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Practicing What You Preach: The Health Behaviors of Nurses

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PRACTICING WHAT YOU PREACH: THE HEALTH
BEHAVIORS OF NURSES

By

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of the Requirements for
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Summary

As I completed clinical rotations throughout my time as an undergraduate nursing student, I noticed a tremendous lack of self-care and personal health promotion amongst nurses. This concern stimulated my interest to complete a research study to determine why many nurses overlook the personal health habits that we often teach our patients. The study had two main objectives. The first goal was to determine what health promotion techniques nurses teach their patients and if this relates to the health behaviors they practice themselves. Secondly, the study identified what programs and resources hospitals provide to their nurses to promote their overall health. Upon conclusion of the study, suggestions were provided to the hospital regarding potential health programs to be implemented within the hospital system.

I began the process by determining what areas of personal health were necessary to investigate. A survey was created to identify Registered Nurses' demographic information, job schedule and other job-related information, eating and drinking habits, sleeping patterns, exercise regimens, alcohol and smoking habits, stress levels, stress management techniques, and mental health status. The surveyed nurses were also asked if they were aware of any resources the hospital provided for health promotion and if they utilized these services. The survey was then distributed to 194 Registered Nurses in the Palmetto Health system. The diverse sample consisted of nurses from all types of hospital units, age groups, and years of experience.

From the survey results, it was evident that many nurses do not implement healthy behaviors into their own lives. This finding is ironic because a key function to the nursing profession is public health promotion. It was shown that 77.7% of nurses report educating

their patients on healthy diets and nutrition, but only 16% of nurses eat the recommended amounts of fruits and vegetables daily. Additionally, over fifty percent of nurses drink soda and fruit juice multiple times per week. Almost half of the nurses that smoke cigarettes still educate their patients on tobacco cessation. Another interesting finding was the rate of depression amongst the surveyed nurses. The national prevalence of depression is 6.7%, but the prevalence of depression among the respondents was 22.8%. This finding may warrant more research to determine if nurses' work affects their mental and emotional health. Further, stress and irregular working hours were the two most commonly reported factors that affected nurses' ability to care for themselves.

The survey also showed that a total of 68.3% of the surveyed nurses are not using the resources Palmetto Health provides to them. This results in significant monetary losses for the hospital, so I came up with suggestions for the hospital to implement in order to increase the number of employees who use the available resources. My fundamental suggestion was to create a multi-faceted program that includes a comprehensive health assessment as well as opportunities to increase exercise, improve nutrition, receive behavioral health education, and receive depression screenings. If the program can tackle health promotion from multiple directions, the program is more likely to be successful. Though it may initially be expensive for hospitals to create these programs, it costs even more money in the long run to have to unhealthy nurses. Nurses who incorporate healthy behaviors into their daily lives are proven to be more effective on the job and have an increased ability to engage in patient relationships. From this evidence, it has become clear that nurses often live unhealthy lifestyles, and it is necessary for hospitals to invest in the health promotion of its employees in order to improve patient outcomes.

Abstract

This research study investigated the relationship between the health behaviors nurses commonly teach to their patients and the behaviors they practice themselves. After receiving the 194 completed surveys, a thorough analysis of variables was completed to determine which educational topics are most frequently included in patient education as well as if these variables are related to the health behaviors nurses practice themselves. It was evident that many nurses who report educating their patients on healthier lifestyles do not implement all of these practices into their own lives. Barriers to implementing such behaviors, employer-provided health programs, and methods of stress reduction were also examined. Upon study conclusion, solutions for incorporating healthy lifestyles were determined and disseminated to the surveyed nurses and hospital leadership.

Practicing What You Preach: The Health Behaviors of Nurses

Across the healthcare continuum, nurses are frequently providing patient education and health promotion techniques in order to promote healthier lifestyles, prevent future health issues and hospitalizations, and increase adherence to a prescribed therapy. Research has shown that effective patient education significantly improves patient outcomes and the patient's self-care ability (Sherman, 2016). However, while many nurses report engaging their clients in health promotion techniques, many of these nurses do not actively observe such behaviors in their own lives. This paradoxical finding warranted further investigation to determine why many nurses, who witness the effects of unhealthy lifestyles on a daily basis, do not practice the healthy behaviors they teach their patients. Additionally, the study aimed to provide nurses, units, and hospitals with methods of improving their overall health practices, in turn, improving the success of the hospital and the well-being of its employees.

