IMPACT OF NURSE'S PERSONAL HEALTH BEHAVIOR ON THEIR HEALTH PROMOTION PRACTICES

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ABSTRACT

A descriptive study to assess the personal health behaviour of registered nurses and its impact on their health promotion practices among registered nurses at selected hospital, New Delhi. Objectives of the study are: to assess the personal health behaviour of registered nurses; to assess the health promotion practices of registered nurses; to assess the impact of personal health behaviour of registered nurses on their health promotion practices. A survey approach and semi - experimental design was used, which was conducted on 90 registered nurses selected by purposive sampling technique in Indraprastha Apollo Hospital, New Delhi. The research findings were analyzed by descriptive and inferential statistics .The study revealed that personal health behavior does not have influence on health promotional practices of registered nurses.

KEYWORDS:- Registered nurses, Personal health behavior, Promotional health practices.

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INTRODUCTION

Nurses, as behavioral models, play an important role in health promotion, and their attitudes towards health promotion highly influence their health and performance. Health is an important component in to-days world and nurses working at the bed side of patient contribute to patient's health recovery and maintenance not only for patients but all others who help in the recovery of the patients.

It should be considered as a healthy nursing or interactive method which promotes health. Nurses are the biggest group to render services to patients and take a significant role in public health promotion.

Pender (2013) states that cognitive variables for examples situational influences, personal health beliefs and the importance that an individual attached to their behaviors may also influence the adoption of health-related behaviors. Such as, negative attitudes towards substance users have been reported by different groups of health professionals, including viewing caring for such patients as unrewarding and unpleasant. Situational influences directly and indirectly affect the behaviors and the commitment to action planning. Based on individual experiences of the health care personal, may increase or decrease the commitment of participation in health-promoting behaviors. As behavior is dependent on the surrounding environment, it may be affected by situational factors and this influences a person's sleeping pattern (for e.g. about 68 % of nurses reported of receiving7–8 h of sleep) [1].

Nursing professionals are a fundamental part of the patient teaching process, as well as of the adoption or support of health promoting behavior. Over the years, health promotion has become the limelight of health care. The nurse has become role model, educator, advocator, problem solver and she also facilitates teaching and education. The trustworthiness of the nurse as a health educator is proportional to the healthy behaviors that they exhibit. The nurse's knowledge about health and her healthy lifestyle behaviors can serve as an example for those around them. Health promoting behavior or any behavior which are initiated by any individual of any age group to maintain or to increase the most desirable wellbeing and personal satisfaction. Personal health behavior of registered nurses and its impact on their health

promotion practices like more than 25% of physician, nurses and community health workers reported eating 0-2 portions of fruits and vegetables. Patients should focus on health promoters e.g.: 1) Have knowledge of different types of diseases and symptom. 2) Identify health promotion needs of different groups (example: families or older people). 3) Professional interaction focused on the specific diseases or physical problem [2].

NEED OF THE STUDY

According to the World Health Organization (WHO), diabetes and cardiovascular disorders are currently biggest health concerns that the world is facing. Current estimates peg the number of diabetics in India (the diabetes capital of the world) is about 62 million– an increase of over 10 million from 2011 when estimates suggested that about 50.8 million people in the country were suffering from the disease1. By the year 2030, over 100 million people in India are most likely to suffer from diabetes, as said by the researchers. India has a challenge to face. In 1990, India faced 2.3 million deaths due to cardiovascular diseases which is predicted to double by the year 2020 2. 57% all stroke deaths are caused by hypertension and 24% of all coronary heart disease deaths in India [3].

Nurses play an important role in promoting public health. The nurse focuses on health promotion by disease prevention and altering the behavior of individuals with respect to their health. The nurse's role as health promoter is more complex, as they have multi-disciplinary knowledge [4].

