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ABSTRACT OF DISSERTATION

Kathleen Ann Halcomb

The Graduate School

University of Kentucky

2010

HEALTH PROMOTION AND HEALTH EDUCATION: NURSING STUDENTS' PERSPECTIVES

ABSTRACT OF DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Education in the
College of Education
at the University of Kentucky.

By
Kathleen Ann Halcomb

Lexington, Kentucky

Co-Directors: Dr. Melody Noland, Professor of Kinesiology and Health Promotion
and Dr. Kim Miller, Associate Professor of Kinesiology and Health Promotion

Lexington, Kentucky

2010

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ABSTRACT OF DISSERTATION

HEALTH PROMOTION AND HEALTH EDUCATION:
NURSING STUDENTS' PERSPECTIVES

The purpose of this study was to determine student nurses' perceptions of (1) the role of the nurse in health promotion, and (2) how the concept of health promotion is presented in nursing curricula. Research questions for this study included the following: 1) Can nursing students explain the difference between health education and health promotion? 2) What have nursing students been exposed to within their curriculum regarding health promotion? 3) What health promoting behaviors are nursing faculty role modeling as perceived by nursing students? 4) What is the role of the nurse in implementing health promotion as perceived by nursing students? 5) How do nursing students define health? Attendees of the 57th Annual National Student Nurse Association (NSNA) Convention were asked to complete an anonymous survey. A total of n= 227 surveys were returned resulting in a participation rate of 47%.

The findings from this study indicated that student nurses' perceptions regarding the role of the nurse in health promotion revolve primarily around the concept of changing individual health behavior. While there are some indications that nursing students were exposed to the idea of health promotion as a socio-ecological approach that incorporates economic, policy, organizational and environmental changes, the majority of student nurses did not see faculty or nurses role-modeling a socio-ecological approach, nor did the students see themselves as participating in a more socio-ecological approach. For nurses to be recognized as health promoters, collaborate with health promotion leaders, and effectively teach nursing education, changes need to be made in the nursing curriculum to reflect appropriate and accurate health promotion concepts.

KEYWORDS: Nursing, Health Promotion, Health Education, Nursing Curriculum, Student Nurse

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HEALTH PROMOTION AND HEALTH EDUCATION:
NURSING STUDENTS' PERSPECTIVES

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DISSERTATION

Kathleen Ann Halcomb

The Graduate School
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2010

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Nursing Students' Perspectives

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Chapter 1: Introduction

Background

In 2007, the Secretary of the U.S. Department of Health and Human Services published the 31st Annual Report on the Health Status of the Nation that identified that the health status of Americans is declining (Health, United States, 2007). The report recognized an increase in the prevalence of unhealthy lifestyles and behaviors, specifically physical inactivity and obesity. Physical inactivity and obesity are risk factors for the development of cardiovascular disease, metabolic syndrome, Type 2 diabetes, and some forms of cancer. The Centers for Disease Control and Prevention (CDC) estimated that 70% of all deaths and a majority of limitations of daily living activities in the United States are the results of chronic diseases. Many of these diseases are either preventable or manageable by adopting healthy living practices (CDC, June 2, 2008).

The First International Conference on Health Promotion occurred as a result of the need for a new worldwide public health movement in 1986 (World Health Organization [WHO], Ottawa, 1986). At this conference, participants identified health as "a resource for social, economic and personal development, and an important dimension of quality of life" and defined health promotion as the process of enabling people to improve health (WHO, Ottawa, 1986). The five health promotion actions identified at this conference were: building healthy public policy, creating supportive environments, development of personal skills, strengthening community actions, and changing present health care systems from a curative focus to a preventative focus.

Gaining momentum on health promotion, the Second International Conference for Health Promotion occurred in 1998, and identified that "healthy public policy establishes

the environment" for health promotion to occur (WHO, Adelaide, 1998). The healthy public policy's main focus is to create environments that enable individuals to lead healthier lives. The first and second international conferences further identified health promotion as the means by which health can occur.

Health Promotion and Nursing

A definition of health promotion is "any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to health of individuals, groups and communities" (Joint Committee, 2001, p.101). Health professionals have the responsibility to promote health at the individual, group, and community levels. As the largest group of health professionals, registered nurses have the potential to contribute substantially in the area of health promotion.

