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Exploring Patterns of Health-Promoting Lifestyles of Academic Nurse Educators

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Exploring Patterns of Health-Promoting Lifestyles of Academic Nurse Educators

by

Tracy L. Campbell

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
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Abstract

Participating in health-promoting behaviors is essential for maintaining optimal physical and mental well-being. Nurses play a significant role in supporting the nation's health, however, nursing shortages impact the ability to meet the complex health demands in a growing population. Guided by Nola J. Pender's health promotion model, the purpose of this study was to evaluate the self-perceived health-promoting lifestyle behaviors of faculty nurse educators. A convenience sample of 13 faculty nurses were studied using a descriptive, non-experimental research design. The 52-item Health-Promoting Lifestyle II (HPLP II) survey was used to evaluate the six dimensions of: health responsibility, interpersonal relations, nutrition, physical activity, spiritual growth, and stress management using a 4-point Likert scale (1 = never, 2 = sometimes, 3 = often, 4 = routinely). The survey was analyzed using mean scores of the total HPLP II survey, as well as the six dimensions to determine the degree to which nurses participated in the activities. The mean score of the overall HPLP II survey was 2.64, indicating the average response was between "sometimes" and "often". Among the subscales, physical activity ranked lowest with a mean score of 2.23, while interpersonal relations ranked highest with a mean score of 3.07.

Keywords: Health, health-promoting lifestyle, health behaviors, nurse educator, nursing shortage

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Most importantly, thanks be to God for lifting me up and giving me strength for through him all things are possible.

“Seek first his kingdom and his righteousness, and all these things will be given to you as well. Therefore do not worry about tomorrow, for tomorrow will worry about itself”

Matthew 6:33-34

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CHAPTER I

INTRODUCTION

Background

Everyday behaviors that promote healthy living and achieve health and fitness goals, may be accomplished by making the right choices. Diverse beliefs and practices of healthy behaviors exist and thrive by individual motivation and understanding of the benefits related to the outcomes of healthy choices. Research has shown poor lifestyle choices, such as nicotine and alcohol abuse, exercise and nutritional deficiencies, and persistent stress are known sources in the promotion of preventable illnesses.

Development of illnesses such as obesity, diabetes, heart disease, high blood pressure, and several types of cancer can be altered by adopting healthy behaviors. Although people may comprehend the outcomes of healthy actions, many often do not apply or sustain such behaviors for many reasons (Golubic, 2013). The Surgeon General's top priorities for improving the country's health include tobacco free lifestyles, ending the opioid epidemic, mental and emotional well-being, active living, and healthy eating (U.S. Department of Health and Human Services [HHS], 2017).

Research conducted over a three year period by the American Nurses Association [ANA] revealed nurses' health is poorer compared to the average American in most measures of the Health Risk Appraisal (HRA). "Nurses are more likely to be overweight, have higher levels of stress and get less than the recommended hours of sleep" (ANA, 2017). Faculty nurse educators are a population at risk of making poor lifestyle choices and engaging in unhealthy behaviors. Retention of quality nurses remains vital as the nation's nursing shortage persists. The health of practicing nurses should be a priority to

preserve and retain quality professionals to teach and care for people and communities. Challenging work environments create stressful responses and can influence nurses to perform poorly, manifest physical and psychosocial problems, form addictions to substances such as drugs and alcohol, and leave jobs (Iacono, 2010). The multifaceted nursing profession focuses on health promotion and care of others, but are nurse's practicing healthy behaviors themselves?

The World Health Organization (WHO) defines health promotion as the actions which involve social and environmental variables aimed at empowering individuals to expand control over, and to enhance, their wellbeing (WHO, 2018). Nurses educate, promote, and model behaviors and have the power to motivate and influence individuals and communities. Nurses are trusted professionals devoted to helping others attain optimal health. Academic nurse educators facilitate learning for future nurses by incorporating knowledge and behaviors necessary for health promotion through teaching. As caregivers, nurses should consider self-care behaviors such as engaging in physical activities, maintaining well-balanced diets, and incorporating personal time into their daily lives as critical components to healthy living (National Institute on Aging, 2017). Nurses have the fundamental knowledge to choose healthy behaviors, which are beneficial to maintain wellness and improve overall health, but do nurses make the right lifestyle choices? In this study, the researcher sought to investigate emerging patterns and identify trends of faculty nurses' self-perceptions of healthy behaviors.

Significance

The Healthy Nurse, Healthy Nation™ initiative by the ANA promotes healthy lifestyles of the nation's 3.6 million nurses, encouraging the professionals to engage in

healthy behaviors and set good examples for others. “A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally, for their families, their communities and work environments, and ultimately for their patients” (ANA, 2018a, para. 1). Researchers have identified the persistent nursing shortage as a critical component of job satisfaction and overall quality care. Faculty nurses affected by the nursing shortage directly impact the ability to educate future nurses and meet the health care needs of the nation.

Nursing shortages often contribute to overworked and stressed nurses resulting in job dissatisfaction, injuries, medical mistakes, and decline of quality patient care (ANA, 2018a). Results from the *NLN/Carnegie Foundation National Survey of Nurse Educators: Compensation, Workload, and Teaching Practices* showed “45% of nurse educators stated that they were dissatisfied with their current workload” (National League for Nursing [NLN], 2018, p. 4). Further depletion of nurse faculty can have far reaching implications on providing competent patient care and affecting national health outcomes. A need for research exploring the patterns of healthy behaviors among faculty nurse educators exists. The proposed study may benefit a current knowledge gap in research by exploring nurses’ self-perception of living healthy lifestyles, and the potential impact it may have on job sustaining influences. The results may identify a link between healthy behaviors and the persistent nursing shortage, in order to generate solutions.

Purpose

The purpose of this study was to: (1) explore patterns of health-promoting lifestyles among academic nurse educators, and (2) to determine the degree to which academic nurse educators engage in healthy behaviors. Knowledge gained through this

study will be used to identify trends in health promoting behaviors among this population and identify ongoing knowledge gaps to recommend for future research.

Theoretical Framework

A diverse selection of nursing theories can be used to guide and influence nursing practice. Nola J. Pender's Health Promotion Model was selected as the framework to support and develop this study. According to Pender (2011) "human beings interact with their environment and shape it to meet their needs and goals" (p. 2). The health promotion model emerged in 1982, and was revised in 1996, integrates eight core beliefs as the primary components impacting healthy lifestyle behaviors. The person interacts through a cohesive exchange with the physical, social, and cultural effects of the surrounding environment. Nurses are health promoters, who strive to build mutual relationships within communities, to facilitate healthy behaviors and overcome illnesses. Past behaviors and perceived benefits of activity can elevate or obscure the ability for a person to modify lifestyles to achieve desired goals (Pender, 2011).

The indicated assumptions are relevant to this study. According to the ANA (2018b), registered nurses "provide health promotion, counseling and education" in alignment with job responsibilities. Academic nurse educators serve as mentors and role models and are vital to teaching future nurses how to engage individuals in health promoting activities and goal setting. The health promotion model emphasizes the importance of healthy role models and motivators to influence others to commit to healthy lifestyle choices. Altering or improving past behaviors, and perceiving the actions associated with healthy lifestyle choices as attainable and rewarding, can promote responsible goal setting and commitment to achievement of goals. Empowering choices

that demonstrate self-care is critical to the overall concept of the health promotion model

(see Figure 1).