Literature Review

One research study of 760 nurses was conducted to examine the prevalence of obesity within this population (Albert, Cross, & Miller, 2008). Of the nurses surveyed, 54% were considered overweight or obese based on their body mass index (BMI). Although 93% of the surveyed nurses recognized obesity as a disease warranting intervention, 53% of the nurses that considered themselves overweight lacked the motivation to lose weight (Albert, Cross, & Miller, 2008). This is concerning evidence, as obesity is becoming an epidemic across the nation. Nurses are expected to act as a line of defense in combating such a preventable disease that contributes to numerous other chronic diseases. Because nurses have a responsibility to promote the well being of the general population, it is

important to determine barriers to maintaining a healthy weight within the nursing profession population in order to effectively implement weight loss solutions and healthier lifestyles (Albert, Cross, & Miller, 2008).

A South African study conducted in 2014 examined the relationship between the unconventional shifts nurses work, chronic diseases, physical activity level, and obesity amongst nurses (Phiri, Draper, Lambert, & Kolbe-Alexander, 2014). Nurses with a body mass index in the “obese” category reported that their weight hindered their ability to fully perform their job. These nurses also found it more difficult to adjust to the physical demands of nursing. Furthermore, the study reported that nurses have a higher prevalence of chronic diseases, such as hypertension and diabetes, a phenomenon that may be related to irregular working hours and a high level of job-related stress. The study participants explained that long shifts, the timing of their shifts, and work-related stress contributed to unhealthy eating habits and a sedentary lifestyle. Staffing shortages lead to increased workload, further contributing to their stress level. When asked about coping strategies, the highest reported coping mechanism was absenteeism, which is defined as “an employee’s intentional or habitual absence from work” (Phiri, Draper, Lambert, & Kolbe-Alexander, 2014, p. 7). The staffing shortage is worsened by nurses who intentionally miss work to cope with the high level of job-related stress. In turn, work demands increase for nurses on the unit. This cycle contributes to nurse burnout and results in a significant monetary loss for hospitals. For this reason, hospitals have a shared interest to improve the health behaviors and overall satisfaction of its employees. Consequently, it is recommended that hospitals implement worksite health promotion programs to address these issues (Phiri, Draper, Lambert, & Kolbe-Alexander, 2014).

A cross-sectional, correlational design study conducted at the Cleveland Clinic examined the effects of perceptions of a healthy lifestyle on diet and physical activity levels amongst nurses (Albert, Butler, & Sorrell, 2014). This study also examined the utility of hospital-sponsored lifestyle programs implemented to promote healthier employees and work environments. The study showed that nurses who eat healthier diets are more physically active at work and away from work. Additionally, the study determined that nurses who demonstrate an increased self-efficacy and have fewer perceptions of barriers to healthy diets exhibit an overall healthier lifestyle. Such behaviors seem to empower these nurses to eat a healthier diet and exercise more frequently. To improve the diets and exercise level of its nurses, hospitals must develop programs that are specific to the needs of its employees. Programs that promote self-efficacy and reduce the existing barriers to healthy eating will be more successful. For example, lowering the cost of healthy foods in the cafeteria or encouraging nurses to take regular meal breaks can help improve eating habits. In addition, it was determined that nurses who integrated these healthier practices into their daily lives exhibited an increased ability to engage in patient relationships, direct the healthcare team, and perform their job with more efficacy and adequacy. With healthier nurses, hospitals can become more effective and provide better patient care. Therefore, hospitals would benefit from implementing diet and exercise programs in a manner that promotes adherence from its employees (Albert, Butler, & Sorrell, 2014).