Registered nurses are at the forefront of the healthcare industry because they make up the largest health care occupation in the United States with approximately 2.4 million licensed registered nurses (US Department of Labor, August 4, 2006). Registered nurses are the most visible profession of the health care industry due to their sheer numbers and the amount of time they spend with patients and their family and friends (Soeken, K., Bausell, R., Winklestein & Carson, 1989). Nursing has a role in health promotion not only because registered nurses are highly visible but also because it is a profession that is based on advanced education. Nursing is a profession that offers this advanced education through three different pre-licensure education tracts.

The first hospital in America opened in 1791 in Philadelphia. This hospital, along with the other early hospitals was staffed by nurses who were "from the tough,

charwoman class, which regarded nursing as a distasteful drudgery rather than as a humanitarian calling" (Kalisch & Kalisch, 1995, p. 23). Nursing care improved due to advances in medical treatments and the involvement of a religious order, the Sisters of Charity. Formalized nursing education in the United States dates back to the early 1870's (Bullough, 2004). Florence Nightingale began an apprenticeship education in London 1860, and in 1873 the Bellevue Hospital School of Nursing established the first school of nursing in the United States founded on Florence Nightingale's principles of nursing education. (Kalisch & Kalisch, 1995).

Florence Nightingale trained as a nurse with the Sisters of Charity of St. Vincent de Paul. She began her advancement in nursing education and the nursing profession during the Crimean War. Her actions during the war positively changed public opinion regarding the status of nurses (Kalisch & Kalisch, 1995). The first three Nightingale oriented nursing programs opened in America in 1873, which raised the standard of nursing education (Bullough, 2004).

From the late 1800 to the mid 1950's, the Nightingale model for nursing education was the norm (Mathews, 2003). The Nightingale model was an apprenticeship model directed by physicians and hospital administrators (Kalisch & Kalisch, 1995; Mathews, 2003). These hospital-based diploma nursing programs benefited the hospitals at the expense of the nursing students. The students staffed the hospitals and learned as they worked alongside nursing faculty members. Lectures occurred infrequently and were conducted by physicians associated with the hospital. The students learned to meet the needs of the hospital, care for patients, and work with other staff members. The curriculum was hospital specific with no minimum educational standard (Bullough,

2004). Early nursing leaders concerned who were about the different types of nursing education started lobbying during the 1890s for licensure or registration to establish a standard for nursing. By 1923, all states had established some form of nursing licensure or registration, but it was not until the 1970s that licensure became mandatory throughout the United States (Matthews, 2004; Smith, 2005). Even with regulation, the laws for becoming a nurse varied from state to state, which is still the case today.

Diploma nursing programs, which were the beginning formal of nursing education and still, exist today; however these programs hindered the growth of the nursing profession. These programs depended upon physicians and hospital administrators to establish the curriculum, so the development of unique nursing knowledge was not occurring (Donley & Flaherty, 2002). The focus of nursing education shifted from vocation to an academic discipline in 1924. Yale's School of Nursing opened in 1924 with a self-sufficient nursing program offering a baccalaureate degree in nursing, which opened another avenue for one to become a nurse (Emerson & Records, 2005).

The nursing leaders, who lobbied for licensure in 1890, also initiated the first formal nursing organization, American Nurses Association (ANA). The leaders of the ANA recognized the need for standardized nursing education and established the National League for Nursing Education (NLNE). The NLNE, which is now known as the National League for Nursing Accrediting Commission (NLNAC), is an entity of the National League for Nursing (NLN) that is one of the accrediting bodies responsible for setting minimal standards for nursing education and evaluating nursing programs (Smith, 2005). In 1960 the ANA first proposed that baccalaureate nursing programs be the minimal level of education required for entry into registered nurse profession (Mahaffey, 2002). This

came after another type of nursing program emerged, the associate degree. The associate degree nursing program, which has a curriculum of half general education and half clinical, was developed in response to the nursing shortage, the interest in moving nursing education out of hospital based programs, and increased interest in junior colleges (Mahaffey, 2002; Nelson, 2002). By 1965, nursing had three different levels of entry: one based on apprenticeship (diploma): another split between general education and clinical experience (associate): and a third occurring at four-year college or university institutions (baccalaureate).

