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# Patients' Perceptions of Nurses as Role Models of Healthy Behaviors

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Patients' Perceptions of Nurses as Role Models of Healthy Behaviors

By

Sarah Baker

An Undergraduate Thesis Submitted in Partial Fulfillment  
of the Requirements for the  
University Honors Scholars Program  
and the  
College of Nursing Honors-in-Discipline Program  
East Tennessee State University  
May 2016

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Sarah Baker

Date

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Dr. Leigh Powers, Thesis Mentor

Date

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Dr. Katherine Hall, Reader

Date

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Prof. Daniel Hedden, Reader

Date

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### **Abstract**

Nurses are caregivers who are instrumental in improving patient outcomes through providing hands-on care and health education. In addition to performing prescribed interventions and providing instruction to patients, nurses can also have a positive impact by modeling healthy behaviors for their patients (Blake & Harrison, 2012). Nurses educate patients on the importance of maintaining healthy habits such as eating well, getting enough sleep and exercise, and avoiding alcohol and drug use; however, studies demonstrate that nurses have similar difficulty maintaining healthy lifestyles as the general population's and in some cases are even more prone to develop problems with unhealthy habits. This discrepancy in knowledge versus behaviors may be due to high levels of occupational stress, struggles with balancing life and work, and added strain from working extended shifts (Marchiondo, 2014). This perceived discrepancy may negatively impact the patient-nurse relationship as patients may be less likely to follow the health advice of someone who does not appear to apply their own recommendations for healthy living (Zapka, Lemon, Magner, & Hale, 2009). Exploring how the patient views the nurse's role is critical to determining if patients perceive nurses as one dimensional in their role as caregivers or if nurses' care and personal appearances or behaviors impact patient health, care, and wellness. The results may identify a barrier to treatment requiring additional education for nurses regarding expanded role development and improving patient health.

## **Chapter One**

### **Introduction**

#### **Background and Significance**

Obesity is a significant health problem in the United States. Obesity is measured by calculating an individual's body mass index (BMI). A BMI value is by dividing a person's weight in kilograms by their height in meters squared. The results are classified as underweight (less than 18.5), normal (18.5 to 25), overweight (25 to 30), or obese (greater than 30). Sixty-five percent of American adults have a BMI that classifies them as overweight, with thirty-two percent of those classified as obese and five percent categorized as extremely obese with a BMI greater than 40 (Marchiondo, 2014). It has been estimated that by the end of 2015 between two and three billion adults will be overweight, with approximately seven hundred million being obese. Unfortunately, these trends are now being seen in children as well, setting up a generation that, without intervention, will continue to struggle with weight issues and chronic illnesses because of their increased body mass (Marchiondo, 2014). The rise in obesity has and will continue to cause a profound increase in health care cost due to the increase in comorbid health problems such as hypertension, hyperlipidemia, diabetes mellitus type II, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory dysfunction, and cancer (Speroni et al., 2012). The need for specialized equipment such as bariatric hospital beds, chairs, and scales also contribute to the increase in healthcare cost. It is estimated that \$147 billion is spent every year for obesity-related care. On average, an overweight person will pay seventy-seven percent more for medications than an individual with a BMI in the normal range (Marchiondo, 2014). These statistics are significant, especially with the knowledge that, in many cases obesity, can be prevented through healthy diet and exercise.

The percentages of individuals with a BMI that classifies them as overweight or obese span all occupations, including healthcare providers. Obesity rates in nurses are proportionate to that of the general population, despite the fact that nurses have received additional education and knowledge of nutrition and risks and adverse effects obesity has on overall health (Speroni et al., 2012). Because nurses' roles have expanded to not only include traditional bedside skills, but also behavioral and educational interventions, superficial or outward appearance may present a barrier to patient compliance with nursing education or perception of validity.

### **Metaparadigm Concept**

The four metaparadigm concepts of nursing consist of the nurse, the patient, the environment, and health. This study primarily explores the concept of the patient and patient perception of the nursing role. Traditionally, nurses were perceived primarily as caregivers and healthcare providers, yet a nurse's job encompasses a more holistic approach of total care of the patient including the provision of health education and health promotion. Nurses may be regarded as examples of health by those who are uninformed about healthy living because of the education they provide to patients, their knowledge of health, and the amount of time they spend with patients (Blake & Harrison, 2013). This study explores patients' perceptions of nurses' roles and how this perception ultimately affects their health.