From the available literature, it is apparent that nurses have a civic duty to educate their clients regarding health promotion. Oftentimes nurses overlook the importance of adhering to a healthy lifestyle themselves. Common obstacles to healthy living included irregular work hours, increased job-related stress, personal stressors, sleep deprivation,

low self-efficacy, and perceptions of barriers to healthy lifestyles. The existing evidence prompted questions regarding the health practices of nurses in Columbia, South Carolina, including what resources the area hospitals made available to promote healthy lifestyles among its employees. Based on the available data, it was hypothesized that nurses in the Columbia area maintained generally poor health practices despite educating their patients on healthy lifestyles. A literature review was conducted to develop or determine what education nurses most commonly provide to their patients, nurses' personal health practices, barriers to healthy living, stress management techniques, and the likelihood of nurses using hospital-implemented health programs. The overarching goal was to provide nurses with methods of incorporating healthy living into a daily routine and to give hospitals methods of promoting the well-being of its nurses.

Methods

Based on the literature review, a survey was developed to examine demographic information, general health practices, barriers to healthy living, employer-provided health promotion services, and methods of stress reduction and relaxation. After receiving Institutional Review Board approval, a convenience sample of 194 practicing Registered Nurses at Palmetto Health was recruited for voluntary participation in the research study. Participants completed the survey online and were provided with the opportunity to leave their email if they wished to receive the results of this study. After the results were obtained, an excel spreadsheet with a pivot table was created to analyze statistics and determine if a relationship exists between the health practices nurses teach their patients and which they practice themselves. Additional analysis was completed to determine the efficacy of existing employer-provided health promotion programs. Upon study conclusion,

comprehensive explanations of the findings, including solutions for incorporating healthy behaviors into their lives, were provided to the participating nurses. Suggestions for hospital-wide programs to improve health practices of employees were also provided to nurse managers and nursing research directors.

Results

Description of Respondents

The 194 respondents represented a variety of hospital units including perioperative services, intensive care units, pediatrics, emergency department, labor and delivery, and a number of medical surgical units. Registered Nurses in administration and education were also among the respondents. The survey was distributed to nurses employed by Palmetto Health hospitals, including Palmetto Health Richland, Palmetto Health Baptist, and Palmetto Health Baptist Parkridge. The surveyed nurses ranged in age from 21 to 68 years old with nursing experience that varied from four months to forty-three years. Females made up 92% of respondents while males made up 8%, a statistic resembling the national average (National Council of State Boards of Nursing, 2015). The typical work schedule of the those surveyed varied from eight hour shifts to twelve hour shifts with a frequency of between three and five days per week. However, the majority of respondents reported working three twelve-hour shifts each week. Additionally, 63.7% of respondents are married and 63.6% had at least one child.

Personal Health Habits of Nurses

The survey included questions regarding exercise, alcohol intake, tobacco use, diet, water intake, and sleep quality. Of the 84% of nurses who report exercising, only 40.6% of these exercise at least three times per week, the minimum recommended amount of

physical activity for adults (World Health Organization, 2017). Further, 48.1% of nurses said they exercise but less than an adequate amount, and 11.4% of respondents do not exercise. When asked if they think they exercise an adequate amount, 27.3% believed they did and 72.7% would like to exercise more. Most report that exercising three or four days per week would be an adequate amount, but many say it is not realistic based on their schedule. When asked about alcohol intake, 13.4% do not drink alcohol and 8.8% drink more than four times per week, with the majority of respondents report drinking in moderate amounts (one to two drinks in one sitting). Of the eleven nurses who smoke cigarettes, eight admit they have never tried to stop smoking. Additionally, those who smoke report smoking between a half pack and one pack per day.

Diet was another main component of the survey. Only 30.1% of nurses report eating three to five servings of vegetables per day, and 37.2% report eating two to three servings of fruit per day, which are the national guidelines for those respective food groups (Moore & Thompson, 2015). It is even more concerning that only 16% reported eating the recommended amount of both fruits and vegetables. Twenty-eight percent eat canned food on a weekly basis, but 11.3% do not eat it at all. In addition, 14% report never drinking soda or fruit juice, while 38.8% drink it weekly and 11.4% drink it daily. The general recommendation for water intake is eight eight-ounce glasses per day, equaling a total of 64 ounces. Only 24.5% of nurses reported drinking at least this amount of water each day. Moreover, the respondents were asked if they believe they use the restroom enough throughout their shift, to which only 46.1% reported using the restroom an adequate amount while at work.