A limited amount of research in Latin American was found that focuses on health professionals' life style and health behaviors. The purpose of this study is to determine the health promotion practices and personal behaviors of registered nurse working at selected hospital [5]. It is hoped that results from this study will increase awareness and help design interventions to improve health professionals own lifestyle and health promoting behaviors for patients suffering from diabetic and cardiovascular disorders. Although there has been an increased awareness and concerning regarding these issues such as lifestyle, nutritional health, physical activities etc [6]. this provoked the investigators to conduct the study among staff nurses. The health care workforce exhibits the same health behaviors as the general population. Unhealthy behaviors increase ill health and unplanned staff absences which impact negatively upon care delivery. Personal health behaviors of health professionals may influence their clinical practice19. Health professionals with unhealthy behaviors may be less credible as health promoters. Primary care staffs are the face of the NHS (National Health Services) and can be role models for their patients. Responsibilities of nurses [7].

1. The nurses should assess the health needs of the individual

2. Nurses should acquire specialized skills so that they can adopt various health promotion strategies that help people to build capacity in controlling their own health and in making healthy life choices.

3. Participating as a proactive key player in inter-sartorial collaborations

4. Tackling multiple health determinants

5. The health promotional activities should include evaluation strategies in the initial stages of planning so that the potency of the programs and health could be evaluated as appropriately.

6. Accomplishing awareness and understanding on health promotion by research.

7. The nurse should advocate for the individual and community at political and social levels.

They are able to reach large proportions of the population as they are often viewed as role models by their patients, and as such are expected to practice what they "preach'. However, interactions with patients and the level of intervention and care provided to patients may be determined by a variety of factors, including the health professionals' personal and professional attitudes, beliefs and experiences[8].

Personal health beliefs and the importance that an individual attaches to their behaviors may also influence the adoption of health-related behaviors. For example, negative attitudes towards substance users have been reported by different groups of health professionals, including viewing caring for such patients as unrewarding and unpleasant [9]. Health professionals' own alcohol use may also play an important role in their interaction with their patients. For example, Crothers and Dorian found that nurses who consumed alcohol were more likely to believe that the danger is in the alcohol, and not in the person, thereby establishing a positive rapport with their patients [10]. Thus, these factors may shape and influence relationships between health professionals and their patients. The regulatory bodies of nurses require behaviors which extend into personal life relating to behavior in public places including the use of social media so that the profession's standing and image are upheld. [11] Additionally Registered Nurses may not engage in criminal behavior nor remain registered if they have a criminal conviction. However, it may be timely to question whether the personal health behaviors, both visible and hidden, of Registered Nurses and other healthcare professionals should differ from those of the general population because healthcare professionals have the potential to be influential role models [12]. In other words, should nurses act as role models of desired health behaviors for patients as part of their duty of care as a Registered Nurse? Indeed the presentation of self, from both a professional and individual perspective, may be an important factor in creating a general first impression which in turn influences the nature and quality of further interactions [13].

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HYPOTHESIS

Research hypothesis, H1: Personal health behavior of registered nurses must be having an impact on health promotional practices of registered nurses.

NULL hypothesis, H0: Personal health behavior of registered nurses will not be having an impact on health promotional practices of registered nurses.

MATERIALS AND METHODS

The study was conducted in November 2017. The research was conducted as an exploratory random sampling. Semi experimental design was used to assess the impact of nurse's personal health behavior on their health promotional practices. The data was collected from 90 registered nurses of Indraprastha Apollo hospital, New Delhi through a purposive sampling technique was used to select the subjects. Tool consists of three sections: Demographic Proforma including age, sex, qualification, year of experience of registered nurses, personal health behavior questionnaire and health promotion practices questionnaire. Personal health behavior questionnaire consists of 12 questions and health promotion practices questionnaire consists of 10 questions. It was self – generated and adapted from literature. The scoring criteria is based on personal health behavior and health promotion practice score of the registered nurses. The personal health questionnaire criteria is <24 healthy personal behavior and >24 unhealthy personal health behavior. The health promotion practices questionnaire criteria are 16>(80%) – good health practices of registered nurses, 12-16(60-80%) – average health propositional of registered nurse and <12(<60%) poor health promotion of registered nurse. Content validity of data collection tool was determined by the experts' opinion [14-20].

