

Nurses and Health-Promoting Behaviors: Knowledge May Not Translate Into Self-Care

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ABSTRACT

Nurses are knowledgeable regarding the importance of health-promoting activities such as healthy eating, physical activity, stress management, sleep hygiene, and maintaining healthy relationships. However, this knowledge may not translate into nurses' own self-care. Nurses may not follow recommended guidelines for physical activity and proper nutrition. Long hours, work overload, and shift work associated with nursing practice can be stressful and contribute to job dissatisfaction, burnout, and health consequences such as obesity and sleep disturbances. The purpose of this article is to provide an overview of research examining nurses' participation in health-promoting behaviors, including intrinsic and extrinsic factors that may influence nurses' participation in these activities. This article also provides recommendations for perioperative nurse leaders regarding strategies to incorporate into the nursing workplace to improve the health of the staff nurses by increasing health-promoting behaviors. *AORN J* 105 (March 2017) 267-275. © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2016.12.018>

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Noncommunicable, lifestyle-related diseases including obesity, cardiovascular disease, and type 2 diabetes have reached epidemic levels in the general population,¹ and perioperative nurses may be at risk. Nurses are at the forefront in the battle to fight this epidemic, and with nursing as the most trusted of all professions,² they are in a key position to counsel their patients regarding the importance of engaging in healthy lifestyle behaviors such as eating a nutritious diet, participating in regular physical activity, getting adequate sleep, reducing stress, and avoiding tobacco and excessive alcohol intake. However, the knowledge that nurses possess regarding health-promoting behaviors may not translate into nurses' own self-care. The following case study describes a nurse who is struggling to practice

health-promoting behaviors and how her particular job requirements specifically add to the difficulty of adopting and adhering to a healthy lifestyle.

CASE STUDY: IDENTIFYING THE PROBLEM

Ms Y is a 52-year-old perioperative nurse working 12-hour shifts in a busy, 800-bed academic medical center. As a 25-year veteran, she is one of the most experienced members of the OR team. She is married and has three teenage children at home, in addition to her aging parents. All three of her children are on multiple sports teams, consuming nearly all of her free time, and she is worried about her 81-year-old mother, who has recently begun showing early signs of dementia.

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During the past two years, administration changes have occurred at work, causing morale to drop and several nurses to leave. Because the demands of her job and family have increased, Ms Y rarely has time for the activities she finds personally rewarding, such as attending yoga or spinning classes with her two closest friends, cooking healthy meals, and traveling with her family. Because of the complexities of the surgeries to which she is assigned, it is common for her shift to extend past 12 hours, leaving her limited time with her family and making it nearly impossible to get a good night's sleep. On those nights, she usually grabs fast food on her way home. At work, her busy OR schedule leaves her feeling like she is always eating on the run, and if she misses the narrow window during which the hospital cafeteria provides full service, she is left with few healthy options. At those times, she grabs something from the vending machines or the collection of empty-calorie snacks supplied by coworkers. Not surprisingly, Ms Y has gained 20 pounds in the past five years. The weight gain coupled with long hours standing in the OR and lifting heavy patients has contributed to chronic low back pain. She is motivated to make some healthy behavior changes but is struggling with how to begin the journey to a more balanced, healthy lifestyle.

BACKGROUND

Nurses' health has been the subject of research, most notably through the Harvard Medical School and Brigham and Women's Hospital Women's Health Study,³ which followed almost 40,000 health professionals, nearly all nurses, for more than 20 years, and has contributed to key advances in women's health. This study and other research have found that not only do nurses sometimes fail to engage in healthy behaviors, but the environments in which nurses work may also contribute to poor health behaviors.⁴ Nurses need to engage in health promotion and disease prevention personally and professionally, and nurse leaders in complex health care environments must strive to be active partners who promote and foster self-care and wellness.

When examining health behaviors, it is important to make a distinction between *health-risk* behaviors, *health-screening* behaviors, and *health-promoting* behaviors.⁵ Health-risk behaviors include smoking, illicit drug use, and excessive alcohol consumption. Smoking in nurses has been well-documented, and despite clear evidence of the dangers of smoking, nurses appear to smoke at rates similar to those of the general population.⁶ Substance abuse among nurses in general has been recognized as a serious issue for more than a century and has received both research and policy attention.⁷

Health-screening behaviors, defined as engaging in routine physical examinations and disease screenings to detect and

treat preclinical health conditions,⁸ have received considerably less research attention than health-risk behaviors in nurses. However, stress and social support are two facets that could influence health-screening behaviors. Su et al⁹ found that Taiwanese nurses with more job stress were less likely to undergo Pap smears than those with less job stress. In another study, Brazilian nurses with higher levels of social support were more likely to undergo mammograms and Pap smears than those with lower levels of support.¹⁰

Health-promoting behaviors (eg, physical activity, healthy eating, stress management, sleep hygiene, healthy relationships) increase personal resiliency and improve health.¹¹ These behaviors are critically important in reversing the epidemic of obesity and obesity-related diseases currently afflicting our country.

HEALTH-PROMOTING BEHAVIORS

Health-promoting behaviors are important in preventing noncommunicable, lifestyle-related diseases. In the past decade, researchers have begun to focus on nurses' participation in health-promoting activities. The remainder of this article will focus on the research related to nurses and health-promoting behaviors.

Healthy Eating and Physical Activity

Diet and physical activity are perhaps the two health-promoting behaviors that have received the most research attention to date, and they are often researched in tandem. Proper nutrition and physical activity are considered the first line of defense to combat obesity and to prevent cardiovascular disease.¹² A sedentary lifestyle can be deadly; risk of mortality from all causes increases proportionately based on the amount of time per day spent sitting.¹³ Americans have exhibited a long-term pattern of decreasing physical activity, with adults spending approximately 7.7 hours per day (54.9% of time awake) performing sedentary behaviors, most typically watching television or sitting in front of a computer screen.¹⁴ Perhaps more alarming, researchers concluded that even if an individual participates in high levels of physical activity, it does not mitigate the effects of prolonged sitting on mortality risk.

The American Heart Association's recommendations include a minimum of 150 minutes of moderate (or 75 minutes of intense) physical activity per week, in addition to a varied diet high in fruits, vegetables, and whole grains, and low in trans fats and sugar.¹² Research suggests that nurses are not necessarily following these guidelines. Tucker et al¹⁵ surveyed 3,132 hospital-based RNs and found that only 50% met the Centers

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