

Lifestyle Practices among Nurses in Tertiary Hospital

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Abstract: *By virtue of the kind of work nurses do, they are exposed to high levels of stress which has an effect on their personal health. Their work shifts, long days of work, level of physical exercise and untimely meals, challenges their personal lifestyle choices. A healthy lifestyle is all the more mandated for health professionals who must practice what they preach. Lifestyle choices of staff working in hospital need a greater understanding as they are prone to sickness and developing lifestyle diseases such as obesity, hypertension and diabetes. This interferes in their family life, spiritual life, stress levels, interpersonal relationship and work input. A descriptive research was conducted among nurses to identify the lifestyle practices and to find an association of demographic and clinical factors with lifestyle practices. The calculated sample size was 247. Duration of study extended over a period of three months. Research was carried out using standardized tools viz Health Promoting Lifestyle self-administered questionnaire. Simple random sampling technique was used to recruit participants. Mean age group was 33years with average BMI of 25. Lifestyle practices among nurses revealed that 17.5% never attempt to practice healthy lifestyle while 18.6% routinely practice healthy lifestyle. Promoting healthy lifestyle among nurses at the work place ensures positive health behavior. The article throws light on this hitherto unexplored issue in order to promote optimum health among nurses who are backbone of the health team.*

Keywords: Lifestyle practice, Nursing, Health promoting lifestyle

1. Introduction

Being healthy is the ultimate aim of a human being. A sound mind and a sound body is an echoing proverb in many places. Wellness has been described as an active positive process through which individuals become aware of making choices toward a healthy lifestyle (Stoewen D. L., 2017)^[1]. Health care professionals need to make decisions in the area of nutrition, stress management, physical fitness, preventive health care and emotional health. Nurses play a vital role in delivering holistic health care to patients. Nursing professionals need to be sound in mind, body and spirit to deliver quality care. Nurses need to assess the inner self for strength, sources of nurturing and depletion and interaction between the inner self and the outer system. (Audrey J & Shirlee S., 2014)^[2]. The prevalence of non-communicable disease and risk factors such as obesity, physical inactivity, poor dietary habits and substance abuse have been reported among the nursing workforce. Occupational challenges such as tuberculosis, musculoskeletal injuries, burnout, increased workload and budget constraints have also been reported. Hence maintaining the health of the nurses has been recognized as being important for maintaining the health of the patients. Nurses self-care is known in limited ways. (Albert N, M. 2014)^[3]. There should be a greater understanding of lifestyle practices to improve their self-esteem as well. Lifestyle practices include taking responsibility for physical health, stress management, interpersonal relationships, nutritional status, healthy physical activity, spiritual growth. Nurses have an expanding role as they engage in health promotion with their patients. They are on the front line in health care and as they adopt healthy living practices, the patients they care for may be more inclined to adopt healthy choices as well. However, work-related stressors may influence the ability of nurses to engage in regular exercise and maintain positive dietary behaviour. (Gupta S., 2016)^[4]. This study describes the lifestyle pattern of nurses and pave a way for

addressing these issues thus ensuring a healthy work force in the health care arena.

2. Objectives

The objectives of the study were

- 1) To describe the demographic and clinical profile of nurses
- 2) To identify lifestyle practices of nurses
- 3) To find association between lifestyle practices among nurses with selected demographic and clinical variables

3. Methods

A descriptive study design was used to identify the lifestyle practices among nurses working in a tertiary hospital in South India. Two hundred and forty seven staff nurses were recruited for the study by simple random sampling technique.

Instrument

The data collection instrument consist of three parts

Part A

Demographic Data

The demographic data Proforma included the details such as age, marital status, religion, food pattern, employment status, income per month, type of duty schedule, sleep pattern, sleep disturbances, mode of transport and distance of travel to work.

Clinical Data: Body Mass Index, Co- morbid illnesses such as diabetes mellitus, hypertension, bronchial asthma and others.

Part B: Health-Promoting Lifestyle (HPL) Profile II

This is a standardized instrument that measures behaviors associated with health-promoting lifestyle. This questionnaire has six subscales such as health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations and stress management. It is a four point Likert scale of 52 items rated as 1 - never, 2- sometimes, 3- often, 4- routinely. The reliability of the instrument was checked and internal consistency with Cronbach's alpha (0.943) and the subscales ranges from 0.793- 0.872. (Walker SN., 1987)^[5].

A sampling framework of all nurses in general and private wards was formulated. Among the population, two hundred and forty seven subjects were chosen by simple random sampling technique using computer generated numbers. Data were collected over a period of three months. A written informed consent was obtained from the participants. The questionnaire was self- reported and the data were analyzed using descriptive (Percentage, Mean score) and inferential statistics for association (Chi Square). The result is interpreted as good health promoting lifestyle > 60%, and poor health promoting lifestyle below 60%. A pilot study was conducted to check the feasibility of the study. Level of significance is set at p value < 0.05.

4. Ethical Consideration

The study was conducted after approval by the Research Committee college of Nursing and Nursing Superintendent. The investigator obtained permission from S. Noble Walker, author of health promoting lifestyle self-administered questionnaire. A written informed consent was obtained from participants after explaining the purpose of the study. Confidentiality was maintained throughout the study by the investigator and data was secured with password protection accessible only to the investigator.

