ADDRESSING IMPAIRED HEALTH BEHAVIOR OF NURSES THROUGH WEB BASED INTERVENTION

Oral Presentation

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BACKGROUND: There are over 3 million nurses in the United States with 56% of this population being overweight or obese. Stroke and coronary disease exceed the national incidence with nursing placing little value on physical activity. There exists an unhealthy image of nursing which impacts professional credibility, ability to educate populations and consumer trust in nurse derived health promotion education. PURPOSE: The objective of this intervention is to evaluate the effectiveness of a web-based pedometer intervention in addressing the health promotional behavior of physical activity among nurses and their perceived barriers to achievement. CONCEPTUAL FRAMEWORK: The Health Promotion Model provided the theoretical framework and incorporated the 2008 Physical Activity Guidelines for Americans. POPULATION: Practicing registered nurses (n=25) were recruited from a Midwest college of nursing and healthcare system. Educational background varied from PhD to ADN. Median years of experience equaled eleven with age ranged from 30-68 yrs. of age. Only female nurses responded to invitation. SETTING: The pilot setting predominately occurred within the participant’s home and specific work environment. Participants attended three educational fitness sessions (exercise, nutrition and resistance training) at a fitness center with a certified personal trainer. METHODS: A pilot 12 week web-based pedometer step tracking intervention (STeP -Self Tracking Exercise Program) using a web-based activity/nutrition program with an interactive avatar was utilized for tracking daily steps as recorded by the Omron HJ digital pedometer. Exercise self-efficacy was measured using the General Self-Efficacy for Exercise Scale (SEE) and health promoting beliefs by the Health-Promoting Lifestyle Profile II (HPLP-II) at the onset and conclusion of the pilot. Participants received immediate goal related feedback through the web program allowing for reflection, barrier identification and lifestyle adjustment to occur in real time. OUTCOMES: There was no significant differences in step engagement, HPLP-II or SEE responses among subjects in relationship to age, nursing specialty or educational background. All participants increased physical activity from baseline with 40% achieving a 50% step increase. 87.5% meet or exceeded national guideline recommendations for physical activity. Overall participant SEE demonstrated a moderately significant alpha equaling 0.1. HPLP-II demonstrated a 75% increase in physical activity belief about behavior. CONCLUSION: The web-based pedometer produced positive behavioral changes associated with physical activity. Barriers need to be identified and while electronic support was found to be helpful, direct in person education is preferred. The STeP intervention was found to be feasible and warrants further application with a larger sample size to establish true validity in nurse environments and its longitudinal effects on the health promotional act of physical activity.