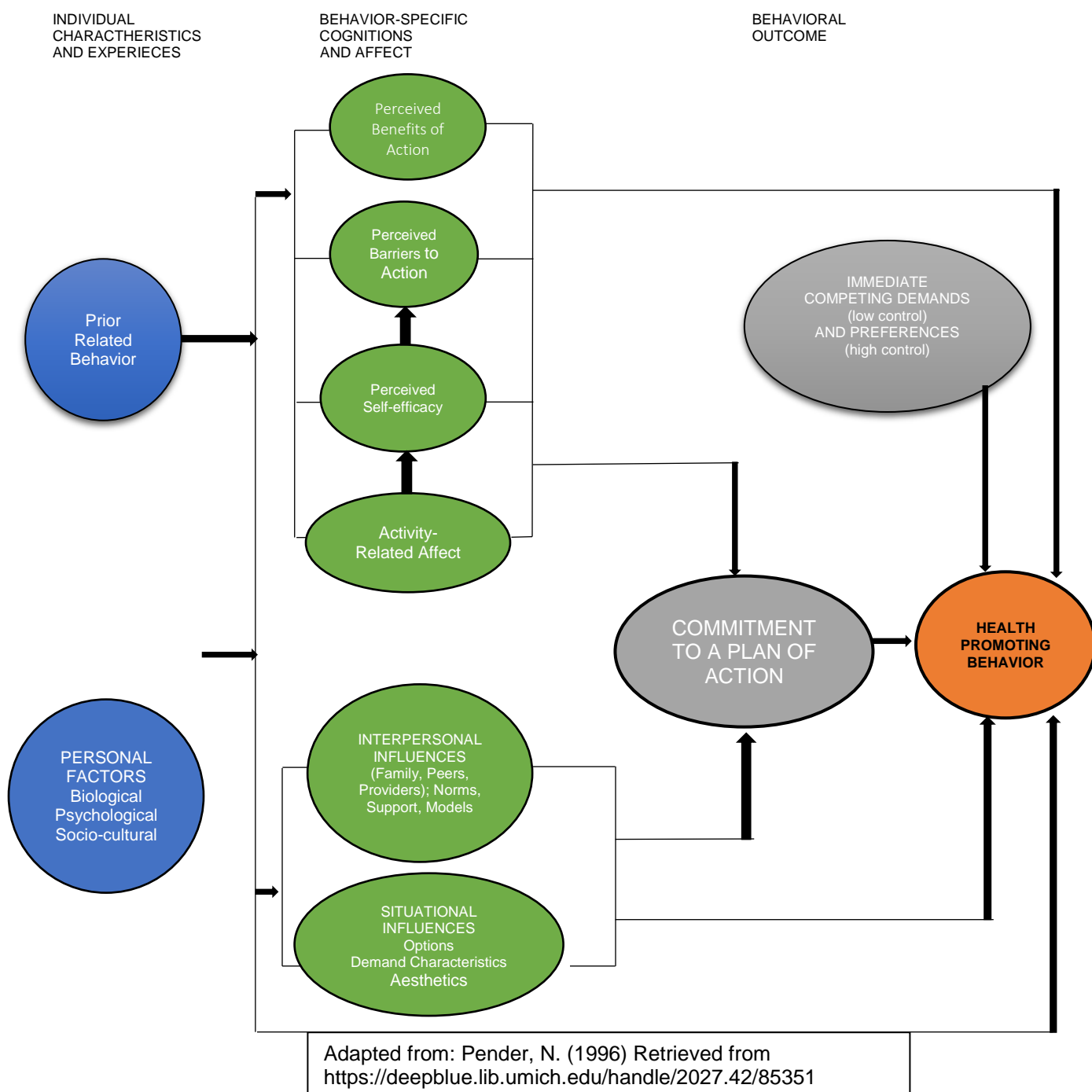


Figure 1. The Health Promotion Model

Research Question

The following research question was developed to satisfy the purpose of this study: What are the self-reported health-promoting lifestyle behaviors of faculty nurse educators?

Definition of Terms

For clarification in this research, there are three terms that need to be defined:

- Health promotion—The actions involving social and environmental variables aimed at empowering individuals to expand control over, and to enhance, their wellbeing (WHO, 2018)
- Health-promoting behaviors— “The desired behavioral end point or outcome of health decision-making and preparation for action” (Pender, 2011, p.4)
- Self-perception— “Judgment of personal capability to organize and execute a particular health behavior; self-confidence in performing the health behavior successfully” (Pender, 2011, p. 4)

CHAPTER II

LITERATURE REVIEW

Introduction

Initiatives to improve the nation's health have continued to surface. The Office of Disease Prevention and Health Promotion (ODPHP) created the Healthy People action plan that introduced "science-based, 10-year national objectives for improving the health of all Americans" (ODPHP, 2018a, para. 1). The Healthy Nurse, Healthy Nation™ Grand Challenge (HNHN GC) was prompted after research found "the health of America's nurses is worse than that of the average American" (ANA, 2018c). Emphasized by the critical role nurses play in the nation's health, the well-being of the nursing workforce is supported by the ANA. HNHN GC, which promotes healthy competition within the areas of activity, sleep, nutrition, quality of life, and safety (ANA, 2018d).

Self-perception of individual health and behaviors that constitute a healthy lifestyle vary. Researchers have extensively studied health topics for years, including health behaviors of various populations. Nurses make up the largest workforce in healthcare, and practice in various setting across the healthcare continuum. This literature review was conducted to provide background for the study and determine any current gaps in knowledge related to self-perceptions of nurse's health and lifestyle behaviors.

A comprehensive web-based search, including the University's library, and utilizing a variety of databases, was conducted to determine the current knowledge and opinions of healthy behaviors of nurses. Databases searched covering health, nursing, health promotion, and healthy behaviors topics included the Cumulative Index for Nursing and Allied Health Literature (CINAHL), Consumer Health Complete, Health

Source, PubMed, and Medline. All resources are full text, peer-reviewed articles related to concepts of health and nursing.

Literature Related to Statement of Purpose

Assessment of Behaviors

Although equipped with advanced training in healthy behaviors, nurses have been observed as more obese than the general public. Miller (2008) investigated the prevalence of obesity among 760 nurses from six states throughout the U.S., as well as the nurse's understanding of the significance of obesity. Registered nurses (RNs) received two-page surveys via mail. Of the RNs that provided a height and weight, 53.9% were overweight, obese, or morbidly obese. Furthermore, 53% indicated they understood the need to alter nutrition and physical activity levels, but lacked the self-control to do so. According to Miller (2008), "it is most likely that the large majority are either not appropriately characterizing a healthy diet and exercise pattern or not truly following one" (p. 264). The author recommended workplace establishment of educational opportunities for RNs, pertaining to weight related care and consequences. Limited by a low response rate of RNs, the author was unable to generalize results.

In response to the obesity epidemic, Zapka, Lemon, Magner, and Hale (2009) conducted a study to examine the health and lifestyle behaviors of 194 nurses from six hospitals in Massachusetts. Through a random sample selection, nurses were invited to participate in the study based on qualifying criteria, such as ability to have height and weight measured. The study was conducted over a six-month period using a self-administered survey, personnel records, and measurement of height and weight. The survey explored self-perceptions of weight, tobacco use, high blood pressure, and

elevated cholesterol. Of the respondents, 65% were overweight or obese, 30% had been advised by a health care provider to lose weight, and 62% reported current efforts to lose weight. In addition, 81% of respondents reported a stressful work environment, but 77% were overall satisfied with their job (Zapka et al., 2009, p. 856). The researchers stated, “A better understanding of nurses’ weight and work is important from three perspectives: the individual’s health and well-being, the organization’s interest to foster a healthy workforce and nurses’ potential to serve as health role models for patients” (Zapka et al., 2009, p. 857). Limitations to the study included potential for response bias due to sample size and use of self-administered survey. Also, larger, geographically differentiated groups are needed to represent diverse populations, and generalize results.