The guideline for adequate sleep is between seven and nine hours, yet only about half of the nurses reported getting this amount of sleep each night. In addition to the amount of sleep, the quality of sleep is important to nurses' functionality during waking hours. When asked about their quality of sleep, 35% of respondents reported very good or fairly good sleep, 38.7% reported average sleep, and 26.2% reported a very bad or fairly bad quality of sleep. Further, respondents were asked to give a rationale for their quality of sleep. Stress and working the night shift were the two most common answers. Other factors included anxiety, irregular work hours, having children, caffeine intake, and no pattern or ritual for winding down before falling asleep. Additional investigation into nurses' stress level was necessary to determine the effects stress had on their daily lives. Stressors included work-related issues as well as stressors within their personal lives. Thirty-two percent of nurses reported a high or very high level of stress, 49% reported a moderate stress level, and 19.1% reported minimal or no stress. Nurses were asked a follow up question to examine what techniques or outlets they use to cope with their stress. Responses included socializing, exercising, sleeping, reading, journaling, crocheting, spending time with family, and spending time in solitude. In addition to those previously listed, nurses reported going to church, praying, listening to music, and vacationing as methods to promote their mental, physical, and emotional health.

As members of the healthcare team, it would be assumed that yearly medical and dental screenings would be universally obtained. However, 14.5% do not attend yearly health screenings and 11.3% do not receive yearly dental care. Additionally, participants were asked if they had been diagnosed with a chronic disease. The 24.7% who said they have a chronic disease were asked a follow up question to determine if this had an affect on

their health practices. Most explained that it did impact their health behaviors in a number of ways including taking daily medications, eating a healthier diet, modifying activities to accommodate the effects of the disease, being aware of their signs and symptoms, prioritizing their health more, and changing their general lifestyle to adapt to the diagnosis. In addition, the respondents were asked if they were on a daily medication regimen. Of the 62.7% that answered “yes,” 95.9% are compliant with their medication regimen.

Survey respondents were also asked about their psychological health. Specifically, they were asked if they had experienced a period of two weeks or longer where they felt sad or depressed almost every day for most of the day. This is the definition of major depression based on the fourth edition of the *Diagnostic and Statistic Manual of Mental Disorders* (DSM-IV). Almost twenty-three percent said yes, meaning they had been clinically depressed within the last year. The prevalence of clinical depression in the United States is 6.7%, showing that the surveyed nurses had a significantly higher incidence of depression than the national average (National Institutes of Mental Health). This is a concerning statistic, bearing in mind that these are health care providers. It brings up the question whether nurses work has an effect on their mental health. When asked about their overall satisfaction with life, 83% of nurses said they were either satisfied or extremely satisfied, 9.3% were neutral, and 7.8% said they were either unsatisfied or extremely unsatisfied.

The final questions focused on the workplace. Specifically, the survey asked if their respective workplaces had opportunities to promote healthy living, to which 11.9% said no and 11.9% said they were unsure. Of the 76.2% that said their workplace did have employer-provided health programs, only 35.7% take advantage of such programs. This means that a total of 68.3% of all respondents are not utilizing the available resources,

which could prove to be a considerable financial loss for the hospital. Seventy-five percent of nurses that exercise report that their workplace does have health promotion programs in place, a statistic that may suggest that physically active nurses have a greater interest in seeking out hospital-provided programs. Nurses were also asked what specific programs their employers offered. Discounted gym memberships, walking paths, and healthy food options in the cafeteria were the most common resources reported. Additional resources that some nurses were aware of included group weight loss challenges, chronic disease monitoring programs, free health screenings, discounted preventative medications, and a discounted price to a local spa. Although many nurses report being aware of health promotion programs within their hospitals, some nurses said that participating in such programs is not practical. Several respondents explained how they do not have time to utilize the available resources, many of the programs are not easily accessible, and the discount the hospitals give employees to use these resources is simply not substantial enough to convince them to start using these programs. Given the responses regarding available resources, it is evident that there are numerous opportunities to implement new programs in the workplace and seek a greater percentage of participation in such programs amongst nurses.

