

Participation in this research study is voluntary. Refusal to participate will not involve any penalty or less benefit to which the participant is otherwise entitled. Participation in the research study may be discontinued at any time without penalty.

I hereby give my consent to participate in this research study.

Print Name _____ Date _____

Signature _____ Date _____

# Appendix C

## Health Promotion Lifestyle Profile II

# Appendix D

## Approval to Use Questionnaire