In 1965, the ANA recognized that in order for nursing to become an autonomous and legitimate profession, the minimal educational requirement for entry into practice needed to be the baccalaureate degree (Nelson, 2002). While the ANA released its position paper calling for baccalaureate degrees as the minimum preparation, the NLN which did not want to offend physicians and hospital administrators released its position statement regarding improvement in nursing education and nursing service. The NLN's position paper did not distinguish one institution over another. This placed the ANA and NLN at odds with each other, a battle that continues today (Smith, 2005)

The U.S. Department of Education has recognized the NLNAC as an accrediting agency of nursing education programs since 1952 (NLNAC, n.d.). Accreditation occurs when a nursing program identifies clear, appropriate educational objectives and a means for students to reach them. The NLNAC allows individual nursing programs to select their own nursing standards; therefore, this agency does not specify a standard or criteria for health promotion that must be met for accreditation. The NLNAC accredits doctorate, masters, baccalaureate, associate, and diploma registered nurse programs.

Another agency that accredits nursing programs is the American Association of Colleges of Nursing (AACN). The AACN was founded in 1969 with the goal of advancing nursing education at the baccalaureate and graduate level (Mezibov, 2000). Accreditation of baccalaureate and graduate nursing programs began in 1996 after the AACN established the Commission on Collegiate Nursing Education (CCNE). The accreditation process for baccalaureate programs identifies nine essentials that are central to nursing education. Unlike the NLN, the ANCN includes an essential about health promotion. "Essential VII identifies that clinical prevention and population health includes individually focused interventions to improve health as well as population focused interventions" (AACN, 2008). Included in this essential are education outcomes that require nursing programs to prepare students to provide input regarding the development of policies to promote health, and advocate for social justice in addition to being able to participate in cost-effective interventions, provide health teaching and health counseling, identify environmental factors that affect current or future health problems, and assess protective and predictive factors which influence the health of individuals, groups, and communities (AACN, 2008).

The NLNAC and AACN allow for variation in regards to nursing curriculum taught by nursing programs. While the AACN has a specific essential for health promotion, the NLN does not. There is a need within the nursing profession for an organization to help regulate licensure requirements because of the lack of standardized education within nursing education and the fact that individual state boards set the standards for nursing licensure. As a solution to the lack of consistency in the standards of nursing education,. the National Council of States Boards of Nursing (NCSBN) is an organization that brings

together state boards of nursing to develop a single licensing examination for nurses (NCSBN, n.d.). This organization develops the licensure examination based upon trends in the nursing practice, which includes public policy and nursing education. All fifty states utilize the NCLEX examination for licensure.

The current NCLEX-RN and the new test plan that is to be implemented April 2010, includes health promotion and maintenance as one of the client needs categories that nursing students will be tested on. On the NCLEX-RN exam, the health promotion category expects nurses to have the knowledge to incorporate prevention and/or early detection of health problems and strategies, which will help clients and their family/significant others to achieve optimal health. With inclusion of health promotion on the NCLEX examination, and as an essential for nursing curriculum according the AACN, there is an understanding that health promotion is a core component of the nursing profession.

The nursing profession's social policy statement written by the American Nurses Association (ANA) states "Nursing is the protection, promotion and optimization of health and abilities" (ANA, 2003). The ANA outlines professional expectations for nurses including scopes and standards of practice (ANA, 2004). Within the scopes and standards of practice is standard 5b "Heath Teaching and Health Promotion," that explains, "registered nurses employ strategies to promote health" (ANA, 2004, p. 28). The ANA further defines nursing practice with a code of ethics that identifies nurses as health professionals who are involved in preventing illness and promoting health (ANA, 2001). The ANA released a position statement in 1995 that stated:

"The health of an individual, family, community and population-at-large is multidimensional. It includes the social, cultural, behavioral, economic and

environmental influences on health. Those influences provide the basis for the development of policy and programs in preventative health care. A comprehensive approach to preventative health care includes strategies that serve all levels of prevention. The impact of preventative health care services or lack of such services in a community must be assessed. Such an assessment is within the purview of the professional registered nurse."

In reviewing the ANCC education essential, the NCLEX core testing categories and the ANA's position statement, there appears to be two types of health promotion themes: one that focuses on individual behavior and another that recognizes the broader approach. The broader approach identified in ANA's position statement more closely resembles health promotion as defined by the Joint Committee (2001).

Individual Responsibility for Health

The strongest influence on present day American nursing curriculum have been the *Healthy People 1979 and 2000* focus on the individual's personal life choices and their relationship to health (Marsh & Morgan, 1998). The push for individual responsibility has guided nursing curriculum in America to accept health promotion theories that focus on individual behavior (Rush, 1997; Morgan & Marsh, 1998; King, 1994; Maben & Macleod-Clark, 1995; Piper, 2008). These theories strive to predict and explain behavior without taking into consideration social, political, personal and environmental contexts (Rush, 1997).