RESULTS

The data was analyzed by descriptive and inferential statistics. The analysis reveals that registered nurses were in the age group of 21-23 years & 23-25years 21 (32.22%). Majority of registered nurse 51(56.66%) were qualified in GNM, around 45(50%) were posted in ICU/ HDU/ casualty; most of the registered nurse 28(31.11%) were married; majority of registered nurse 89(98.88%) were not suffering from non-communicable disease, most of the registered nurse 36(40%) were get the work experience of 1-3years & more than 3years; most of the registered nurse 77(85.55%) were having normal BMI. Out of the 90 registered nurses 32(35.5%) registered nurses skipped their breakfast, 50(55.5%) registered nurses had their meal once in a day, 63(70%) registered nurses used hand rub frequently before touching the patient, 37(41.1%) registered nurses drink 4 litres of water in 24 hours, 71(78.8%) registered nurses wash their hands, 42(46.6%) registered nurses had 8-10 hours' sleep in a day, 87(96.6%) registered nurses don't smoke in a day, registered nurses 73(81.1%) registered nurses never drink alcohol, 34(37.7%) registered nurses listen music to deal with their stress, 50(55.5%) registered nurses do regular exercise, 42(46.6%) registered nurses consume restaurant food, 36(40%) registered nurses spend 3-4hrs on mobile phone/ internet/ watching television daily.

Regarding health promotion practices only 22.2% nurses has identified the correct statement,71% nurse answered the correct advise foe the patient,85.5% identified the correct cause of iron deficiency anaemia, 34.4% nurses has chosen the correct physical activity to control HT, 24.4% knows the risk factor for MI,98.8 nurses knows the diet of HT,68.8% nurses point out the correct health education for diabetic patient,64.4 identifies the high risk of CVD and 80% nurses identifies the health education of MI. The chi square value is 0 which is less than the table value of 3.84 at 0.05 level of significance which shows that there is no significant impact of personal healthy behaviour on health promotional activities of the registered nurses.

Table 1. Frequency and Percentage Distribution of Demographic Characteristics   N=90

S.no	Items	Frequency	Percentage
1.	**AGE (in years)**		
	21-23	29	32.22
	23-25	29	32.22
	25-27	25	27.77
	Above 27	7	7.77
2	**EDUCATIONAL QUALIFICATION**		
	ANM	7	7.77
	GNM	51	56.66
	B.sc/post basic b.sc nursing	32	35.55
3.	**CLINICAL AREA POSTED**		
	a) General ward	20	22.22
	b) ICU/HDU/Casualty	45	50
	c) OPD/OT	25	27.77
4.	**MARITAL STATUS**		

	a) Married	28	31.11
	b) Unmarried	62	68.88
	c) Separated/Divorced	0	0
5.	**ANY NON- COMMUNICABLE DISEASES**		
	a) No	89	98.88
	b) If yes:-	1	1.11
	i) Gastrointestinal related	1	1.11
	ii) Genitourinary related		
	iii) Neurology related		
	iv) CVS related		
	v) Respiratory related		
	vi) Bone and joint related		
	vii) Any other		
6.	**WORK EXPERIENCE (IN YEARS)**		
	0-1	18	20
	1-3	36	40
	More than 3years	36	40
7.	**BMI**		
	a) Normal	77	85.55
	b) Above normal	7	7.77
	Below normal	6	6.66

Table 2. Mean, Median, Standard Deviation

MEAN	MEDIAN	SD
26.38	26	4.31

Table 3. Item Wise Frequency Distribution of Personal Health Behavior Score of Registered Nurses

