Health Promoting Behaviors of Nursing Faculty in N.C. and Perceived Levels of Stress

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Purpose

- To investigate the relationship between health promoting behaviors of nursing faculty working in North Carolina and their perceived levels of stress.
- To reveal behaviors that either promote or deter the good health of nursing faculty.
- To disseminate knowledge and stimulate increased awareness regarding health promotion and the consequences of poor health promoting behaviors, stress, and associated chronic diseases.

Research Questions & Hypotheses

• Research Questions:

- What is the relationship between health promoting behaviors and perceived levels of stress of nursing faculty teaching in North Carolina?
- What are the health promoting behaviors utilized by nursing faculty working in North Carolina?
- What are the perceived levels of stress reported by nursing faculty working in North Carolina?
- Hypotheses:
 - H10: There is no statistically significant relationship between health promoting behaviors and perceived levels of stress of nursing faculty teaching in North Carolina.
 - H1a: There is a statistically significant relationship between health promoting behaviors and perceived levels of stress of nursing faculty teaching in North Carolina.

Theoretical Framework: Health Promotion Model

- Nola Pender's Health Promotion Model (HPM) (Pender, 1996)
 - Expectancy Value Theory
 - Social Cognitive Theory

The Health Promotion Model (HPM) focuses on prior behaviors and personal characteristics of an individual to describe and predict health promotion behavior (Pender, 2011).

Methodology

- Quantitative research method
 - Health-promoting behaviors
 - Perceived levels of stress
- Descriptive correlational design
 - Self-reported data
 - Description of variables
 - Relationship
- Health Promotion Lifestyle Profile (HPLP II) & Perceived Stress Survey (Cohen, Kamarck, & Mermelstein, 1983; Walker, Sechrist, & Pender 1995).
- The Statistical Package for the Social Sciences (SPSS) (IBM Corporation, 2013).

Population and Sampling Frame

- IRB exempt
- Nursing faculty in North Carolina (N.C.)
- Licensed registered nurses (RNs) with a Ph.D. in nursing or master's degree in nursing education, teaching nursing curriculum (theory or clinical practice) as identified by the North Carolina Board of Nursing (NCBON).
- List-serve, NCBON (NCBON, 2014).
- Convenience sampling (Schmidt & Brown, 2012).
- Two hundred participants were selected from the population; 30 returned surveys, 28 were valid.

RESULTS

Geographic Teaching Location within N.C.









Scale/ Subscales	Mean	SD	Range: Minimum Score	Range: Maximum Score
Overall HPLP-II	2.795741	.3672810	2.2500	3.6505
Health Responsibility	2.761905	.5164990	1.7778	3.6667
Physical Activity	2.808673	.4345879	2.1250	3.8750
Nutrition	2.645833	.3977981	1.6667	3.5000
Spiritual Growth	2.807540	.4063488	2.1111	3.6667
Interpersonal Relations	2.886976	.3748468	2.3333	3.5556
Stress Management	2.863520	.4042426	2.1250	3.7500



Table 6.				
Mean PSS Scores (N=28)				
Scale	Mean	SD	Range: Minimum	Range: Maximum
			Score	Score
PSS	21.21	6.930	9	33

Table 7.			
Pearson r C	Correlation HPLP II and	d PSS (N=28)	3)
Scale		HPLP-II	PSS
HPLP-II	Pearson Correlation	1	415*
	Sig. (2-tailed)		.028
	Ν	28	28
Note. *Sigi	nificant at the p<0.05.		

Table 8.

Pearson r Correlation HPLP-II subscales and PSS (N=28)

Subscales	Perceived Levels of Stress		
Health responsibility			
Pearson correlation	- 395*		
Sig. (2-tailed)	.038		
Physical activity			
Pearson correlation	387*		
Sig. (2-tailed)	.042		
Nutrition			
Pearson correlation	269		
Sig. (2-tailed)	.166		
Spiritual Growth			
Pearson correlation	- 571**		
Sig. (2-tailed)	.002		
8. (,			
Interpersonal relations			
Pearson correlation	337		
Sig. (2-tailed)	.080		
Stress management			
Pearson correlation	191		
Sig. (2-tailed)	.331		

Note. * *Significant at the p< 0.01 level; *significant at the p< 0.05 level.

- Descriptive statistics were utilized to summarize health promoting behaviors of nursing faculty using the HPLP II and the six subscales of the HPLP II (health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management).
- The analysis indicated lower scores were reported for health responsibility and nutrition.

The findings of the low health-responsibility subscale scores suggest the need for interventions to improve self-care (Pender et al., 2011).

The findings of the low nutrition subscale scores suggest the need for interventions to promote healthier food choices (Pender et al., 2011).



- Descriptive statistics were analyzed to summarize perceived levels of stress using the PSS survey.
- The study indicating the overall perceived levels of stress experienced by nurse faculty were *somewhat high*, and were indicative of chronic stress, in contrast to episodic stress.
- The findings suggest the need for interventions to decrease levels *of perceived stress* (Cohen, 2014).



- Correlational analysis determined the relationship of health promoting behaviors and perceived levels of stress
- The study indicated health-promoting behavior does inversely affect perceived levels of stress.
- The findings suggest the need for health promoting behaviors to manage and decrease perceived levels of stress



Generalizations

- This quantitative descriptive correlational study sought to identify a relationship between health promoting behaviors of nursing faculty and their perceived levels of stress.
- A statistically significant, moderately strong negative correlation between health promoting behaviors and perceived levels of stress was identified.
- The more health promoting behaviors an individual utilizes, the lower their perceived level of stress.
- The study identified nurse faculty in North Carolina as having lower health promotion behavior scores for health responsibility and nutrition, subscales of the HPLP II.
- The study also showed nurse faculty in North Carolina had somewhat high levels of perceived stress according to the PSS.

Generalizations

- Work-related stress is commonly present.
- Stress of the role is significant (Thoits, 2010).
- Chronic stress over time may potentiate the onset of chronic disease (Thoits, 2010).
- Complexity in coping with expectations can hinder health promotion practices (Laal & Aliramaie, 2010).

Recommendations

- Education and increased awareness
- State of the Science Resources:
 - The Guide to Clinical Preventative Services (U.S. Preventive Services Task Force, 2015)
 - Women: Stay Healthy at Any Age
 - Men: Stay Healthy at Any Age
 - U.S. Department of Agriculture Dietary Guidelines (USDA, 2015)
 - ChooseMyPlate.gov
 - SuperTracker.usda.gov
 - Worksite Wellness Toolkit
- Stress Management (American Heart Association, 2016)
- National Institute for Occupational Safety and Health (USDHHS, 2014)

Limitations

- Small sample size
- 2 Surveys
- Timing of surveys

Future recommendations

- Research to test health promoting interventions and their effects, random controlled trials
- Research to investigate long-term maintenance of healthy behaviors
- Curriculum implementation

Conclusions

- The study used a quantitative descriptive correlational research design to answer the proposed research questions and test the research hypothesis.
- Data analysis depicted a statistically significant, moderately strong negative relationship between health promoting behaviors and perceived levels of stress.
- The null hypothesis was rejected and it was concluded that there is a statistically significant, moderately strong negative correlation between health promoting behaviors of nursing faculty and their perceived levels of stress.
- Health promoting behavior does inversely affect perceived levels of stress.
- The need for interventions to improve health promoting behaviors and decrease stress among nursing faculty was recommended.

Questions?

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