The individual responsibility for health was identified dating back to ancient Greece and most closely represents the dominant culture in America (Minkler, 1999). The American culture is based on the principle of freedom, which allows individuals to make their own choices, including health behavior choices. The history of health promotion in the United States dates back to the 1920s. In the beginning, health promotion focused on providing information to individuals and allowing them to make changes in their health

behaviors. The 1970s, witnessed an increased focus on environmental issues, which support good health practices (Minkler, 1999). In 1979, the U.S. Surgeon General (1979) published H*ealthy People*, the first set of objectives for the nation to promote health and prevent diseases. Within this report, President Jimmy Carter wrote, "Government, business, labor, schools and health professionals must all contribute to the prevention of injury and disease. And all of these efforts must ultimately rely on the individual decision of millions of Americans--- decisions to protect and promote their own good health" (p.5).

Since the ability to think and act freely are particularly important to Americans, the logical approach to promoting healthy behavior change is to promote individual responsibility (Minkler, 1999). Historically, the ideology of individual responsibility has been the driving force behind health promotion within the United States and has influenced the professional practice of nurses (Morgan & Marsh, 1998; Rush, 1997). This may mean that many nurses view themselves as providing health promotion by presenting health education to individuals. Health education is a component of health promotion and for many is considered to be health promotion; however health education differs from health promotion as it is specifically geared towards individual learning. Health education "comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health" (WHO, Health Promotion Glossary, 1998, p.4). Health education does not take into consideration all of the determinants that affect the health of individuals, groups and communities

Health Behaviors of Nurses

There is a great deal of discussion within nursing literature regarding how the health behavior of an individual nurse and ultimately his/her nursing ability relates to health promotion. Numerous editorials in nursing literature have called into question the individual health behaviors of nurses as well. Editorial titles have included; "Healthy life styles are a challenge for nurses (Jackson, Smith, Adams, Frank, & Mateo, 1999, p. 196)": Are you a role model for healthy lifestyle? (Ball, 1997, p.4); "Nurses as exemplars for health- do we take it seriously?" (Hamilton, 1996, p. 3); Practice what you preach." (Bradley, 2001); and "School Nurses: Role models for healthy lifestyles?" (Denehy, 2003,p. 249). Each of these articles questions the health behaviors of nurses. Some editors identified that many nurses are obese and subsequently have appearances that counter nursing's agenda health promotion agenda (Jackson, Smith, Adams, Frank, & Mateo, 1999).

Researchers have studied the health behaviors of nurses and their findings indicate that nurses do not actively participate in healthy behaviors (Callaghan, 1995; Callaghan, Fun & Yee, 1997; Haughey, Kuhn & Dittmar, 1992; Petch-Levine, Cureton, Canham & Murray, 2003; Miller, Alpert, Cross, 2008; Hicks, McDermott, Rouhana, Schmidt, Seymour & Sullivan, 2008; Shriver & Scott-Stilles, 2000; Soeken, Bausell, Winklestein & Carson, 1989). Studies that examined the impact of nursing education on smoking prevalence among nursing students indicated that nursing education did not change the smoking prevalence rate (Haughey, Kuhn, Dittmar & Wu, 1986; Kitjima et al, 2002; Patkar, Hiull, Batra, Vergare & Leone, 2003; Sejr & Osler, 2002). Results of literature review indicate that almost one fourth of the nursing population continue to smoke;

however more of a concern is the fact that nurses do not see themselves as role models for healthy behavior when it comes to smoking. Denehy (2003), discussed that for nurses to be credible role models and/or health promoters, they need to be active participants of healthy behaviors.

The inability for nurses to practice personal healthy behaviors can have an impact on their ability to promote health to others (Miller, Alpert, Cross, 2008; Hicks, McDermott, Rouhana, Schmidt, Seymour & Sullivan, 2008). Even after research has pointed to the importance of healthy behaviors among nurses, many continue to consume unhealthy diets, specifically those that are low in fruits and fiber but high in cholesterol, are overweight, smoke, are physically inactive, are sleep deprived, and do not personally obtain routine health maintenance screening, such as pap smears and self- breast exams. Nursing is a health care profession that has the opportunity and goal to promote health, but many nurses' individual health behaviors are clearly unhealthy.