In a 2010 descriptive, correlational study, Tucker, Harris, Pipe, and Stevens explored diverse health variables of 3,132 RNs throughout five hospitals, then compared the data to various work environments of the respondents. A survey was developed using a combination of different instruments. The survey measured topics such as physical and mental unhealthy days, stress, nutrition, physical activity, work injuries, height, weight, work environment, and job satisfaction. Results showed higher stress levels correlated with decreased health and work environment ratings. However, work environment ratings did not directly impact RNs health ratings. Also, 76% of RNs were overweight or obese, 51% did not participate in exercise to meet recommended guidelines, and 62% reported intake of fast foods or snacks more than twice per week (Tucker et al., 2010, pp. 262-263). Investigators summarized “focusing on nurses’ health may influence nurses’ morbidity and mortality (e.g., stress, weight, physical activity) and in turn their tenure and retention in the work force” (Tucker et al., 2010, p. 266). Study limitations included

potential for bias with self-reported methods for data collection and use of a not yet validated survey.

Historically, researchers emphasized the importance of nurses to function as healthy role models, along with advanced health promoting knowledge, in delivering quality patient care. However, researchers indicated nurses do not incorporate healthy habits into their personal lifestyles. Malik, Blake, and Batt (2011) investigated self-reported healthy lifestyle behaviors of RNs and nursing students, then compared the data between the groups. From a single institution, 876 participants completed a questionnaire covering topics such as physical activity levels and barriers, sleep patterns, body mass index, smoking, and diet. Researchers reported results as “alarming” and “indicated that a large proportion of nurses engage in unhealthy lifestyle behavior and fail to meet the government’s recommended levels for physical activity” (Malik et al., 2011, p. 494). Of the participants, 18.9% smoked, and 38.4% reported being overweight or obese (Malik et al., 2011, p. 491). In conclusion, the researchers asserted for nurses to fully function in the workplace as role models and patient advocates, was contingent on the nurse’s overall health and well-being. The study was limited by sample size and all participants were from a single institution.

In an effort to create and promote evidence-based practices in nursing, Thacker, Haas Stavarski, Brancato, Flay, and Greenawald (2016) conducted a descriptive, correlational study. The study explored patterns of health-promoting lifestyle behaviors and relationships among demographics of RNs working in six medical and educational institutions throughout Pennsylvania. An anonymous Health-Promoting Lifestyle Profile II (HPLP II) survey of 494 RNs, delivered via Survey Monkey, collected data over a one-

month period. Researchers reported lowest mean scores among participants for physical activity and stress management. Researchers recommended nurses “should increase their level of physical activity and manage stress more effectively in order to improve their overall health and well-being” (Thacker et al., 2016, p. 29). Researchers did not identify any significant relationship among demographic variables. Some local institutions involved in the study implemented measures to improve nurse’s knowledge and health behaviors based on the findings. Accordingly, the researchers determined the baseline results should benefit future efforts aimed at improving nurse’s health-promoting lifestyles, thus, improving job retention and workplace efficiency. Due to limitations of this study, future research should expand to other geographical areas and include larger participant responses for more generalized results.

In 2012, Nahm, Warren, Zhu, An, and Brown conducted a study to explore self-reported healthy behaviors of 169 RNs. Over a two-week period, researchers distributed anonymous online surveys via Survey Monkey to roughly 800 RNs, in one community hospital. The 23-item survey included questions such as height, weight, barriers to nutrition and exercise, perceived level of stress, coping mechanisms, tobacco use, and alcohol consumption. Of the participants, 59.2% were overweight or obese, 8.2% were smokers, 52.7% drank at least two alcoholic beverages a week, 53.8% did not eat regular meals, and 72.2% reported lack of physical activity (Nahm et al., 2012, pp. e27-e28). A modified adaption of the Perceived Stress Scale (PSS) used in the survey indicated that eating was the most widely used form of stress management. The researchers concluded, although nurses have advanced knowledge in health, this “has not been well translated into their own self-care. As nursing shortages loom, maintaining the health of the aging

nursing workforce is essential to retention” (Nahm et al., 2012, e23). The study was limited by sample size and use of one hospital. Researchers recommended future studies incorporate various workplace settings to reflect a more diverse nursing population. Other limitations included the possibility of under or over reporting of data, as well as inaccurate data, due to the self-administered format.

Fundamental to nursing practice, nurses provide competent care and promote healthy behaviors to individuals and communities. In a 2015 study, Cranick, Miller, Allen, Ewell, and Whittington hypothesized, due to the stressful nature of the job, nurses often abandon healthy self-care behaviors, such as physical activity, diet, and sleep. Consequently, leading to compassion fatigue and job burnout. To test the hypothesis, researchers conducted a quantitative study of 182 RNs over a three-week period. A 20-question survey was conducted online, and included questions regarding peer relationships, self-perception of work productivity, self-perception of the institutions commitment to employee wellbeing, and self-perceived healthy behaviors (Cranick et al., 2015). Researchers reported increased job satisfaction for nurses actively engaged in health promoting behaviors, and whose employers supported activities for the nurse’s well-being. The researchers recommended institutions consider the evidence and invest in the well-being of nurses, therefore, encourage job retention and promote healthy nurses. The study had few limitations. Future research should expand to other geographic locations and use diverse nurse populations, such as ambulatory and educational nurses, to gain increased generalizability.

In a 2013 cross-sectional study, Edrisi et al. investigated health performing behaviors of hospital-based nurses. Through a stratified random sampling method,

researchers studied 226 nurses from four hospitals. Participants provided demographic data and completed the comprehensive, 52 Likert-type questions on the HPLP II. Researchers concluded the nurses' nutritional behaviors scored higher than physical activity. The researchers recommended hospital management consider implementing health promoting opportunities for nurses and staff, with particular consideration for physical activity (Edrisi et al., 2013). A few study limitations existed. Results may not represent all nurses due to variances in areas of work and job duties. The study consisted of only four hospitals.

In a 2014 article on the relevance of self-care in nursing practice, Blum discussed the importance of recognizing stressors and promoting healthy behaviors in nursing. According to Blum (2014), "in my experience, nurses often express reluctance to take the time required to care for themselves or they have difficulty finding self-care activities that match their interests and that are easily assimilated into their lives" (para. 2). Based on a review of literature, the author identified a negative correlation between nurses overcoming the often demanding and stressful job of nursing and taking care of themselves. Adverse outcomes included burnout, which may lead to staffing concerns. Guided by the adult learning theory, the author developed a nursing program course at Florida Atlantic University to promote self-care behaviors, such as diet, yoga, pet therapy, and healing touch. The article lacked evidence-based outcomes related to the implementation of the program, however, the author asserts students verbalized enjoyment and benefited from taking the course.