### **Purpose**

This study explores patients' views of the role of the nurse and whether patients have an expectation of nurses to model healthy lifestyle behaviors and outcomes as evidenced by physical factors.



### **Specific Aims**

The specific objectives of this study are:

- a. To determine if patients perceive the role of the nurse to include modeling perceptions of healthy lifestyle behaviors.
- b. To determine if nurses' perceived lifestyles impact patient reception of health education.
- c. To determine if patients view nurses as role models of healthy lifestyle behaviors.

### **Literature Review**

Although there have been several recent studies conducted on lifestyle trends of nurses yielding similar results, such as Marchiondo's "Stemming the obesity epidemic: are nurses credible coaches?" and Scott's "Obesity and nursing," there are no current studies that have been completed demonstrating how these behaviors affect patients' perceptions of the care and education nurses provide. Patients' perceptions of nurses as role models of healthy behaviors remains poorly understood. Several studies have reported qualitative results revealing nurses' perceptions of being role models. According to Blake and Harrison (2012), although nurses are often viewed as role models of health, many do not actively participate in healthy behaviors such as getting adequate or recommended exercise, eating adequate amounts of fruits and vegetables, and abstaining from alcohol and tobacco. Despite these behaviors, over seventy-five percent of the nurse respondents still felt that nurses should be role models for healthy lifestyles (Blake & Harrison, 2012). The respondents also felt that patients would be more likely to adhere to advice given on healthy lifestyle choices if the nurses exhibited the behaviors themselves. However, the respondents also felt that appearing as a "real person" to their patients rather than an idealistic

model would make it easier for their patients to connect and build relationships with them, which may also influence how well a patient adheres to suggestions made by the nurse. Respondents felt that building rapport with patients could be more effective than appearing as an idealistic model of health. Evidence suggests nurses that model behaviors and provide empathy, understanding, and have a commonality in possible struggles to maintain health are perceived as the best role models (Holt, 2008). The authors conclude that although nurses think their lifestyles should reflect healthy choices, up to 73% of nurses do not engage in healthy behaviors including abstaining from excess alcohol and tobacco, eating the recommended servings of fruit and vegetables, maintaining a healthy BMI, and participating in a minimum level of physical activity. Recommendations include emphasizing educating nursing students on their own health and translating the knowledge into practice. Results reveal nurses' self-perception of an obligation to be role models. No evidence is provided discussing how patients view nurses and the accuracy of nurse perceptions. The study does provide valuable statistics regarding nurses' lifestyles, gathering data from a sample of 540 nurses with varied demographics, making it a valid source for the purposes of this study.

A 2014 study by Marchiondo on nurses' physical health yielded similar results. Because the obesity rate in the United States continues to increase, education on healthy diets and exercise remains crucial (Marchiondo, 2014). Marchiondo found that nurses are overweight in the same proportion as the general population despite having additional knowledge of the detrimental effects this can have on one's health. This can negatively impact patient education regarding healthy lifestyle because nurses are more likely to educate patients on beneficial health practices when they personally value a healthy lifestyle (Esposito & Fitzpatrick, 2011). To be credible educators, the authors concluded nurses need to actively practice some behaviors they

encourage their patients to adopt (Marchiondo, 2014). Although this study provided valuable insight into nurses' lifestyles and beliefs, no information or results were included examining patients' views. Despite this, the study provides details regarding patient education strategies correlating how nurses' lifestyles affect the way they educate their patients.

Zapka, Lemon, Magner, and Hale (2009) arrived at similar conclusions. In a sample of nurses from six different hospitals, over 80% had a BMI greater than 25. The authors also discuss that unhealthy behavior in nurses is detrimental to three major entities: to the nurses themselves, to the patients who look to nurses to be role models, and to the healthcare system as a whole. Although the authors discussed the need for nurses to practice healthy behaviors, they assumed that nurses are viewed as role models of healthy lifestyles. More data is needed regarding how patients view' of nurses to confirm this assumption. Also, data should be gathered on the relationship between a nurse's lifestyle and the success of patient education and patient receptiveness to teaching. The sample size was small (194 nurses), but contained varying demographics, including age category, gender, ethnicity, and time employed by the hospital system.