S. No.	ITEM	FRE.OF 1 SCORE	FRE.OF 2 SCORE	FRE.OF 3 SCORE	FRE.OF 4 SCORE
1	In last one month ,how often you had skipped breakfast	29	32	22	7
2	In last one month, how many meals you had in a day on an average	13	50	3	24
3	How often you used hand rub before touching the patient	63	14	2	11
4	Approximately how much water do you drink in 24 hr.	2	18	33	37
5	In which of the following situation do you wash hands	71	7	1	11
6	How much sleep do you have in a day	29	3	42	16
7	How frequently do you smoke in a day	87	3	0	0
8	How frequently do you drink alcohol	73	14	3	0
9	How do you deal with stress	9	24	23	34
10	How often do you exercise/perform yoga	4	5	31	50
11	Which type of food you consume more	33	1	14	42
12	How much type do you spend on mobile phone/ internet/ watching television daily	33	36	9	12

Table 4. Mean, Median & Standard Deviation

Mean	Median	Standard Deviation
6.4	6.5	1.4857

Table 5. Item with their Frequency and Percentage of Health Promotion Practices

S. No.	Items	Frequency	%
1	Select the true statements .write true in front of that statement	20	22.2
2	A 40 Year came for regular Checkup. He is overweight and blood pressure is 130/70, smoke 5 cigarette and cholesterol is 250mg/dl. What advise you will give.	64	71

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3	Choose the most common cause of iron deficiency anemia	77	85.5
4	What Physical activity can help prevent and control Hypertension?	31	34.4
5	Regarding the risk factor for ischemia heart disease.	22	24.4
6	What is the recommended food for the person with hypertension	89	98.8
7	The risk developing high blood pressure can be reduced	88	97.7
8	Patient is getting discharge from the hospital, he was having blood sugar level 140mg/dl, what health education will you provide?	62	68.8
9	Among whom the following is at high risk of developing diabetes/CVD.	58	64.4
10	A Patient who developed an acute inferior myocardial infarction is being discharge...	72	80

Table 6. Relationship between personal health behavior and health promotion practice of registered nurses.

	ABOVE MEDIAN	BELOW MEDIAN	Cal.X^2	TAB. X^2	DF
HEALTHY	63	0	0		1
UNHEALTHY	27	0	0	3.84	

p<0.05

Fig 1. pie chart depicting age of registered nurses
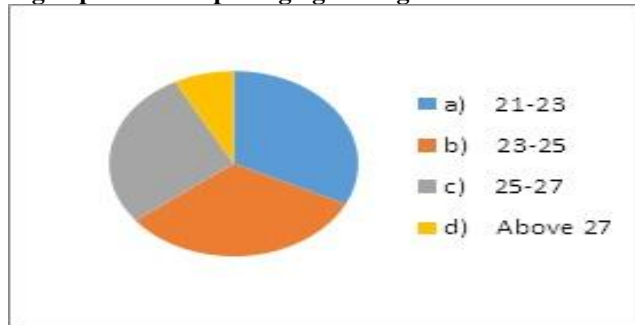
Fig 2. Pie Chart depicting Educational Qualification of registered nurses
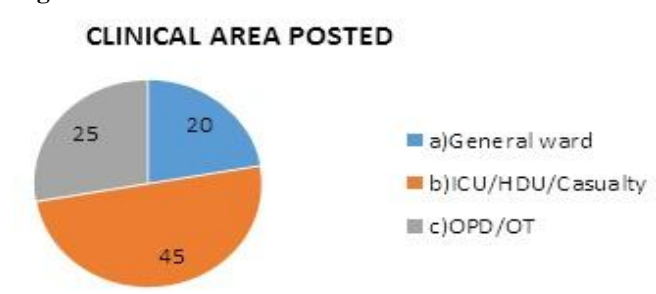