Based on previous research, investigators reported lack of exercise by nurses resulted in obesity and high blood pressure. In 2014, a study conducted by Flannery,

Burket, and Resnick aimed to define the self-described levels of activity, as reported by licensed nurses and nurse assistants (NAs). The purpose of the study was driven by a desire to stimulate “future health promotion program development with this population” (Flannery et al., 2014, p. S17), in order to retain valuable nurses in a workforce diminished due to challenging job duties and poor job retention. Researchers linked self-disclosed physical activity engagement data, from two previously performed pilot intervention studies, in this descriptive secondary data analysis. Using the Behavioral Risk Factor Surveillance System physical activity questionnaire, 31 NAs and 40 licensed nurses answered questions related to frequency, intensity, and duration of physical activity they participated in (Flannery et al., 2014). Researchers concluded over half of the 71 participants engaged in 300 or more hours of physical activity a week, far surpassing the average person (Flannery et al., 2014, S18). However, researchers indicated small sample size, and the likelihood of over-reporting of perceived activity levels, presented limitations and bias in the study.

Concept/Effect Health Promotion

In 2017, a concept analysis was performed to clarify the understanding of “role models in health promoting behavior for registered nurses and students” (Darch, Baillie, & Gillison, 2017, p. 982). The study included a literature review and examination of qualitative data. Participants were chosen using purposive and convenience sampling methods, including nurse educators and third year nursing students. The review of literature included 118 papers of international recognition, with 79 from peer reviewed nursing publications. Researchers described the concept of role models in health promoting behaviors to include the embodiment of well-being, by demonstrating healthy

characteristics, such as being in shape. “Personal attributes of a role model in health promoting behavior include being caring, non-judgmental, trustworthy, inspiring and motivating, self-caring, knowledgeable and self-confident, innovative, professional and having a deep sense of self” (Darch et al., 2017, p. 986). A majority of the literature review revealed a positive correlation between role modeling healthy behaviors by nurse instructors, and student’s demonstrating healthy habits. Although international literature was included, this study was self-limited as it may not represent nurses worldwide.

An integrated systematic review of qualitative and quantitative evidence was conducted to determine if health promotion practices, and responses by patients, were influenced by self-care behaviors of nurses (Kelly, Wills, & Sykes, 2017). Guided by a population, exposure, and outcome framework, a two-week search of various databases included Medline, CINAHL, SCOPUS, and PsycINFO. Researchers created inclusion and exclusion criteria to narrow down the literature search. The systematic review used peer-reviewed, primary research articles that investigated health habits of nurses, and patient’s responses to these behaviors. The selected studies used various research designs, however, 22 of the studies utilized cross-sectional methods. A variety of conceptual frameworks were used to guide the selected studies, including Pender’s Health Promotion Model. “It is widely assumed that nurses in particular should be healthy role models, based on the assumption that their health behaviors influence their health promotion practice. This review showed there is inconsistent evidence for this claim” (Kelly et al., 2017, p.75). The systematic review was limited by the varied purposes and results of the selected studies. This diverse selection of studies prevented researchers from conducting a meta-analysis.

In a 2012 study, Henwood, Tuckett, and Turner conducted an online survey consisting of 108 questions, related to high or low reported levels of physical activity, performed at the workplace and at home. The sample size consisted of 2,264 internationally working nurses. The purpose of the study was to identify any emerging trends in overall health “between nurses who report meeting the daily physical activity recommendations in or away from the workplace” (Henwood et al., 2012, p. 1746). Researchers concluded, nurse’s self-perception of having an active job constitute being healthy, is inconsistent with the evidence, and recommended nurses engage in physical activity at home as well. The researchers identified nurses engaged in exercise at home did not suffer as much from illnesses. “This has important implications for workforce planners and administrators concerned about the well-being of nursing individuals and the nursing workforce” (Henwood et al., 2012, p. 1752). The study had a few limitations. Future research should consider any barriers to exercise nurses may encounter that inhibit engagement in such activities.

Hensel (2011), conducted a correlational study, guided by Cowin’s Multidimensional Self-Concept Theory, to generate knowledge surrounding nurses self-perceptions of quality nursing care related to healthy lifestyle behaviors. A random sample from three rural Midwestern hospitals consisted of 679 registered nurses. The researcher used two methods for data collection delivered to participants’ work mailboxes. First, Cowin’s Nurse Self-Concept Questionnaire consisted of 36 questions covering nurses’ general self-concept, knowledge, care, leadership, staff relations, and communication. The 52 questions on the HPLP II covered topics including health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and

stress management. Results showed 97% of nurses rated their health as average, good, or excellent. Caring was rated highest on the self-concept scale, whereas leadership scored lowest. Interestingly, “Healthier nurses may feel more confident in their ability to care for patients and remain longer in their jobs, but waiting until nurses enter the workforce may be too late to instill such values” (Hensel, 2011, p. 56). The researcher recommended that nurse educators incorporate and emphasize self-care values and skills into curriculum. Limitations existed within the study related to sample size and diversity. Also, smoking status was not addressed in the study and should be considered in future research.

Health Hazards

Inconsistent findings from various research studies investigating health of nurses, led Fronteira and Ferrinho (2011) to conduct a systematic review of the literature. The purpose of the systematic review was to analyze the health of nurses, and identify any variances with other healthcare workers, or the average person. A variety of online database searches concluded with a selection of 187 studies. A vast majority of the selected studies were cross-sectional designs, and investigated assorted health topics including musculoskeletal disorders, diabetes, high blood pressure, and sleep disorders. The systematic review also discussed various hazards common in the field of nursing including occupational exposures from chemicals, biological, physical, mechanical, environmental, and psychosocial elements. Researchers reported nurses are at higher risk for certain ailments such as musculoskeletal disorders, tuberculosis, bloodborne pathogen infections, and occupational allergies. The study was limited, and a meta-analysis was not done due to the broad nature of the concept. Also, the review only investigated the physical health of nurses and excluded the mental health factors. Researchers deemed the

evidence discovered on nurse's health is insubstantial, however, must be considered valuable in laying the groundwork for employers to implement workplace improvements (Fronteira & Ferrinho, 2011).

Iacono (2010) discussed the significance for nurses to pursue and maintain harmony between work and life. "The simplest reason to seek balance is that there is a relationship between nurses' ability to care for self and their ability to provide effective patient care" (Iacono, 2010, p. 174). The article emphasized the role nurses have in health care, and the numerous stressors, hazards, and challenges nurses are exposed to. The article described physical and mental side effects related to living an unbalanced life, including substance abuse and job burnout. Specifically, the article discussed the impact nutrition and physical activity can have on a nurse's overall well-being. The article was not a study, and no evidence-based material was provided, however, the author is a nurse therefore had insight into the nursing profession.

Literature Related to Theoretical Framework

In a 2014 study, guided by Pender's Health Promotion Model, Albert, Butler, and Sorrell investigated healthy behaviors of 278 hospital-based clinical nurses. Researchers used a cross-sectional, correlational design and survey methods to investigate nurse's dietary and exercise practices. According to Albert et al. (2014), "Exposure to the hospital-based healthy lifestyle dietary and physical activity and exercise programs was available through newsletters, electronic mail, and website stories" (para. 14). Survey questions included topics such as assumptions and opinions, personal and work characteristics, such as smoking status and work area type, dietary habits, such as eating five servings of fruits and vegetables a day, and patterns and frequency of physical

activity. The anonymous surveys were disseminated throughout various hospital units at the Cleveland Clinic, and conducted over a 10-month period. Despite availability of workplace health programs, researchers reported over half of the nurse's maintained reasonably healthy dietary practices, but did not engage adequately in physical activity. The researchers indicated this imbalance provided "new evidence that diet habits and activity behaviors could be improved universally" (Albert et al., 2014, para. 37). Several limitations to the study existed. The convenience sample of nurses was from a large hospital that provided access to health promoting activities and choices. This sample may not reflect the results of nurses from a smaller hospital, or facilities without access to health promoting activities.