Patient Education

Another main goal of the literature review study was to determine which topics nurses most frequently teach their patients and if this affects their personal health practices. Though most nurses report doing some amount of patient teaching, it was determined that many do not practice the health behaviors they teach. Healthy diets were the most commonly reported topic of education with 77.7% of nurses teaching this subject.

However, this statistic is incongruous with the amount of nurses that maintain healthy diets themselves. With only 16% of nurses eating an adequate amount of both fruits and vegetables, it is evident that many of the nurses teaching healthy diets are not observing such eating habits. The nutrients fruits and vegetables provide reduce the risk for several chronic conditions like heart disease, stroke, cancers, and other obesity-related diseases, so by not incorporating these foods into their diet, nurses are increasing their likelihood of developing the diseases which are so prevalent in the hospital patients they treat. Tobacco cessation was the next topic of education, with 60% of nurses including this in patient education. While only eleven respondents say they smoke cigarettes, five of these report that they still teach smoking cessation to their patients. This finding further proves that many nurses do not adhere to the health practices they teach their patients.

The importance of exercise is another common teaching point amongst nurses. While 42.7% of respondents incorporate exercise education into their patient teaching, only 40.6% of nurses exercise an adequate amount. Interestingly, it was determined that those who exercise teach the importance of exercise at least 50% of the time whereas those who do not exercise only teach the importance of exercise 8% of the time. Consequently, it could be beneficial to patients if their nurses exercise because they are more likely to value the benefits of exercise and educate their patients on these benefits. Adequate sleep was the last topic of patient education reported, with 28.7% of nurses teaching this topic. With only about half of nurses getting the recommended number of hours of sleep each night and only 35% reporting a high quality of sleep, it is not a surprise that this category of education had the lowest number of responses. Furthermore, it was determined that

teaching patients to get an adequate amount of sleep has no effect on the number of hours of sleep nurses get themselves, a finding consistent with the hypothesis of this study.

Several other interesting statistics regarding patient education were obtained from this study. First, medical-surgical floor nurses reported the highest percentage of patient education with 87% of nurses doing some form of teaching. Critical care nurses were second, performing education 59% of the time. One potential explanation for the significant decrease could be the condition and stability of patients on intensive care units. Once in stable condition, these patients often go to medical surgical floors or step down units, where there may be a better opportunity to provide patient education. Perioperative nurses recorded the lowest amount of patient education, which is most likely a result of these nurses not having contact with patients while they are in a state to receive education. Another interesting finding is that nurses who had been in the profession for less than three years are more likely to teach their patients health promotion behaviors than those who have been a nurse for twenty or more years. The likelihood that a nurse will provide patient education decreases the longer they have been in the field.

Discussion

The findings of the literature review study were consistent with the original hypothesis and literature search completed on the topic. A number of factors influence the reasons why nurses often do not observe the health habits they should, though they witness the effects poor health behaviors can have on a daily basis. The factors affecting nurses' health behaviors include stress, irregular working hours, children and family responsibilities, and time constraints. Despite the reason for poor health practices, though, it is necessary to provide nurses with opportunities to implement change within their lives.

Hospitals have a unique responsibility to aid in this process. Based on the above findings, further investigation was completed to determine programs hospitals in Columbia, South Carolina could implement to improve their employees' overall health.

Recommendations to Area Hospitals

The evidence to support a single workplace intervention is insufficient, but there is significant proof to establish the effectiveness of combined physical activity and nutrition programs (Thorndike, 2011). One study compared the benefits of a health assessment versus an intervention program with multiple components that include a health assessment, nutrition, physical activity, and incentives for living a healthy lifestyle. The control group who participated in the multi-approach program showed significant improvements in blood pressure, cholesterol levels, body mass index, and fat mass. Furthermore, the evidence substantiates the importance of implementing programs at the “vector, host, and environment” levels to produce lasting change on employees' health (Thorndike, 2011). Vector-based interventions aim to improve diet and physical inactivity while host-based interventions target education and individualized methods to change poor health behaviors. Environmental interventions focus on modifying the physical, social, cultural, and environmental structure of hospitals to encourage change. Therefore, it is vital to the efficacy of these programs to intervene at multiple levels and in various ways to ensure the success of these programs (Thorndike, 2011).