A study conducted by Rush, Kee, and Rice (2005) presented qualitative information that supported other studies' data. This study explored nurses' views of defining themselves as health promoters and societal expectations to practice healthy behaviors. The study concludes that nurses are expected to model healthy behaviors. Perceived active modeling increases their credibility as patient educators and health promoters. The nurse respondents felt it was important to note that while practicing healthy behaviors can affect a patient's receptiveness to teaching, it is not the only determinant in how a patient receives the education. In addition to modeling healthy behaviors, the respondents felt that nurses should also teach effectively and be

knowledgeable on the subject matter, provide quality nursing care, and be active in their practice. This qualitative study provides insight into how nurses feel they are viewed and how this shapes their lifestyle. While some nurses feel that they are watched by society and expected to engage in healthy behaviors, others felt that these expectations did not mandate the way they should live their life (Rush, Kee, & Rice, 2005). The respondents did feel that part of the role of a nurse is being a health promoter, and one of the best and effective ways to promote health is to actively participate in healthy behaviors. This study provided qualitative reasoning for the quantitative results of other studies, and despite the small sample size of 11 nurses, recurring themes in the data suggest that these views may be common among healthcare providers. Although this study does not provide statistical data, the qualitative responses provide additional detail of nurses' views of themselves as role models and how this affects their lifestyles.

In summary, these studies provide insight regarding nurses' perceptions of the importance of modeling healthy behaviors. However, little research has been completed investigating how patients view their nurses' behavior and how this impacts their receptiveness to their teaching. It has been assumed that patients view their nurses as role models, yet there is little evidence to support or determine how important modeling healthy behaviors is and how nurses' own health affects the reception of patient education (Blake & Harrison, 2013).

## **Chapter Two**

### **Research Methodology**

#### **Study Design and Methods**

The qualitative study design utilizing convenience sampling from East Tennessee State University Student Health Services was chosen to provide detailed descriptions of patients' views rather than limiting the participants to questions that could only be answered quantitatively. Data was gathered through interviews with individuals who voluntarily agreed to participate in the study. A minimum of five participants was set with a maximum sample of ten participants based on predicted data saturation. In total, six interviews were conducted.

Interviews were recorded using a digital audio recorder provided by the College of Nursing. Data was stored securely on the device as an electronic file and deleted once transcription took place. The transcribed interview data was saved on the primary investigator's password-protected account on the ETSU server and will be deleted once the study is closed to protect participants' privacy rights. During the interviews, participants were asked questions regarding their views of nurses as health educators and role models (Appendix D). They were also asked how they believe nurses' lifestyles affect the education they provide and the way it is received by patients. The interviews lasted between ten and twenty minutes. The researcher's role in this study was to explore patients' views of nurses' roles and modeling healthy behaviors, as well as to investigate if this has an impact on the reception of health education. Information and data were compiled from transcripts of the interviews with patients and discussions of these views and how they affect a patient's care and health. Commonalities were identified by specific quotes and analogous answers to the interview questions.

**Population and Sample**

Recruitment took place through the East Tennessee State University Student Health Services and utilized convenience sampling. Approval was obtained for this site and given by the Executive Director (Appendix A), and East Tennessee State University's Institutional Review Board also granted approval of the study. Patients at Student Health Services were informed of the research study when they arrived for their scheduled appointments and given verbal information about participation as well as a flyer with detailed information about the study (Appendix B). The flyers stated the name, purpose, and design of the study, contact information of the researcher, and included that participation in the research study is completely voluntary. Participants were informed that they must meet the inclusion/exclusion criteria in order to be eligible to participate in the research study. The inclusion criteria for participants included: individuals must be at least eighteen, a patient receiving services at the ETSU-affiliated health clinic, and have been seen by a licensed nurse or nurse practitioner during a clinic visit. Exclusion criteria for the study includes: participants could not be minors under the age of 18, employed in healthcare, nurses, or nursing students. There was no maximum age exclusion criterion.