The health behaviors of nurses, as identified in this literature review, are suboptimal, indicating that nurses are potentially poor role models. Furthermore, it may be accurate to say that nurses who choose not to actively participate in a healthy lifestyle are not practicing within the professional standards of a registered nurse. The nursing profession is defined as one that promotes health and prevents illness. Nurses are responsible for acting as health educators and are "to use health promotion and health teaching methods that are appropriate to the situation and the patient's developmental level, learning needs, readiness, ability to learn, language preference, and culture" (ANA, 2004, p. 28). Role modeling is the teaching method that is most visible and most applicable to people throughout the lifespan as it crosses culture and language barriers. Health care providers

who are not actively engaged in personal or community health promotion do not have credibility as a health care professional (Yutra-Petro & Scanelli, 1992).

Incorporation of Health Promotion

The United States nursing profession is not alone in its quest for incorporating health promotion into nursing practice, but it is lagging behind other countries (Whitehead, 2007). In the United Kingdom, the nursing profession is working to develop theory, policy, practice and education for nursing that is congruent with the WHO's definition, and it takes a universal approach to the advancement of health promotion with the introduction of Project 2000. Project 2000 is a health-based curriculum that explores health promotion and translates theory into clinical competency (Whitehead, 2002). Studies that have compared graduates of Project 2000 to traditionally prepared nurses found an increase understanding and activities of in health promotion among graduates of Project 2000 (Liimatainen, Poskiparta, Sjögren, Kettunen & Karhila, 2001; Clark & Maben, 1998). Project 2000 has identified and addressed problems in other nursing preparation, which include continued confusion between health promotion and health education, and the inability to practice health promotion theory in clinical settings (Piper, 2008; Macleod Clark & Maben, 1998; Whitehead, 2002; Liimatainen, Poskiparta, Sjögren, Kettunen & Karhila, 2001; Irvine, 2007).

Nurse educators are responsible for the dissemination of nursing knowledge. The next generation of nursing students will be influenced by the formal nursing curriculum as well as the attitudes, feelings and beliefs of individual faculty members, clinical faculty, peers and media (Liimatainen, Poskiparta, Sjögren, Kettunen & Karhila, 2001). Nurse educators must have an understanding of health, health promotion, and health

education, not just disease and illness prevention, for health promotion to become part of nursing.

Purpose of the study

Most of the literature identified in this literature review regarding the understanding of health promotion and nursing was based in Europe, Canada and New Zealand; there was limited work found in regards to understanding health promotion and health education in the United States. The health promotion literature identified found that the United States continues a traditional individualistic disease prevention view of health promotion. This traditional focus is limited and is not aligned with the international view of a socio-ecological approach to health promotion nor the ANA's position statement which was published over ten years ago. Since studies indicate that the hidden curriculum, as well as formal teaching, influence nursing students, it is questionable whether nurses in the United States are learning about social responsibility for health. The United Kingdom has a national curriculum, where as the United States does not, and studies of nurses in the United Kingdom indicate that nursing students are having difficulties in understanding health promotion.

The American Association of Colleges of Nursing which accredits Baccalaureate and Master Nursing programs includes health promotion, risk reduction and disease prevention as core knowledge. *Healthy People 2010* includes an objective for schools of nursing to include health promotion and disease prevention as core. In addition to these standards, the WHO's definitions of health promotion and health education are available to nurse educators. In contrast to the United Kingdom, which has a national curriculum, the United States has NLN guidelines, AACN essentials, NCLEX examination

categories, ANA position statements and scope of practice as well as health promotion definitions, available for nursing programs to utilize when developing curriculum about health promotion.

Nursing research in the United Kingdom identified a lack of understanding about health promotion among their nursing students who have completed nursing programs based on a standardized curriculum, which only leads one to believe that nurses in the United States may also have misunderstandings about health promotion. Studies identified in this literature review regarding health promotion and nurses in the United States described nurses performing specific health behaviors. These studies indicated that many nurses are not performing individual healthy behaviors and subsequently may not participate in health promotion activities. This may be occurring due to a lack of understanding regarding health promotion within the United States.

The purpose of this study is to determine student nurses' perception of (1) the role of the nurse in health promotion, and (2) how the concept of health promotion is presented in nursing curricula. To develop an insight into what United States nurses believe about health promotion, these questions must be addressed.

Research Questions

1) Can nursing students explain the difference between health education and health promotion?

2) What have nursing students been exposed to within their curriculum regarding health promotion?

3) What health promoting behaviors are nursing faculty role modeling as perceived by nursing students?