CLINICAL AREA POSTED

Fig. 3. pie chart showing clinical area of Registered nurses

MARITAL STATUS

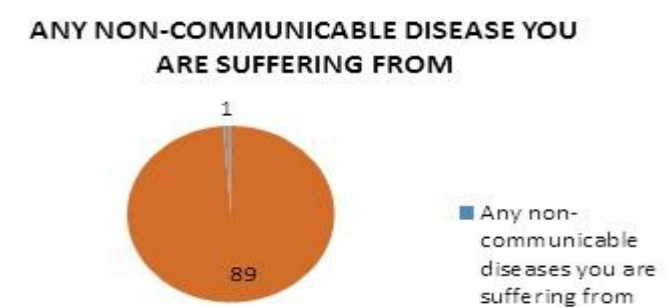**Fig. 6. Pie Chart Showing Frequency Distribution of Registered Nurses Suffering from Non-Communicable Disease**

ANY NON-COMMUNICABLE DISEASE YOU ARE SUFFERING FROM

Fig. 7. Pie Chart showing Work Experience of Registered Nurses

WORK EXPERIENCE
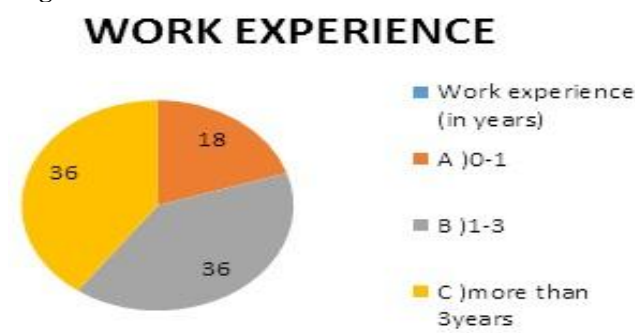
Fig. 8. Pie Chart depicting BMI of Registered Nurses
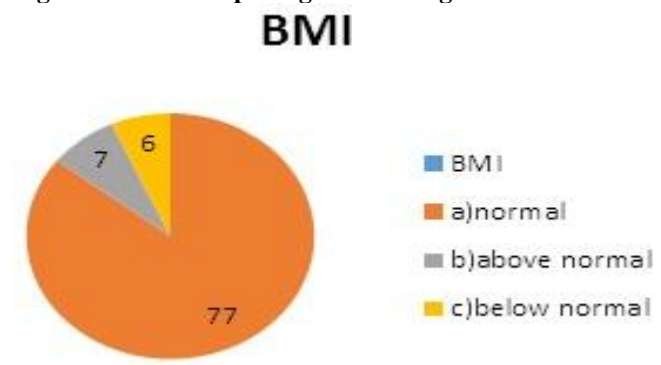

BMI

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Fig- 9. Line Graph showing Mean, Median and Standard Deviation of Personal Health Behaviour Score of Nurses
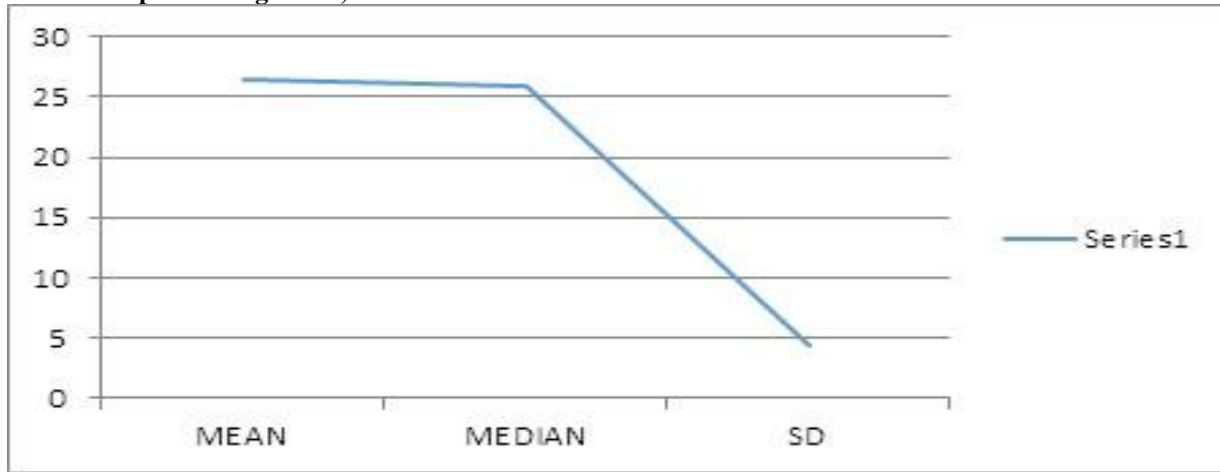