## Chapter Three

### Data Analysis and Discussion

#### Results

##### **Patients' Expectations of Nurses to Model Healthy Behaviors**

The first outcome of this study was to determine if patients perceive the role of the nurse to encompass modeling healthy lifestyle behaviors. In response to this question, participants responded in one of four ways. One participant gave a definitive yes, stating that it is “very important for the nurse to portray what the idea of [good health] is.” Another responded, in a similar manner, if one works in healthcare, they should “at least strive to live a healthy lifestyle.” One respondent answered neutrally, stating that they considered the role of the nurse to include modeling healthy behaviors “to an extent. They don’t really have to, but if they do it’s easier to listen [to their education].” Another reflected on the idea that some elements of a healthy lifestyle cannot be perceived physically and that people cannot judge another’s lifestyle based solely on outward appearance. A participant also stated that subconscious expectations exist for nurses to model healthy behaviors in that if they saw a nurse participating in an unhealthy behavior they believed they would be negatively impacted. Another participant said that they did not consider the role of the nurse to include modeling healthy behaviors; instead, they expect nurses to be informed about healthy behaviors and implementation.

##### **Perceived Lifestyle and Impact on Patient Education**

The second outcome was to determine if nurses’ lifestyles impact patient reception of health education. The answers to this question were split. Half of the participants responded that it does have an effect and half thought it did not. One participant responded that if a nurse provided education about something that they did not practice in their own life, the patient would

ask the question, “If you can’t even take your own advice, why would I take your advice?”

Another respondent replied that honest communication is important in this area, and if a nurse is providing education on a healthy lifestyle element that they personally struggle with, to communicate that with the patient. The participants that did not believe a nurse’s lifestyle had any effect on the way education was received cited the extraneous circumstances in people’s lives and the lack of knowledge on what was going on with that particular individual.

### **Views of Nurses as Role Models**

The final outcome of the study was to determine if patients view nurses as appropriate role models of healthy lifestyle behaviors. Three respondents said that they do or would view nurses as role models of healthy lifestyle behaviors based on their knowledge and education of healthy practices. One respondent said they do not because they do not consider a nurse’s role to include modeling healthy behavior; rather, they expect nurses to be informed and educated on healthy practices.

### **Discussion**

The results indicate that varied perceptions exist as to what individuals consider to be part of the role of the nurse. The majority of participants responded that nurses should at least try to adhere to healthy lifestyle behaviors, an idea that is consistent with that identified in Blake & Harrison’s study (2012). However, there were alternative beliefs presented. Two participants expressed that it did not directly affect the care they were provided and therefore could not be considered part of the role of the nurse. This demonstrates that some patients consider the role of the nurse to include holistically addressing all aspects of patient care, while others place an emphasis on professional skill and provision of services.



Three participants stated that nurses' perceived lifestyle behaviors do not affect the way they receive education. This theme directly contradicts the belief in Marchiondo's study that nurses' perceived lifestyles can negatively impact patients' reception of health education. These respondents placed an emphasis on honest communication to promote the professional relationship between nurse and patient. However, three participants felt that in order to provide credible health education, the nurse must practice the healthy behavior. These results indicate a variation in patient expectations and could be explored further in a future study.

### **Limitations**

This study had several limitations. Because there was not already a standardized instrument developed for this research question and time constraints did not allow for the creation of one, a qualitative approach was necessary. While this was beneficial in collecting multiple different views and exploring patients' ideas on the issue, it did not allow for a large amount of participants to be interviewed. The small sample size was another limitation of the study. Although there were six willing participants, there were many students that were informed of the study and declined to participate because of other obligations and a lack of time. A larger sample size or a standardized instrument for data collection could have revealed a greater trend in the findings that is more indicative of what a population thinks about these questions.

### **Recommendations for Nursing Education, Practice, and Research**

This study showed that the majority of patients do think that nurses should at least attempt to follow healthy lifestyle guidelines. While this may or may not affect the way patients receive education, it shows commitment to health promotion and could potentially improve patients' adherence to nurses' recommendations. The small sample size of this study and the

variety of responses indicate that a larger study may be needed to obtain results on a larger scale to see how patients generally view this issue.