4) What is the role of the nurse in implementing health promotion as perceived by nursing students?

5) How do nursing students define health?

There were no studies identified in this literature review that focused on United States nursing students' understanding of health promotion. The significance of this study lies in the information it will elicit regarding what student nurses know about health promotion as it is presented in their nursing programs. This information will provide the nursing community with beginning data regarding the understanding of what health promotion means within the United States nursing profession.

Definitions of Terms

Health Promotion – "any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to health of individuals, groups and communities" (Joint Committee, 2001, p.101) and is "the process of enabling people to improve health" (WHO, Ottawa, 1986)

Health education- "comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health" (WHO, Health Promotion Glossary, 1998, p.4)

Registered Nurse-An individual who has graduated from a state approved school of nursing, either a four year university, a two-year associate degree program or a three year diploma program and has passed a state RN licensing examination called the National Council Licensure Examination for Registered Nurses (NCLEX) (American nurses Association, 2009)

Health- “a resource for social, economic and personal development and an important dimension of quality of life” (WHO, Ottawa, 1986)

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Chapter 2: Review of the Literature

This chapter includes a review of the current literature related to health promotion within nursing education, as well as a review of current scientific literature regarding nursing and health promotion. Topics discussed include definitions of health, health promotion, and health promotion theories found within the professional literature for nursing and health promotion.

Health

Essential to the understanding of health promotion is the concept of health. Health has multiple definitions and meanings. In 1948 the WHO defined health as "a state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity" (WHO, 1998). This definition exemplifies an all or nothing concept of health and does not allow for varying degrees of health within individuals. This definition of health is also limited to the individual and does not take into consideration the environment in which the individual lives. Today many definitions of health still include one dominant underpinning, the idea that health is the absence of disease and illness (Naidoo & Willis, 2000).

Within the nursing profession there are two different views and definitions of health that can be found within nursing theories; one focuses on the individual and the other includes an individual's interaction with the environment. Nursing theorists such as Florence Nightingale, Virginia Henderson, Dorothea Orem, Myra Levine, and Margaret Newman defined health in relation to the individual and the absence of disease or performance limitations without considering an individual's environment (Tomey & Alligood, 1998). Other nursing theorists including, Sr. Callista Roy, Martha Rogers, Imogene King and Nola Pender recognized the environment as a factor when defining

health (Tomey & Alligood, 1998; Pender, Murdaugh and Parsons, 2006).

Different definitions of health found within nursing literature defined health as multidimensional and subjective to the individual while others take into account the interaction of the individual and their environment. These definitions include concepts of health that may describe health as a process, a condition, a state, and a dynamic life experience. Health requires individuals to adjust, grow, develop, and interact with the environment as a whole, in mind, body and spirit (Pender, Murdaugh & Parsons, 2006; Black & Hawks, 2005; Tomey & Alligood, 1998). It is important to understand the different definitions because these are the definitions that guide nursing education and ultimately nursing practice. The definitions of health not only shape nursing education, but also affect the meaning of health promotion.

Health Promotion

In 1986 the World Health Organization held the first international conference on health promotion to attempt to acquire health for all people (WHO, 1986). The first attempt to have a consensus on the definition for health promotion occurred at this conference (Green & Raeburn, 1988). The conference determined that health promotion is "the process of enabling people to increase control over and to improve their health" (WHO, 1986). Today, this is the most globally recognized definition of health promotion and is the one cited in the Department of Health and Human Services (2008) glossary for *Developing Healthy People 2020*; however, there are other definitions of health promotion. Green & Kreuter, (1990) defined health promotion as "the combination of educational and environmental supports for actions and conditions of living conducive to health" (p. 313). *The American Journal of Health Promotion* published the definition of

health promotion as:

> the "science and art of helping people change their lifestyle to move toward a state of optimal health, which is a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experience that enhances awareness, increase motivation and build skills and most importantly through creating supportive environments that provide opportunities for positive health practices" (O'Donnell, 2009).

Nutbeam (1997) defined health promotion as a process of enabling people and communities to increase control over the determinants of health and thereby improve their health.