Fig-10. Bar Graph Showing Item Wise Frequency and Distribution of Personal Health Behavior of Registered nurse
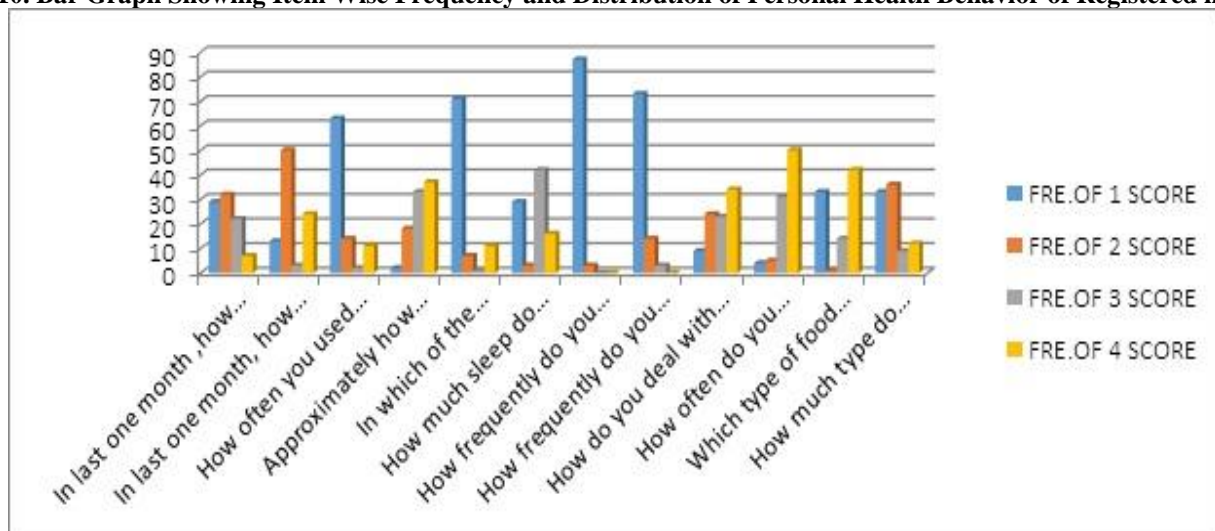