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## Appendix A: Site Approval Letter



COLLEGE of NURSING  
EAST TENNESSEE STATE UNIVERSITY

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Johnson City, TN 37614  
P 423-439-4225  
F 423-439-4560

Student/University Health Services

To the ETSU Institutional Review Board

This letter is to formally provide written endorsement for Sarah Baker, under the guidance of Leigh Powers DNP, MSN, APRN, PMHNP-BC, to complete the study entitled "Patients' Perceptions of Nurses as Role Models of Healthy Behaviors" at East Tennessee State University Student Health Services.

As the Executive Director of Student University Health Services, I have reviewed and understand the undertaking of this study includes interviews with patients of Student Health Services. Based on the information provided, this project will be a qualitative evaluation of the way patients perceive the role of the nurse.

The study will involve one-on-one interviews conducted in person in order to provide an in-depth understanding of the way patients view the role of the nurse. No specific patient information will be required for this study, and it has been assured that patient information will remain protected according to HIPAA guidelines. The information gathered regarding patient perceptions of nurses as role models will be de-identified if results are published in the future. ETSU Student University Health Services supports this planned study and research project to proceed.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

  
\_\_\_\_\_  
Roslyn Robinson, Executive Director

11/2/15  
Date

cc: Dr. Patricia M. Vanhook, PhD, FNP-BC, FAAN  
Associate Dean, Practice & Community Partnerships  
Associate Professor

## Appendix B: Participant Recruitment Flyer

## Research Participants Needed

*Are you a patient at ETSU Student Health Services and willing to share your opinions?*

*I am conducting a research study evaluating patients' views of nurses as role models of healthy behaviors and how this impacts patient care and education provided.*

**As a participant in this study, you will be asked to participate in an individual interview that lasts approximately 20-30 minutes.**

*Study Title: Patients' Perceptions of Nurses as Role Models of Healthy Lifestyle Behaviors*

