

HEALTH PROMOTING BEHAVIORS OF PUBLIC HEALTH NURSES: DO THEY PRACTICE WHAT THEY PREACH?

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Purpose: To determine the health-promoting behaviors of Public Health Nurses (PHN) employed at a large public health department in California.

Background: According to Pender's mid-range theory, health promotion is different from simply disease prevention, but is rather a proactive, goal-directed behavior that improves health and wellbeing. Motivational dynamics are involved, as people are posited to more likely change behaviors if they feel some connection between engaging in the new behavior and gaining the desired result. Important constructs include the value others place on the outcome and if the person feels a sense of self-efficacy. Health promoting actions can be influenced by: a) perceived barriers that can hinder commitment, b) environmental influences (peers, situations) that can either increase/decrease commitment, and c) competing/uncontrollable demands that may lead to the loss of attention to commitment. Health promotion is a key functional role of PHNs who help clients develop a more proactive stance in regard to their health, but little is known about PHNs health promoting behaviors.

Methodology: Descriptive, cross-sectional study utilizing a well-researched survey tool, the Health-Promoting Lifestyle Profile II (HPLP II) (Walker, Sechrist, & Pender, 1997). This 52-item instrument utilizes a 4-point Likert scale to produce a total score and 6 subscale scores (i.e., health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management). Demographic information was collected (e.g., age, ethnicity, educational level, years in nursing/PHN, height, weight) from a convenience sample of PHNs.

Results: Of 131 possible participants, 66 PHNs completed the survey (50.3% completion rate). Mean age was 47.75 years, 55.2% were White, 89% were female, and over 77% had a BSN. Mean years in nursing were 17.8; with almost 11 years in PHN. Average height was almost 65 inches, and weight 163.4 lbs. Average BMI was 27.3; over 46% characterized themselves as overweight, while 31.3% stated they were of normal weight. Although groups were unequal, there were differences noted between male and female PHNs. Total and subscale scores for HPLPII were lower for male PHNs, and males were younger, had less years of experience, along with higher average BMI. Total HPLPII mean score was 2.71 (s.d.=.40); subscale means were Health Responsibility (2.58), Physical Activity (2.32), Nutrition (2.80), Spiritual Growth (3.12), Interpersonal Relations (2.71), and Stress Management (2.52). A study of nursing students revealed a total HPLPII mean of 2.84; another study of hospital RNs reported a total mean of 2.6. PHNs in this study scored lower on total HPLPII than nursing students (Stark et al., 2005), but similarly to hospital nurses (McElligott, 2009 2010).

Implications: With today's focus on health promotion in public health, PHNs have greater knowledge of this subject. This study indicates that PHN behaviors may not be congruent with their knowledge. Gender differences were noted, but unequal groups precluded statistical analysis. Data may provide a basis for program and strategy development to better promote health of PHNs, who are vital in implementing the goals of Healthy People 2020