5. Results and Discussion

Table 1: Distribution of participants based on socio demographic variables (n= 247)

Demographic profile	Number	Percentage
Age (years)		
<30	86	34.8
30-39	107	43.3
40-49	45	18.2
50 and above	9	3.6
Marital status		
Single	75	30.4
Married	169	68.4
Widow / widower	3	1.2
Religion		
Hindu	50	20.2
Christian	195	78.9
Muslim	2	0.9
Food pattern		
Vegetarian	17	6.9
Non vegetarian	230	93.1
Employment status		
Permanent	204	82.6
Temporary	43	17.4
Monthly income (rupees)		
Upto15000	44	17.8
15001 – 30, 000	145	58.7

30, 000 - 45, 000	38	15.4
>45, 000	20	8.1
Shift duties		
Day shift	42	17
Alternate day and night shift	205	83
Sleep pattern		
<5hrs	43	17.4
6-8hrs	195	79
>8hrs	9	3.6
Sleep disturbance		
Yes	33	13.4
No	214	86.6
IF YES, On sleeping pills		
Yes	3	9.1
No	30	90.9
Mode of Transport		
Motor vehicle	75	30.4
Bus	105	42.5
Others	67	27.1
Distance of travel		
<5km	91	36.8
5-10km	74	30
11-15km	37	15
>15km	45	18.2

Among the subjects, majority 43.3% were at the age group of 30-39 years, 68.4% were married, 78.9% were Christians. 93% were non vegetarians. Most of the staff (82.6%) were permanent staff and 58.7% earn monthly income of Rs. 15, 000-30, 000/-. 83% nurses had alternate night shifts which disturbs their sleep to 13.4%. Among the nurses who had reported sleep disturbance, 90.9% had adequate sleep while 9.1% took sleeping pills. 42.5% of nurses used bus as a mode of conveyance, 27.1% nurses by other means of transport such as car, walk. Most of the staff travelled a distance of less than 5km for work while 18.2% travelled from a distance of more than 15km.

Table 2: Distribution of subjects based on clinical variables (n = 247)

Associated diseases	No.	Percentage
Diabetes mellitus	9	3.6
Hypertension	9	3.6
Bronchial asthma	17	6.9
Others	16	6.5
Combined morbidities	6	2.4
NIL	190	77.0
Total	247	100

Among 247 subjects, seventeen subjects had non communicable diseases contributing 6.9% majority with bronchial asthma and 2.4% have combined illnesses.

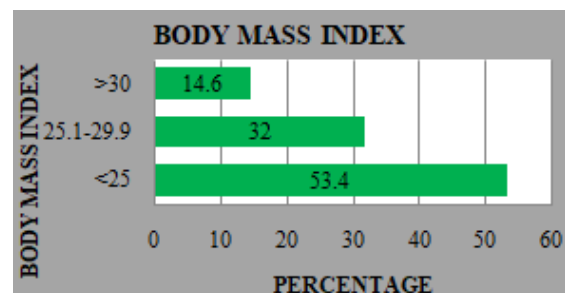


Figure 1: Distribution of participants based on body mass index

According to Figure 1, 14.6% of staff are obese with body mass index more than 30, whereas 53.4% are with normal body mass index and 32% are overweight.

Table 3: Distribution of participants based on their lifestyle practice (n= 247)

HPL	Minimum	Maximum	Mean	Std. Deviation
Health responsibility	12	36	20.64	4.381
Physical Activity	8	30	15.37	4.689
Nutrition	10	34	20.59	4.303
Spiritual growth	12	36	25.15	4.935
Interpersonal relations	13	36	24.27	4.429
Stress management	9	32	18.80	4.398
Overall health promoting lifestyle	78	192	124.82	21.832

As shown in the table no.3, the HPLP-II scores across all categories score ranged from 15.37 to 25.15. Among the six HPLP-I subscales, the highest score was for the spiritual growth (SG) subscale with a mean score of 25.15 and a deviation of 4.935 and the lowest score was shown by the physical activity (PA) that had a mean score of 15.37 and standard deviation of 4.689. The total participants (n=247) had an overall mean score of 124.82 and a deviation of 21.832.

Table 4: Association between Body mass index and health promoting lifestyle practice

		HPL				p value
		<=60%		>60%		
		Count	%	Count	%	
Shift Duties	Day shift	16	38.1%	26	61.9%	0.085
	Alternate duty shift	108	52.7%	97	47.3%	

		HPL				p value
		<=60%		>60%		
		Count	%	Count	%	
BMI	<25	74	56.1%	58	43.9%	0.138
	25-29.9	35	44.3%	44	55.7%	
	>=30	15	41.7%	21	58.3%	

		HPL				p value
		<=60%		>60%		
		Count	%	Count	%	
Sleep Pattern	<=5hrs	27	62.8%	16	37.2%	0.034
	6-8hrs	90	46.2%	105	53.8%	
	>=8hrs	7	77.8%	2	22.2%	

		HPL				p value
		<=60%		>60%		
		Count	%	Count	%	
Mode of transport	Motor vehicle	28	37.3%	47	62.7%	0.002
	Bus	66	62.9%	39	37.1%	
	Others	30	44.8%	37	55.2%	

As per the table no.4, the association between selected demographic variables with health promoting lifestyle shows statistical significance in sleep pattern (p = 0.034) and mode of transport (p= 0.002), whereas shift duties (p= 0.085) and body mass index (p= 0.138) are statistically insignificant.

6. Conclusion

The study findings on the lifestyle practices, reveals that nurses have a good spiritual growth at the highest and being physically active as the least. In comparison to their lifestyle practice, it is identified that their sleep pattern is highly influenced by their lifestyle. There is a need for health motivation among nursing professionals to concentrate on their personal health. A similar study done by Malik.S (2011) [6] recommends that there is an urgent need to target education and offer support services that improve diet and exercise. A further research on association of sleep deprivation with life style practice can be done.

7. Conflict of Interest

The authors have declared no conflicts of interest.

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