Vector-based recommendations would be the diet and exercise component of the health program. Many hospitals, including Palmetto Health, currently have nutrition interventions in place. Some of these include healthy food options in cafeterias and a vending machine with options such as sandwiches and fresh fruit. While these may be

convenient during the day, many hospitals do not keep their cafeterias open at night. Thus, night shift nurses are often forced to eat unhealthy snacks, such as chips and candy, out of vending machines. It could be beneficial to have part of the cafeteria stay open at night so healthier options can be available for those who work nights. Other suggestions for hospitals to implement include providing free or low cost healthy cooking classes, displaying nutrition and calorie information on cafeteria menus, offering energy-dense foods in the cafeteria, providing an on-site farmer's market once a month, and encouraging units to order only healthy foods when they have meetings or lunches catered (Centers for Disease Control and Prevention, 2016). Physical activity is another element of the vector-based interventions. Hospitals can offer free participation in annual walk or run events, on-site gyms with free membership, as well as discounts to yoga classes and access to mindfulness and meditation classes to help decrease stress and improve physical health (Centers for Disease Control and Prevention, 2016). Combining activities with social support, such as group exercise classes, may be useful in maintaining adherence to exercise regimens.

For the host-based aspect of a health program, educational and skills-based training are used to teach healthier behaviors and how to change nurses' mindsets to promote adherence to a healthier lifestyle. Incorporating behavioral skills in addition to health screenings and nutrition education is more effective than health education alone (Thorndike, 2011). Because depression proved to be prevalent amongst the surveyed nurses at Palmetto Health, mental health and depression recognition screenings should be implemented to identify those who currently have or are at risk for mental health disorders. Training supervisors and managers in depression recognition and providing

confidential self-rating sheets in the cafeterias, break rooms, and bulletin boards can allow those with depression to be identified. Early identification will help with providing them with adequate treatment. It is also vital to the success of mental health treatment to ensure that the hospital's insurance plan provides access to psychiatric services (Centers for Disease Control and Prevention, 2016).

Effective environmental-based strategies would entail change in the physical environment of the hospital as well as the sociocultural environment. Physical changes include stairway signs and outdoor walking paths. Making these outdoor walking paths easily accessible and allowing nurses to utilize these paths during breaks would increase usage. Social marketing campaigns could be implemented using newsletters, websites, and flyers to encourage employees to get involved with the new health promotion programs (Centers for Disease Control and Prevention, 2016). Oftentimes individuals may overlook facility-wide interventions. If hospitals are finding this to be true, it would be useful to create health committees specifically made up of nurses working on each floor. This would allow interventions to be personalized and adapted to the culture and lifestyles of nurses on that unit. Because it is a personalized program, nurses may feel more inclined to actively participate, as they can share these experiences with their peers.

Transforming nurses' mindset of poor health habits allows for cultural change to take place within the hospital. It eases the transition to a healthier lifestyle when healthy culture is the standard. One of the most common complaints from the surveyed nurses was that the available health promotion programs provided by the hospital were impractical and did not provide enough monetary discount to make utilization of the available programs worth the money. Though it may be difficult for hospitals to increase discounts

or provide free programs, further research should be done to analyze methods of improving the cost-effectiveness of these programs. It must be taken into consideration that hospitals' overall productivity will improve as its employees reduce absenteeism and become more efficient in the workplace. The key implication for hospitals is to implement these worksite health promotion interventions as multi-faceted programs, approaching personal health from many directions including diet components, exercise components, educational components, and incentives for promoting healthy lifestyles. One intervention alone will not produce significant, widespread change across the hospital, so it is imperative to provide opportunities for employees to get involved in multiple activities. To improve adherence and increase the efficacy of such programs, these interventions should be easily accessible and cost-effective for nurses.

