Nurses’ Commitment and Motivation to Improved Personal Health: The Role of Hospital Administration

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Disclosure

There are no conflicts of interest, sponsorship, or financial support related to this research.
One who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social and spiritual health, safety and wellness - both personally and professionally. A healthy nurse lives life to the fullest capacity across the wellness-illness continuum. This allows nurses to be stronger role models, advocates, and educators for themselves, within their families, communities, and work environments, and ultimately for their patients.
Background

- Nurses comprise the largest sect of the healthcare industry
- The Centers for Disease Control estimates of obesity
- Hospital workers utilization rates
- Health care systems are especially feeling the burden
Background

- Patients have significantly more confidence in the ability of normal-weight nurses.
- Hospitals experience better outcomes with healthy weighted nurses.
- Health screening utilization is lower among hospital employees and their dependents.
- Sentara Health System in Norfolk, Va., reported a savings of $3.4 million in health care costs.
Nursing Shortage

- Health care demand is growing at an unprecedented pace creating a nursing deficit
- 1.2 million new nurses by 2020
- Must retain current nurses
- By 2025, Montana will be the 3rd most aged state in the nation
Purpose of Study

- Ascertain the most efficient interventions in which employers could institute to motivate nurses to increase their physical health
- Design a tool to adequately assess population
Methods

No tool existed that accurately assessed purpose of study - one was created

- Consent form and demographics questionnaire
- Case study was posed to the subjects with Nurse X to assess motivation and commitment towards employer initiated scenarios
  - Decrease BMI
  - Increase physical exercise
  - Eat healthier - more nutritional foods.
- Open ended questions
A pilot study was conducted to test the efficacy and efficiency of the survey tool and study design after IRB approval.

Research was conducted on 139 nurses.

Variety of methods were used to recruit.

Partitions were positioned in nursing break rooms in varying locations.
Quantitative data analysis was completed using the Kruskal-Wallis test

Descriptive phenomenology was used in qualitative data analysis

Triangulation was used between qualitative data and quantitative data
Quantitative Data Analysis

**Kruskal-Wallis non-parametric statistical test**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Response to intervention</th>
<th>H Value</th>
<th>Degrees of Freedom</th>
<th>Number</th>
<th>Probability</th>
<th>Mean Ranks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility offering healthier food choices</td>
<td>Motivation</td>
<td>H= 7.72</td>
<td>df= 2</td>
<td>136</td>
<td>P= 0.0211*</td>
<td>58.0</td>
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<td></td>
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<td>H= 4.22</td>
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<td>P= 0.1212</td>
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<td>Onsite workout facilities</td>
<td>Motivation</td>
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<td>P= 0.0689</td>
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<td>Commitment</td>
<td>H= 0.80</td>
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<td>137</td>
<td>P= 0.6703</td>
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<tr>
<td>Group weight loss program</td>
<td>Motivation</td>
<td>H= 25.95</td>
<td>df= 2</td>
<td>137</td>
<td>P=0.0001*</td>
<td>63.8</td>
</tr>
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<td>Decreased health insurance premiums</td>
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<td>P&lt;0.0001*</td>
<td>80.6</td>
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<td>74.1</td>
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<td>Cash for losing percentage of body fat</td>
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<td>Paid an hourly wage to work out</td>
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<td>133</td>
<td>P= 0.7827</td>
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</table>

Mean Ranks: Overweight | Obese | Normal

<table>
<thead>
<tr>
<th>Overweight</th>
<th>Obese</th>
<th>Normal</th>
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</thead>
<tbody>
<tr>
<td>58.0</td>
<td>87.1</td>
<td>70.3</td>
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<tr>
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<td>109.5</td>
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<td>80.6</td>
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<tr>
<td>74.1</td>
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<td>57.1</td>
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</tr>
<tr>
<td>69.9</td>
<td>68.7</td>
<td>64.9</td>
</tr>
</tbody>
</table>

Note. The above table indicates the quantitative results from the Kruskal-Wallis non-parametric statistical test for 139 subjects. Missing data was omitted from the analysis. H Value = The Kruskal-Wallis Test. P-value of 0.05 or less was selected as statistically significant, depicted in results using an asterisk (*).
Qualitative Data

Theme I: Lack of Time
- Nurses described a lack of time both on the job and at home as barriers to their optimal physical health status.

Theme II: Twelve Hour Work Schedules and Lack of Breaks Affect the Quality of Life
- Thirty-eight percent of subjects described the twelve hour shifts as barriers to their optimal health.

Theme III: Physical Demands of Nursing
- Respondents described the emotional and physical demands of the nursing profession.
Qualitative Data

Theme IV: Lack of a Supportive Work Environment
Forty-two percent of nurses commented on what they believed was both a lack of support from their employer.

Theme V: Personal Accountability
Subjects acknowledged their own roles in obtaining and maintaining optimal health.

Theme VI: Being Overweight is a Benefit to the Nursing Profession
No significant qualitative differences were found between the overweight and the normal weight group. However, responses from the obese group were thematically distinctive.
Discussion

- Weight loss was a goal for 53.9%
- 78.4% responded that their diet was healthy and nutritious
- Financial incentives
- The institution is spending $362,344.30 extra per year by staffing overweight/obese nurses
  - Ten year total of $3,623,443.00
- The least appealing intervention was a group weight loss program
- Body weight is an arduous subject for many
If an Administration was to Employ an Intervention

- Institutions who desire to institute a health promotion campaign can have guidance
- Emphasize resources on the overweight group
- The obese group of subjects was less motivated and less committed
- The obese group was the only group to respond using profanity and expletives
  - Reported that they believed themselves to be healthy
  - Weight was not an issue to their delivery of nursing care
Healthcare in the United States is going through many vicissitudes
Nurses are seen as health experts
Employers, patients and nurses can all benefit from improving nurses’ health statuses
Strategies must be fiscally beneficial
No expert-patient dynamic
Must be a top-down directive in that employers must lead by example
Thank You.
Questions?