McElligott, Capitulo, Morris, and Click (2010) compared the effects on nurses who attended an eight hour collaborative care model (CCM) program and developed a self-care plan on the health-promoting behaviors with nurses who did not receive the intervention. The researchers used Pender's Health Promotion Model and the HPLP II to guide and perform this quasi-experimental, pretest, posttest, repeated measure, comparison group design at a single institution. The study was done to examine benefits, and implement wellness programs, that supported nurses to align with the objectives of Healthy People 2020, and lower the incidence of job burnout, thus decreasing health care costs (McElligott et al., 2010). Researchers indicated participants who attended the CCM program and developed a self-care plan showed a "significant difference at the $p \leq .05$ level (.02) between the overall pretest (2.62) and posttest (2.81) mean scores of the HPLP II in the experimental group when compared with the pretest (2.67) and posttest (2.72) mean scores of the HPLP II in the control group over time" (McElligott et al., 2010, p.

180). This study was limited by sample size from a single institution that may not reflect an entire nursing population.

McElligott, Siemers, Thomas, and Kohn (2009) used Pender's health promotion model to study the health promoting lifestyles of 149 hospital nurses. The researchers placed the HPLP II in nursing lounges throughout the hospital with instructions to complete the questionnaire anonymously, and return in provided envelopes over a one-month period. The mean scores were used to report the results in six different categories with stress management, physical activity, and health responsibility scoring lowest, while nutrition, spirituality, and interpersonal relationships scored highest. Based on the results, the researchers recommended implementing wellness programs for nurses, such as reflexology, consistent with holistic nursing care. This pilot study is limited by sample size from a single institution and may not represent an entire population of nurses.

In response to nursing shortages and efforts to retain older nurses, Palumbo, Wu, Shaner-McRae, Rambur, and McIntosh (2012) conducted a pilot study to examine the effects of engaging in Tai Chi through a workplace wellness program. Researchers used a convenience sample of 11 female nurses, over the age of 49, from a single, Northeastern academic medical center. Multiple measures were used to gather data before and after the intervention. The study explored topics such as general physical and mental health, stress, physical activity and barriers, and work absences. The intervention group engaged in Tai Chi at least five days a week for 15 weeks with the longest session, led by an instructor, at 45 minutes. Researchers concluded the Tai Chi group had no meaningful gain in general health, but did report less work-related and general stress. Also, the Tai Chi group showed improved physical function and flexibility, as well as a 3% increase in

work productivity (Palumbo et al., 2012, p. 57). The researchers recommended “replication and further study of Tai Chi in the workplace” (Palumbo et al., 2012, p. 57) as it is vital to include evidence-based practices for improving nurse’s health. The study had several limitations. Only 11 participants engaged in the study and three dropped out during the course of the study. A larger sample size from different geographical areas should be considered to represent the general population.

Summary of Literature Review

The physical and mental health of nurses is vital. The literature review included different concepts related to health promoting lifestyles of nurses. The evidence showed that many factors, including obesity and lack of physical activity, contributed to nurses increased stress levels, job dissatisfaction, and burnout. Several of the researchers recommended employers implement programs that promote healthy behaviors in nurses. The challenging nature of nursing practice was hypothesized to influence lack of engagement by nurses in health promoting behaviors. Some of the study’s findings directly linked improved nurse’s self-perceived health after participating in healthy activities. Multiple instruments were used to collect data in the varied studies. Limited evidence contributes to a gap in knowledge related to the effects of diverse work environments on nurse’s participation in healthy behaviors. The review of literature exemplified unhealthy behaviors of nurses already in clinical practice. However, the literature review lacked evidence, specific to the influence and impact of academic nurse educators, as healthy role models to nursing students. Overall, the literature review provided valuable insight into health lifestyles of nurses, and how this affects job sustainability and satisfaction.

CHAPTER III

METHODOLOGY

Introduction

Nurses are valuable members of the healthcare team. Participation in healthy lifestyles may influence job longevity and overall retention of the nursing workforce. This study was conducted, using a quantitative design, to determine the mean scores on health-promoting lifestyle behaviors of faculty nurse educators. Data was collected using the health-promoting lifestyle profile II instrument. The survey was distributed among a staff of faculty nurse educators and analyzed using a computer software program. The purpose of this study was to explore patterns of health-promoting lifestyles among academic nurse educators, and determine the degree to which academic nurse educators engage in healthy behaviors.

Study Design

A descriptive, non-experimental research design was used to explore nurse's self-perceived engagement in healthy behaviors. This design was consistent with the research questions which sought to simply describe health-promoting lifestyles. The variables were not manipulated, and no interventions were applied.

Setting

The study was conducted at a community college in the Piedmont Triad region of North Carolina. The college is one of the largest in the North Carolina Community College System. Specifically, the study occurred in the health technologies department of the college where nursing education is provided to a diverse student population. The

associate degree nursing program admits 144 students annually. The practical nursing program admits 90 students annually.

Sample/Participants

A convenience sample of 22 full-time faculty nurse educators were invited to participate in the study. The nurse educators were from both the associate and practical nursing programs. The job duties of the educators included classroom, clinical, and simulation teaching, advising, and committee participation, among others.

Measurement Methods

The 52-item health-promoting lifestyle profile II (HPLP II) instrument was used to identify participants' self-reported health-promoting behaviors. This was a self-administered survey. Permission was received from co-creator and copyright holder, Susan N. Walker, EdD, RN, FAAN (see Appendix A), to use the instrument (see Appendix B) and scoring instructions (see Appendix C). According to Walker (1995), the instrument “was revised to more accurately reflect current literature and practice and to achieve balance among the subscales” (p. 2). The options for the questions are given on a 4-point Likert scale (1 = never, 2 = sometimes, 3 = often, 4 = routinely) to measure the frequency within the six dimensions of health-promoting lifestyles: health responsibility, interpersonal relations, nutrition, physical activity, spiritual growth, and stress management. The score is calculated using the mean of responses for all 52 items and for each subscale.

Development and psychometric characteristics for the HPLP II have been tested and described extensively and in multiple languages. The revised version used statistics from 712 adults aged 18 to 92 to assess validity and reliability. Content validity was

conclusively proved by literature review and evaluation by content experts. The total scale has been found to have high internal consistency, with a reported Cronbach's alpha total scale of 0.943, and subscales range from .793-.872. Test-retest reliability has been reported as $r = 0.892$ after a three week interval. Construct validity was confirmed by factor analysis and convergence with the personal lifestyle questionnaire reported as $r = .678$. Criterion validity reported significant correlations with concurrent measures of perceived health status and quality of life as $r = .269 - .491$ (Walker, Sechrist, & Pender, 1995, p. 2).

Data Collection Procedures

An e-mail was sent to all nurse educators at the participating community college with a brief explanation of the survey (see Appendix D), consent (see Appendix E), and an invitation to voluntarily participate. Participants were given a link to Survey Monkey (an online program), which included the HPLP II survey. The Survey Monkey included a consent form with instructions relevant to the completion and submission of the survey. No identifying criteria was included. Participants were given two weeks to complete the survey online. Once completed, immediate results were available on Survey Monkey to the researcher.