Limitations and Strengths

Several obstacles had to be overcome during the IRB approval period. Though changes to the study were requested on a couple of occasions, the University of South Carolina's IRB was a fairly simple process. However, obtaining approval from the hospital's IRB proved to be more challenging. A series of breakdown in communication prolonged the process, as more required documents were presented for completion, additional training modules required completion, and several changes to the study were requested. These issues were easily solved, but they significantly pushed back the execution of the research study. Nonetheless, there were many things that went well throughout this process. The Director of Nursing Research at Palmetto Health was able to contact nurse managers and educators to relay the survey to the nurses on their floors. With an original goal of fifty survey responses, it was a surprise to have received over one hundred surveys within two

days. The survey was made available for two weeks, which yielded an overall response number of 194 nurses. The response time was much quicker than expected. Additionally, the number of respondents was greater than anticipated, which made the results a more accurate representation of the targeted population.

Future Implications for Research

Because many nurses cited participating in the current hospital-provided programs as impractical, further research could be done to determine how nurses think hospitals could modify their health promotion programs to make them more beneficial and worthwhile. This would give more insight as to what programs could be developed and what recommendations could be given to the hospitals so that nurses would utilize these programs. Another area to explore would be if nurses think their personal health habits affect the teaching they give to their patients or if the teaching they provide to their patients affects their own health behaviors. By researching this, it could be determined if nurses are cognizant of the correlation between these two factors, as many may be unaware that a relationship exists between the two. By making nurses aware, they may feel more obliged to change poor health habits. Additionally, it would be beneficial for future research to survey more hospitals in the area to investigate if there are differences in the number of health promotion programs offered between healthcare employers. It would also be interesting to see if there is a difference between the overall health practices of each respective hospitals' nurses and if this positively correlates to amount and quality of programs the hospital offers. Further research could also investigate the effects of mental health on physical health. Given the high incidence of depression and stress within the sample population, nurses' mental and emotional health may be affecting their ability to

perform their job adequately. If this was found to be true, it could be beneficial for employers to implement facility-based interventions that improve mental health, thus improving physical health.

References

- Albert, N.M., Butler, R. Sorrell, J. (2014). Factors related to healthy diet and physical activity in hospital-based clinical nurses. *The Online Journal for Issues in Nursing*, 19(3). Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-19-2014/No3-Sept-2014/Healthy-Diet-and-Physical-Activity-in-Nurses.html>
- Albert, P.T., Cross, C.L., & Miller, S.K. (2008). Overweight and obesity in nurses, advanced practice nurses, and nurse educators. *Journal of the American Association of Nurse Practitioners*, doi: 10.1111/j.1745-7599.2008.00319.x
- Centers for Disease Control and Prevention (2016). Workplace health strategies. *Workplace health promotion*. Retrieved from <https://www.cdc.gov/workplacehealthpromotion/health-strategies/index.html>
- Moore, L.V. & Thompson, F.V. (2015). Adults meeting fruit and vegetable intake recommendations. *Morbidity and Mortality Weekly Report*, 64(26), 709-713.
- National Council of State Boards of Nursing (2015). National nursing workforce study. National Council of State Boards of Nursing. Retrieved from <https://www.ncsbn.org/workforce.htm>
- National Institutes of Mental Health, (n.d). Major depression among adults. National Institutes of Health. Retrieved from <https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml>
- Phiri, L.P., Draper, C.E., Lambert, E.V., & Kolbe-Alexander, T.L. (2014). Nurses' lifestyle behaviours, health priorities and barriers to living a healthy lifestyle: a qualitative descriptive study. *BioMed Central Nursing*, doi: 10.1186/s12912-014-0038-6

Sherman, J.R. (2016). An initiative to improve patient education by clinical nurses.

MEDSURG Nursing, 25(5), 297-333.

Thorndike, A. N. (2011). Workplace Interventions to Reduce Obesity and Cardiometabolic

Risk. *Current Cardiovascular Risk Reports, 5(1), 79-85.*

World Health Organization (2017). Physical activity and adults. *Global strategy on diet,*

physical activity, and health. Retrieved from [http://www.who.int/](http://www.who.int/dietphysicalactivity/factsheet_adults/en/)

[dietphysicalactivity/factsheet_adults/en/](http://www.who.int/dietphysicalactivity/factsheet_adults/en/)