The varying definitions of health promotion explain it as a process by which health is improved from a broad, multidimensional socio-ecological approach. Health promotion as defined from the socio-ecological approach is a cornerstone of the nursing profession and is evident in the writings of Florence Nightingale (1859), *Notes on Nursing,* the ANA (1995) and the ACCN (2008). Florence Nightingale recognized that health could be maintained through environmental control, which could prevent illness (Pfettscher, deGraff, Tomey, Mossman & Slebonik, 1998). Both the ANA (1995) and the AACN (2008) consider the importance of environment in relation to health promotion when defining nursing practice. The ANA (1995) position statement for nurses identified that health is multidimensional and is influenced by social, cultural economic and behavioral factors. The AACN (2008) recognized the need for nursing education to include educational experiences, which allow students the opportunity to develop policies that promote health, advocate for social justice, and assess the environment for factors that affect current or future health of individuals, groups, and communities.

The broad definition of health promotion used by the international community and the standard for nursing practice are not in agreement with the definitions of health

promotion found within nursing textbooks. Most of the nursing textbooks reviewed presented health promotion from the individual's perspective. Ignnatavicius & Workman (2006) referred to health promotion as "activities that are directed toward developing a person's resources to maintain or enhance well-being as a protection against illness" (p.5). DeLaune and Ladner (1998) described health promotion as a "process undertaken to increase the levels of wellness in individuals, families, and communities…..a goal to be embraced by everyone" (p. 66). Smeltzer, Bare, Hinkle, & Cheever (2008) and Lewis, Heitkemper & Dirksen (2004) presented health promotion as it relates to preventing specific disease and illnesses, such as low back pain, pancreatitis, and asthma. Lemone and Burke (2008) never defined health promotion but instead used it as a chapter subtitle, "Health Promotion and Wellness" (p. 20)). Within this section they discussed how individuals can promote health and wellness by eating balanced meals, exercising regularly, sleeping 7-8 hours nightly, not smoking, minimizing sun exposure, obtaining recommended immunizations and limiting alcohol consumption.

Dr. Nola Pender is a nursing theorist who based her theory on health promotion. In many of the reviewed text, Dr. Pender's definition of health promotion was identified (Taylor, Lilis, Lemone & Lynn, 2008; Berman, Snyder, Kozier & Erb, 2008; Daniels, Nosek & Nicoll, 2007). Dr. Pender (Pender, Murdaugh, & Parsons, 2006) defined health promotion as "behavior motivated by the desire to increase well-being and actualize human health potential" (p. 7). She clarified the difference between health promotion and disease prevention as the underlying motivation why the behavior was carried out. This definition more closely resembles the definition of healthy lifestyle as defined by the 2000 Joint Committee of Health Education and Promotion (Gold, & Miner, 2002). The

Joint Committee described a healthy lifestyle as "patterns of behaviors that maximize one's quality of life and decrease one's susceptibility to negative outcomes" (p.6). While these definitions of health promotion differ from the socio-ecological approach to health promotion identified in the international health promotion community and nursing standards, it is the current standard to which nurses are being held accountable.

The focus of health promotion in relationship to the individual is also apparent in the test plan for NCLEX-RN examination (NCSBN, n.d.). The NCLEX-RN test plan (NCSBN, n.d.) identifies key areas in which nurses need to be knowledgeable in regards to health promotion and maintenance in order to pass the examination for licensure. In reviewing this category, it is apparent that health promotion is specific to the individual with the knowledge that health is the responsibility of the individual. Under this category, nursing knowledge is geared towards health teaching of individuals throughout the lifespan by providing assessment and education about health risks, information for prevention of high risk behaviors, facts about healthy behaviors and health promotion/maintenance recommendations, screenings, and valuable community resources.

While many nursing textbooks define health promotion as revolving around the behavior of individuals, and the licensure examination test plan emphasis individual behaviors, there are some nursing textbooks that present health promotion from the socio-ecological perspective. Potter and Perry (2009) used part of *The American Journal of Health Promotion* definition of health promotion to define health promotion as "the science and art of helping people change their lifestyle to move toward a state of optimal health" (p. 75); however, missing from this explanation is the creation of supportive

environments, which *The American Journal of Health Promotion* identified as having the greatest impact on positive health (O'Donnell, 2009). This textbook tailored an ecological definition of health promotion that recognizes the importance of the environment on health, as well as focuses on an individual's behavior.

A nursing textbook by Black and Hawks (2005) presents a concept of health promotion that closely resembles that of the socio-ecological definition of health promotion. They define health promotion as "the process of fostering awareness, influencing attitudes and identifying alternatives so that people can make informed choices and change behavior to achieve an optimal level of physical and mental health and improve their physical and social environments" (p.5). The text also considered the WHO's components of health promotion, including creating supportive environments, strengthening community action, reorienting health services, and building health public policy. The other nursing textbooks that were reviewed emphasized health promotion as a process to improve the health of the individual. Black and Hawks' (2005) nursing textbooks emphasized that health promotion programs improve the "health and well-being of both individuals and communities through empowerment" (p.5).