Protection of Human Subjects

Participation in the study was voluntary. No identifying measures were used, and anonymity of each participant was protected. It was the participant's decision whether or not to participate. Each participant had the right to make this decision without any pressure. Participants were informed there would not be any consequences related to employment or otherwise, for participation or responses to the survey. A participant

could leave the research at any time for any reason, without explanation of such decision. The participant did not have to participate in any research offered. Approval from the Institutional Review Board (IRB) at both the participating college and the University's School of Nursing was received before conducting research. Data will be stored at the University SON for three years at which time data will be destroyed. Participants were informed of the option to complete the survey selectively by omitting responses if they choose. In Survey Monkey, the researcher turned on anonymous responses in the collector. Thus, collector data that makes respondents personally identifiable were not included in survey results. Survey responses were sent over a secure, SSL encrypted connection. Survey data is owned by the researcher, is stored securely on servers located in the U.S. according to Survey Monkey privacy and security policy, and deleted by the researcher upon completion of the study.

Data Analysis

Statistical analysis was performed using the Statistical Package for the Social Science (SPSS) Program. Data was entered by the researcher, then analyzed using descriptive statistics to calculate the mean scores of the overall profile, and the six subscale categories. The researcher used the results to identify patterns of health-promoting lifestyles among academic nurse educators, and determine the degree to which academic nurse educators engage in healthy behaviors. The researcher identified and reported patterns among the variables and described findings.

Summary

This master's thesis study used a descriptive, non-experimental research design using the 52-item HPLP II survey. The statistical data obtained in this study will enhance

future research to examine the benefits and consequences of lifestyle choices among nurses.

CHAPTER IV

RESULTS

Introduction

The purpose of this research was to determine what the self-reported health-promoting lifestyle behaviors of faculty nurse educators were, and the degree to which the nurses engaged in healthy behaviors. This chapter reports the statistical findings of the analysis.

Sample Characteristics

Thirteen faculty members of the possible 22 completed the HPLP II via Survey Monkey, yielding a response rate of 60%. All participants were full time nurse faculty at a community college nursing school. No demographic data was included in the study.

Major Findings

The researcher calculated mean scores of the total HPLP II survey along with the mean scores of the six dimensions of health-promoting lifestyles within the profile. Included in the results, along with mean scores, are standard deviations and score ranges for each dimension. The options for the questions were given on a 4-point Likert scale (1 = never, 2 = sometimes, 3 = often, 4 = routinely). The higher the number, the more the respondent reported engaging in a healthy behavior. The lower the number indicated the respondent did not participate in the selected behavior as much. The mean score of the overall HPLP II survey was 2.64, indicating the average response was between “sometimes” and “often”. Among the subscales, physical activity ranked lowest with a mean score of 2.23, while interpersonal relations ranked highest with a mean score of 3.07.

“Interpersonal relations entails utilizing communication to achieve a sense of intimacy and closeness within meaningful, rather than more casual, relationships with others” (Walker et al., 1995, para. 4). In the interpersonal relation dimension, the profile question with the highest score asked respondents if they found it “easy to show concern, love and warmth to others” with a mean score of 3.69 and a standard deviation of .630. Analysis indicated 76.9% of respondents selected “routinely” for this question and nobody answered “never”. The profile question with the lowest score asked respondents if they participated in “stretching exercises at least three times per week”. This question was in the physical activity dimension and received a mean score of 1.77 with a standard deviation of 1.013. This result indicated 53.8% of respondents answered “never”, while only 7.7% answered “routinely”. According to Walker et al. (1995) “physical activity involves regular participation in light, moderate, and/or vigorous activity” (para. 6). Outcome summaries of the health-promoting behaviors of the study's responding faculty nurses is presented in Table 1.

Table 1

Health Promoting Lifestyle Profile-II (HPLP-II) and Subscale Outcomes Summary.

Scale Dimensions	Mean	Range	Standard Deviation	Items
Total HPLP II	2.64	1.77-3.69	.449	52
Health Responsibility	2.34	2.00-2.92	.382	9
Physical Activity	2.23	1.77-2.85	.392	8
Nutrition	2.63	2.00-3.46	.404	9
Spiritual Growth	2.99	2.77-3.15	.112	9
Interpersonal Relations	3.07	2.46-3.69	.433	9
Stress Management	2.55	2.08-2.92	.271	8

“Health responsibility involves an active sense of accountability for one's own well-being” (Walker et al., 1995, para. 7). The dimension of health responsibility resulted in three items with a 2.00 mean score. When questioned about whether respondents sought guidance or counseling when necessary, 38.5% chose “never”. The highest mean score in the physical activity dimension was 2.85 when asked if respondents get exercise during usual daily activities, such as walking during lunch or using stairs instead of elevators.

In the dimension of nutrition, the item asking if respondents “eat 6-11 servings of bread, cereal, rice and pasta each day” received the lowest mean score of 2.00, with 38.5% responding “never”. The highest mean score of 3.46 with 69.2% responding “routinely”, asked if participants “read labels to identify nutrients, fats, and sodium content in packaged food”. According to Walker et al. (1995) “Nutrition involves

knowledgeable selection and consumption of foods essential for sustenance, health, and well-being” (para. 5).

“Spiritual Growth focuses on the development of inner resources and is achieved through transcending, connecting, and developing” (Walker et al., 1995, para. 3). In the spiritual growth dimension, 38.5% looked forward to the future “routinely” or “often” with a mean score of 3.15, whereas only 30.8% responded they felt content and at peace with themselves “routinely”, resulting in a 2.77 mean score. The lowest mean score in the interpersonal relations dimension was 2.46. Of the respondents, 61.5% chose “sometimes” when asked if they discuss problems and concerns with people close to them and only 7.7% responded this was done “routinely”.

“Stress management entails the identification and mobilization of psychological and physical resources to effectively control or reduce tension” (Walker et al., 1995, para. 8). In the final dimension of stress management, the lowest mean score of 2.08 resulted from 69.3% responding “sometimes” or “never” when asked if they practice relaxation or meditation for 15-20 minutes daily. The high mean score was 2.92 with 61.6% reporting that they “routinely” or “often” balance time between work and play. The summary of the highest and lowest rankings among the six subscales is presented in Table 2.

Table 2

High and Low Subscale Means and Standard Deviations

Scale Dimensions	Mean	Standard Deviation
Health Responsibility		
Report any unusual signs or symptoms to a physician or other health professional	2.92	.954
Ask for information from health professionals about how to take good care of myself	2.00	.816
Attend educational programs on personal health care	2.00	1.000
Seek guidance or counseling when necessary	2.00	1.000
Physical Activity		
Get exercise during usual daily activities	2.85	.987
Do stretching exercises at least 3 times per week	1.77	1.013
Nutrition		
Read labels to identify nutrients, fats, and sodium content in packaged food	3.46	.877
Eat 6-11 servings of bread, cereal, rice and pasta each day	2.00	1.080
Spiritual Growth		
Look forward to the future	3.15	.801
Feel content and at peace with myself	2.77	1.013
Interpersonal Relations		
Find it easy to show concern, love and warmth to others	3.69	.630
Discuss my problems and concerns with people close to me	2.46	.660
Stress Management		
Balance time between work and play	2.92	.862
Practice relaxation or meditation for 15-20 minutes daily	2.08	.954

Summary

Statistical analysis was performed and mean scores were calculated for the total HPLP II survey and the six dimension of: health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management. Higher mean scores represented the lifestyle behaviors that were most practiced by the respondents and lower mean scores reflected the lifestyle behaviors least practiced.