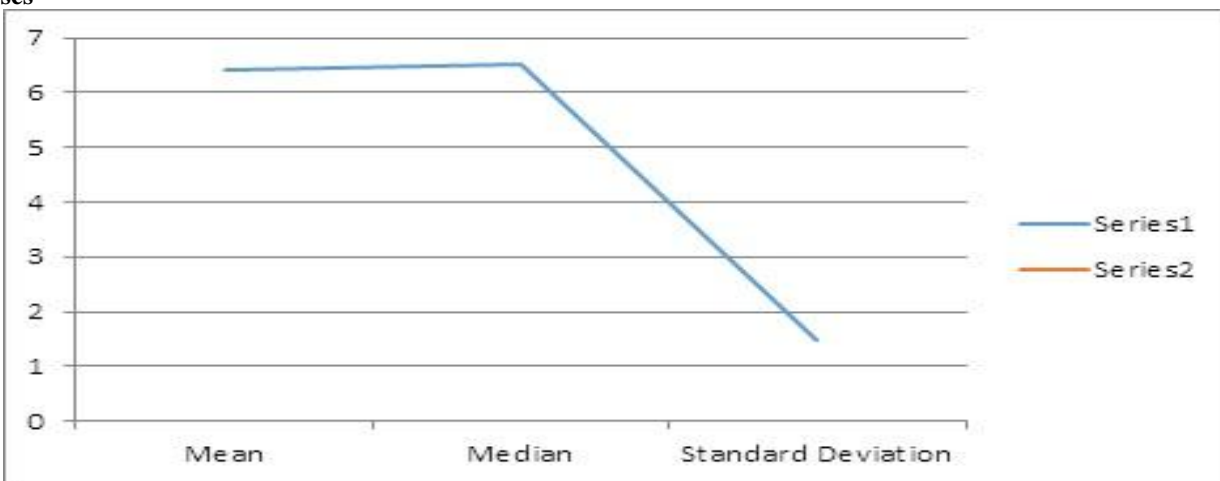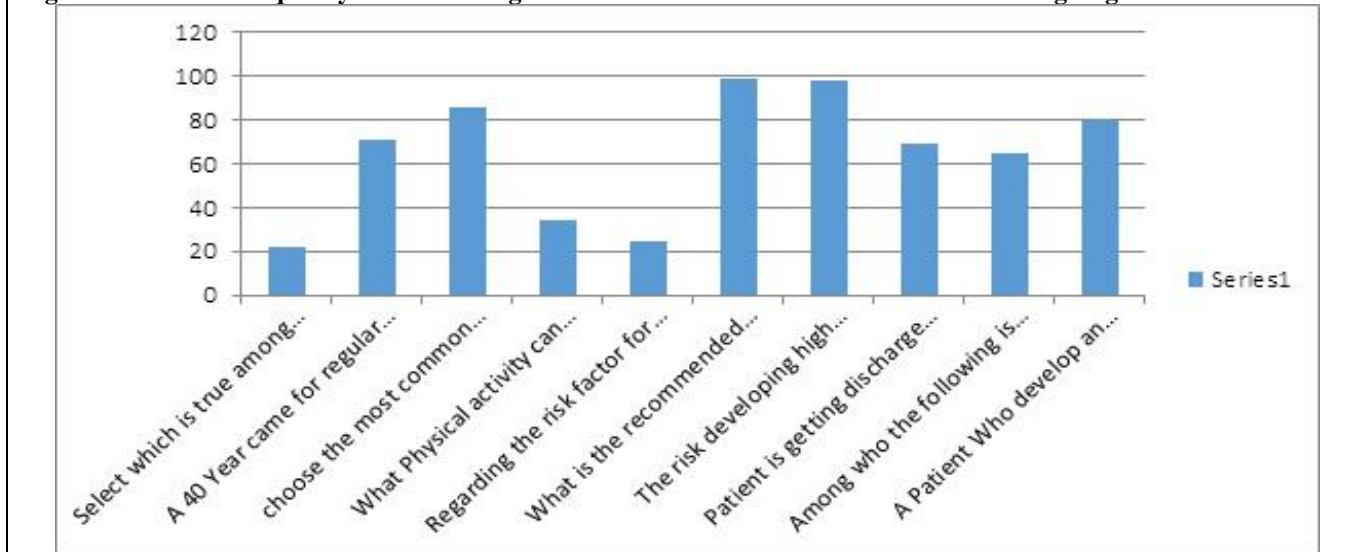**Fig-11. Line Graph Showing Mean, Median and Standard Deviation of Health Promotion Practices of Registered Nurses**

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Fig-12. Item Wise Frequency and Percentage Division of Health Promotion Practices among Registered Nurse

DISCUSSION

This descriptive survey has shown that there is no significant impact of personal health behavior of the registered nurses on their health promotional practices. This result was not in agreement with any other research studies. Nurses need to act as role models of desired health behaviors for patients as part of their duty of care. Indeed the presentation of self, from both a professional and individual perspective, may be an important factor in creating a general first impression which in turn influences the nature and quality of further interactions with the patients and community.

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