**For questions or participation information, contact:**

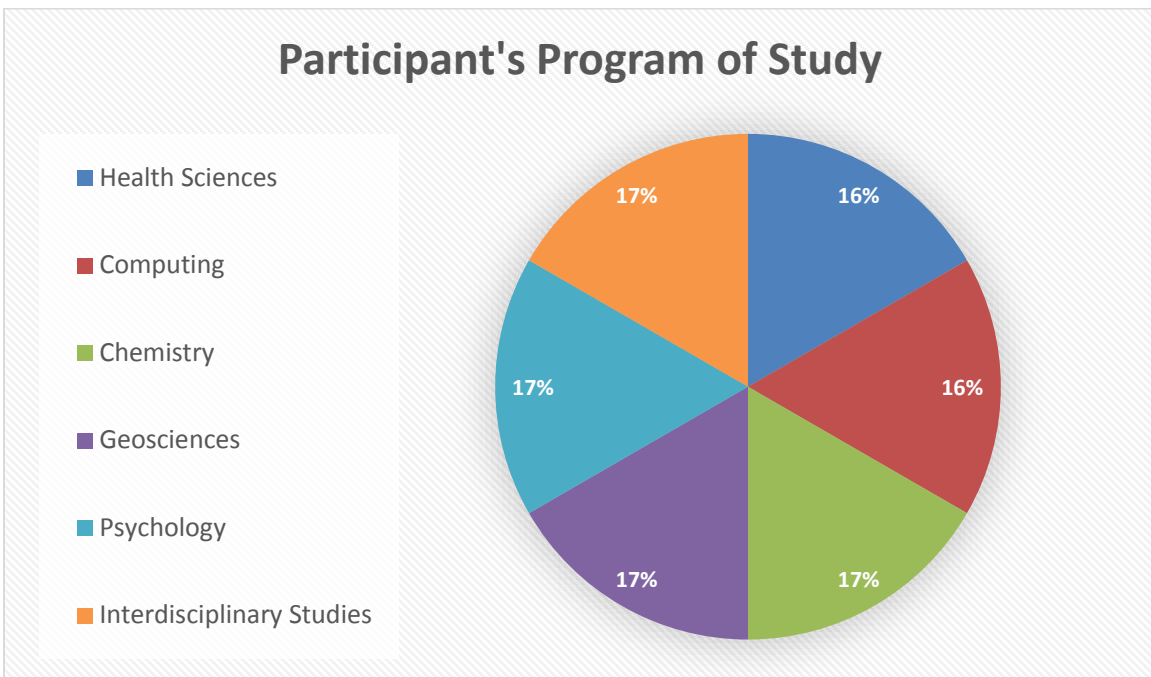
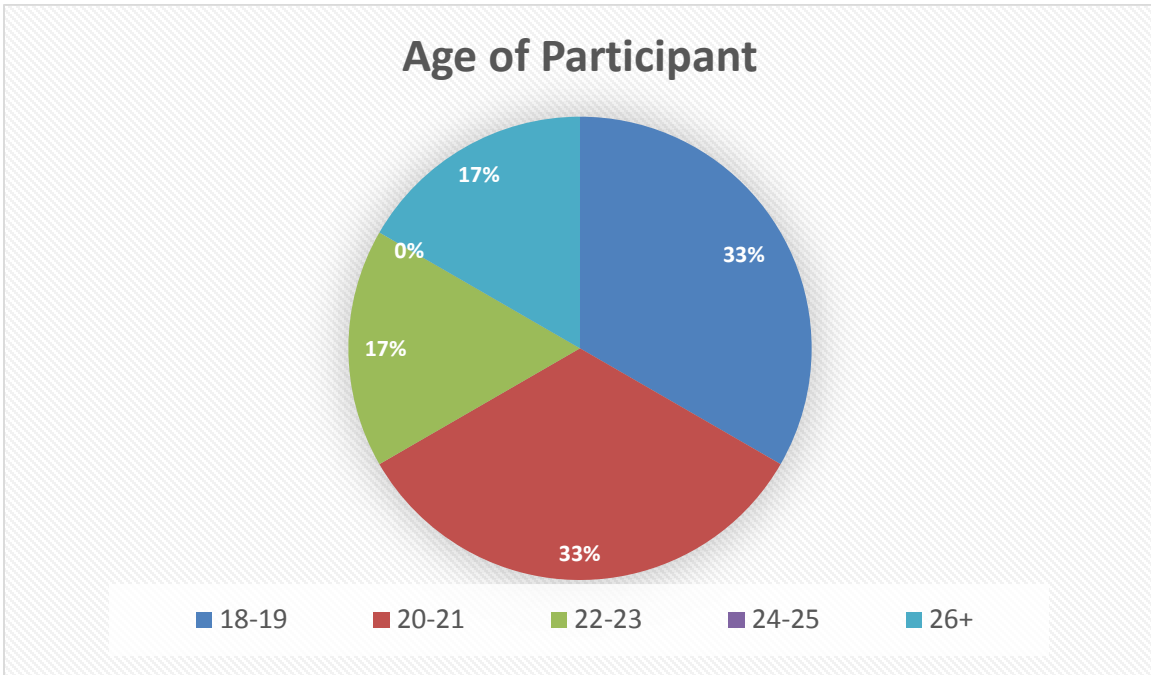
**Sarah Baker**

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**(828) 380-1209**

**Your personal information will be kept confidential and participation is completely voluntary.**

Appendix C: Demographic Information of Participants



## Appendix D: Interview Questions

1. What is your age?
2. What is your major?
3. What is your definition of a role model?
4. What do you look for in a role model?
5. Have you recently received health education from a nurse or nurse practitioner?
6. When receiving health education, do you expect the nurse providing that information to try and adhere to that practice? (For example, if a nurse is educating on abstaining from tobacco use, do you expect that they also follow those guidelines?) Explain.
7. If you are receiving education from a nurse who you do not think practices healthy behaviors in their own life, does this affect the way you receive the education? Explain.
8. Have you had an experience in which you viewed a nurse as a role model, or as an inappropriate role model? Explain.
9. Do you consider the role of the nurse to include modeling healthy behaviors?
10. Do you actively look to nurses to be models of healthy behaviors? Explain.
11. Do you have any suggestions for nurses and/or future nurses regarding personal behavior and the impact it can have on patient perception?