CHAPTER V

DISCUSSION

Introduction

Health behaviors of nurses have the potential to impact job retention, satisfaction, and overall effectiveness of the nurse's job duties. The purpose of this study was to identify the self-perceived engagement level in healthy lifestyles as reported by nurse educators. Knowledge gained through this study will contribute to future inquiries about health behaviors of nurses and prompt further investigation into the relevance of healthy lifestyles.

Interpretation of Findings

Kurnat-Thoma, El-Banna, Oakcrum, and Tyroler, J. (2017) concluded in a study that health promotion in the workplace, and healthy choices by nurses, are imperative to preserving the workforce and influencing overall well-being. The lowest scoring dimension in this survey was physical activity, followed closely by health responsibility. Lack of physical activity has been identified as a risk factor for many chronic diseases. Inactivity has been linked to cardiovascular diseases, diabetes, obesity, and depression, among many other conditions. Consistent with findings in the literature review, lack of physical activity was one of the most cited unhealthy behaviors of nurses. The low scores represented in these two dimensions indicates the respondents did not engage in regular physical activity or exercise, nor did the faculty nurses feel routinely accountable for maintaining their overall health and well-being. According to the Centers for Disease Control and Prevention (2018) "Only a few lifestyle choices have as large an impact on your health as physical activity. People who are physically active for about seven hours a

week have a 40% lower risk of dying early than those who are active for less than 30 minutes a week” (para. 23). Personal responsibility for creating a healthy lifestyle and choosing healthy behaviors may be influenced by many factors, including lack of knowledge, genetic predispositions, time constraints, work and family demands, among other variables. However, educating oneself and making healthy choices cannot be delegated. Thus, nurse educators are personally responsible and accountable for their actions.

Emotional well-being is another essential element to one’s overall health and ability to deter the physical and mental effects of stress. Although stress is a normal response to many situations in life, the inability to effectively cope with stress has been linked to depression. Stress management was the next low scoring dimension on the survey. This result is consistent with findings from the literature review indicating job stress has been associated with nurse burnout and a major reason nurses leave the profession. Inconsistent commitments to routinely engage in physical activity and stress management further indicates lack of personal accountability to one’s emotional and physical well-being. According to the American Nurses Association’s Health Risk Appraisal, “workplace stress was identified as the top work environment health and safety risk” with 82% of nurses reporting they were at a “significant level of risk for workplace stress”. (ANA, 2017b, p. 4).

Nutrition fell in the top three scoring dimensions of the survey. Not to be overlooked, nutrition should be considered a high-priority when making lifestyle choices. A Healthy People 2020 goal is the promotion of healthy diets and maintenance of a healthy body weight. The premise of these goals is the direct correlation between

unhealthy eating habits and health conditions, such as obesity and diabetes (ODPHP, 2018b). Some findings in the literature review align with healthy nutritional choices scoring higher than physical activity in several studies. However, some of the studies correlated stress with poor nutritional choices and unhealthy dietary habits. Keeping nurses healthy through good food choices can help decrease medical ailments leading to sick call-outs and disability due to disease.

Interpersonal relationships and communication are vital component to nursing practice. Nurses interact with patients, families, colleagues, communities, as wells as those on a personal level. The ability to form and maintain healthy relationships may influence one's overall emotional and physical well-being. Interpersonal relations and spiritual growth comprised the two higher scoring dimensions of the survey. Both of these dimensions involve connecting, whether the connections be through intimate relationships or of a higher power. Nursing is often synonymous with the terms compassion or caring. In this study, interpersonal relations was the highest scoring dimension reflected by the routinely practiced ability to show concern, love, and warmth to others.

Spiritual people choose personal growth as a goal in fulfilling meaningful and balanced lives. This is often achieved through self-reflection on daily activities and finding purpose in life. "Spiritual growth and interpersonal relations play an important role in enhancing compassion satisfaction (one's pleasure from performing good work), which is associated with reduced emotional exhaustion and lower number of days absent from work" (Kurnat-Thoma et al., 2017, p. 80).

Through this study's literature review, the vast majority of research pertaining to health-promoting lifestyles of nurses was conducted on nurses in hospital settings. The statistical data from this study supports the purpose of the research to produce gainful knowledge of a population of nurses not found in recent literature.

Application to Theoretical Framework

Nola J. Pender's Health Promotion Model served as a relevant theoretical framework to guide this research. The premise of the model was to guide individuals to explore the multi-dimensional characteristics and experiences that affects health-promotion behaviors and overall desired state of health. The model is also used to describe how nurses can role model and influence patients to achieve desired well-being. The health promotion model centers on individual well-being and promoting people to strive for and achieve higher-levels of health. The results of this study reflect the multiple dimensions of nurse's self-perceived health-promoting behaviors by exploring six dimensions of health-promoting lifestyles.

Limitations

The convenience sample size was small and limited to a single facility. Also limiting the study, was a lack of diversity based on the use of one facility in a single geographical location. Self-perceived health-promoting lifestyle behaviors may vary among different teaching institutions. The study is at risk for response bias related to use of a self-reporting survey. Research has shown that self-reporting research methods often leads to over or underestimating of data by respondents.

Implications for Nursing

The results of this study are valuable in recognizing and responding to the health of the nation's nursing workforce. Identifying behaviors routinely or never engaged in by nurses may correlate directly with job satisfaction and retention, among other variables. By identifying trends in self-reported health-promoting lifestyles of faculty nurse educators, nurses, and employers may better understand the benefits and consequences of lifestyle behaviors. In turn, promotion of health-promoting lifestyles and prevention of unhealthy behaviors may be better incorporated into personal and professional environments.

Recommendations

Further research is needed in order to gain more generalized data with regards to the specific population of faculty nurse educators and health-promoting lifestyles. Additional research could be done to investigate any existing relationships between healthy lifestyles of faculty nurses and job satisfaction and retention. Also, another study could be done to compare health-promoting lifestyles of nurses working in different environments throughout the health care industry. Suggestions to use different geographical locations and nursing schools would be beneficial.

Conclusion

The role of the nurse continues to expand as the complexity of the health care industry grows. Nurses are a valuable asset at the bedside, in the community, in the classroom, as leaders, among many others. Initiatives, such as the ANA's Healthy Nurse, Healthy Nation, recognize the valuable roles of nurses and supports efforts to make the nursing workforce healthier. "Nursing faculty members act as role models for their

students, whether for first semester pre-licensure students, seasoned graduate students, preceptors, or novice faculty members” (National Council for State Boards of Nursing, 2008, p. 7). Role modeling healthy behaviors could impact future generations of nurses working in many different nursing roles. A general assumption may be that everyone wants to be healthy, but to what degree do individuals perceive they participate in healthy lifestyles? Creating a sustainable relationship with making healthy lifestyle choices may increase job satisfaction and longevity in the nursing profession.

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Appendix A

Permission from Susan N. Walker, EdD, RN, FAAN

Walker, Susan Noble <swalker@unmc.edu>
Sun 2/4, 8:17 PM
Tracy Campbell

Dear Tracy,

Your information is correct and you may use the HPLPII for your research.

Best wishes,
Susan

RE: Health=Promoting Lifestyle Profile/Use in Thesis
Tracy Campbell
Fri 2/2/2018 5:29 PM
To: swalker@unmc.edu <swalker@unmc.edu>

Hello Dr. Walker,

I am a nursing graduate student at Gardner-Webb University in Boiling Springs, NC. I am preparing to start my thesis on health-promoting lifestyles of academic nurse educators and am very interested in using the The Health-Promoting Lifestyle Profile II. I have reviewed the information on the instrument and wanted to verify this was available for download and use for free as long as nothing is altered in any way and the copyright/permission statement at the end is retained?

Also, I located the scoring method and it appears that using the mean of the individual responses and of the subscales. Does that sound accurate?

Any additional information you think is relevant to me using the instrument would be great!

Thank you so much for your time. Best regards, Tracy Campbell

tcampbell5@gardner-webb.edu

Appendix B

Health-Promoting Lifestyle Profile II

University of Michigan

1995

Health Promotion Model - Instruments to Measure Health Promoting Lifestyle: Health-Promoting Lifestyle Profile [HPLP II] (Adult Version)

Walker, Susan N.; Sechrist, Karen R.; Pender, Nola J.

<http://hdl.handle.net/2027.42/85349>**Deep Blue deepblue.lib.umich.edu**

DIRECTIONS: This questionnaire contains statements about your *present* way of life or personal habits. Please respond to each item as accurately as possible, and try not to skip any item. Indicate the frequency with which you engage in each behavior by circling:

N for never, **S** for sometimes, **O** for often, or **R** for routinely

- | | |
|--|---------|
| 1. Discuss my problems and concerns with people close to me. | N S O R |
| 2. Choose a diet low in fat, saturated fat, and cholesterol. | N S O R |
| 3. Report any unusual signs or symptoms to a physician or other health professional. | N S O R |
| 4. Follow a planned exercise program. | N S O R |
| 5. Get enough sleep. | N S O R |
| 6. Feel I am growing and changing in positive ways. | N S O R |
| 7. Praise other people easily for their achievements. | N S O R |
| 8. Limit use of sugars and food containing sugar (sweets). | N S O R |
| 9. Read or watch TV programs about improving health. | N S O R |
| 10. Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber). | N S O R |
| 11. Take some time for relaxation each day. | N S O R |
| 12. Believe that my life has purpose. | N S O R |
| 13. Maintain meaningful and fulfilling relationships with others. | N S O R |
| 14. Eat 6-11 servings of bread, cereal, rice and pasta each day. | N S O R |
| 15. Question health professionals in order to understand their instructions. | N S O R |
| 16. Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week). | N S O R |
| 17. Accept those things in my life which I cannot change. | N S O R |
| 18. Look forward to the future. | N S O R |
| 19. Spend time with close friends. | N S O R |
| 20. Eat 2-4 servings of fruit each day. | N S O R |
| 21. Get a second opinion when I question my health care provider's advice. | N S O R |
| 22. Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling). | N S O R |
| 23. Concentrate on pleasant thoughts at bedtime. | N S O R |
| 24. Feel content and at peace with myself. | N S O R |
| 25. Find it easy to show concern, love and warmth to others. | N S O R |
| 26. Eat 3-5 servings of vegetables each day. | N S O R |
| 27. Discuss my health concerns with health professionals. | N S O R |
| 28. Do stretching exercises at least 3 times per week. | N S O R |
| 29. Use specific methods to control my stress. | N S O R |
| 30. Work toward long-term goals in my life. | N S O R |

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| 31. Touch and am touched by people I care about. | N S O R |
| 32. Eat 2-3 servings of milk, yogurt or cheese each day. | N S O R |
| 33. Inspect my body at least monthly for physical changes/danger signs. | N S O R |
| 34. Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking). | N S O R |
| 35. Balance time between work and play. | N S O R |
| 36. Find each day interesting and challenging. | N S O R |
| 37. Find ways to meet my needs for intimacy. | N S O R |
| 38. Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day. | N S O R |
| 39. Ask for information from health professionals about how to take good care of myself. | N S O R |
| 40. Check my pulse rate when exercising. | N S O R |
| 41. Practice relaxation or meditation for 15-20 minutes daily. | N S O R |
| 42. Am aware of what is important to me in life. | N S O R |
| 43. Get support from a network of caring people. | N S O R |
| 44. Read labels to identify nutrients, fats, and sodium content in packaged food. | N S O R |
| 45. Attend educational programs on personal health care. | N S O R |
| 46. Reach my target heart rate when exercising. | N S O R |
| 47. Pace myself to prevent tiredness. | N S O R |
| 48. Feel connected with some force greater than myself. | N S O R |
| 49. Settle conflicts with others through discussion and compromise. | N S O R |
| 50. Eat breakfast. | N S O R |
| 51. Seek guidance or counseling when necessary. | N S O R |
| 52. Expose myself to new experiences and challenges. | N S O R |

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Appendix C

Health-Promoting Lifestyle Profile II Scoring Key

HEALTH-PROMOTING LIFESTYLE PROFILE II

Scoring Instructions

Items are scored as	Never (N)	=	1
	Sometimes (S)	=	2
	Often (O)	=	3
	Routinely (R)	=	4

A score for overall health-promoting lifestyle is obtained by calculating a mean of the individual's responses to all 52 items; six subscale scores are obtained similarly by calculating a mean of the responses to subscale items. The use of means rather than sums of scale items is recommended to retain the 1 to 4 metric of item responses and to allow meaningful comparisons of scores across subscales. The items included on each scale are as follows:

Health-Promoting Lifestyle	1 to 52
Health Responsibility	3, 9, 15, 21, 27, 33, 39, 45, 51
Physical Activity	4, 10, 16, 22, 28, 34, 40, 46
Nutrition	2, 8, 14, 20, 26, 32, 38, 44, 50
Spiritual Growth	6, 12, 18, 24, 30, 36, 42, 48, 52
Interpersonal Relations	1, 7, 13, 19, 25, 31, 37, 43, 49
Stress Management	5, 11, 17, 23, 29, 35, 41, 47

Appendix D

Introductory Statement for Survey

Tracy L. Campbell is conducting a study to identify health-promoting self-behaviors as reported by nursing faculty. Participation in the study could increase awareness of nursing faculty health-promoting self-behaviors. Your time and participation in this survey is immensely valuable and appreciated. Individual surveys will remain confidential and only grouped data will be reported. Results will be available after the study has concluded. You will have 2 weeks to complete the survey online. To participate in this survey, please review the informed consent information and follow the link to the Health-Promoting Lifestyle Profile II.

If you have any questions, comments, or concerns please contact:

Tracy L. Campbell, BSN, RN
314-323-4334
Tcampbell5@gardner-webb.edu

OR

Dr. Frances Sparti
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Appendix E

Consent

Tracy L. Campbell is conducting a study to identify health-promoting self-behaviors as reported by nursing faculty. Taking part in this study is voluntary. Your decision on whether or not to participate will not affect your employment at the college in any way.

Should you choose to participate, you will be asked to complete a survey on Survey Monkey which will take approximately 20 minutes of your time. Participation in the study could increase awareness of nursing faculty health-promoting self-behaviors.

There are no foreseeable risks associated with your participation and you will not be compensated in any way for your participation.

Participation is voluntary. You may choose not to complete the survey or you may skip any questions that you do not feel comfortable answering. ***By completing this survey you are giving your consent to participate in this study.***

All survey information received will be kept confidential. No one but the researcher will have access to the surveys and they will be kept in a secure location. All information will be reported as grouped data with no individual information given.

Tracy L. Campbell is conducting this survey as part of the requirements for completion of the MSN program at Gardner-Webb University.

Thank you so much for your time, consideration, and participation.

Instructions:

Follow the link to Survey Monkey to begin the survey and follow the instructions. Only answer the questions as asked. Survey responses will be sent over a secure, SSL encrypted connection. Data will be collected and analyzed by Tracy L. Campbell

If there are any questions, comments, or concerns please contact:

Tracy L. Campbell, BSN, RN

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