When concepts are complex as health promotion is, professions develop models and theories to help explain and suggest ways to ways to understand the concept. Theories and models are not only used to explain concepts, but are also used to understand why behaviors are occurring, what needs to occur to change behavior, and how to develop programs to change behaviors (Glanz, Rimer, & Lewis, 2002).

Health Promotion Theories

Just as there are many definitions regarding health promotion, there are different theories and models that are used to explain health promotion and incorporate it into practice. Many of the theories involving health promotion target health behavior of the individual. This section will discuss the common health behavior theories identified within the nursing textbooks reviewed. These theories include: Health Belief Model: Transtheoretical Stage of Change Model: Social Cognitive Theory: Theory of Reasoned Action: Theory of Planned Behavior: and Health Promotion Model.

Theories that focus on factors from within an individual are intrapersonal theories (Cottrell, Girvan, & McKenzie, 2002). These theories focus on an individual's cognitive ability, attitudes, beliefs, past experiences, skills and motivation. The intrapersonal theories examined are the Health Belief Model, Transtheoretical Model, and Theory of Planned Behavior (Glantz & Rimer, 2002). The Health Belief Model (HBM) is a value-expectancy theory (Hochbaum, 1958). This type of theory states that individuals must have a desire to avoid an illness (value) and believe that participating in a certain behavior will prevent the illness from happening (expectancy). This theory relies on the concepts of perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy. Perceived susceptibility pertains to an individual's belief regarding the chance of contracting a medical disease or illness. The construct of perceived severity relates to an individual's feelings of the seriousness of contracting the disease or illness, medically and socially. Perceived benefits relates to an individual's belief about how effective the plan is at reducing the disease threat. The concept of perceived benefits also considers non health-related benefits, such as financial

concerns and pleasing family members. In addition to perceived benefits are perceived barriers. Perceived barriers can include cost, pain, danger of the treatment, and time constraints. The construct, cues to action, involves triggers that motivate the individual to take action.

An intrapersonal theory also takes into consideration a person's characteristics, experiences, and perception of the environment (Cottrell, Girvan, & McKenzie, 2002). An example of an intrapersonal theory is The Social Cognitive Theory. Albert Bandura developed the Social Cognitive Theory in the 1950s. It describes learning as the constant reciprocal interaction of environmental events, personal factors, and behavior (Bandura, 1986). Human activity has four special characteristics that allow an individual to symbolize one's own experiences, learn from others, regulate one's own actions, and reflect on the situation (Hubley & Copeman, 2008). The Social Cognitive Theory uses constructs of symbolizing capability, forethought capability, vicarious capability, self-regulatory capability, self-regulatory, and self- efficacy to describe the learning process (Bandura, 1986; Cottrell, Girvan, & McKenzie, 2002).

Symbolizing capability describes the process and transformation of an experience into internal model, which will serve as a guide for future action. It is the symbol that gives meaning to the experience. This symbolization allows individuals to cognitively solve a problem prior to actually performing the action. Symbolization also allows for communication to occur among individuals (Bandura, 1986).

Forethought capability explains the notion that individuals do not merely react to the environment, but instead use past experiences to perform a behavior that is purposeful and thoughtful (Bandura, 1986). It is forethought that motivates individuals into

performing actions to achieve goals.

Vicarious capability is a major concept included in The Social Learning Theory. It explains that individuals do not learn by trial and error, but instead learn through watching others. This observational learning allows the individual to watch a role model perform the behavior and witness the consequences of it. This modeling of the behavior is an essential aspect of learning, especially if a behavior is a combination of unique elements. Modeling also speeds up the acquisition of the new behavior by an individual (Bandura, 1986).

The self-regulatory concept explains that individuals do not perform a specific behavior to please others, but instead that most behaviors are regulated by internal mechanisms of control. Individuals monitor their own behavior through the use of internal standards and self-evaluation (Bandura, 1986).

Self-reflective capability is the ability for individuals to reflect on not only the behavior, but also their own thought process. This allows individuals to gain understanding of their actions and their thoughts (Bandura, 1986).

Self-efficacy is the judgment of one's ability to carry out a task. Bandura believes that self-efficacy is the most important predictor of behavior change because it gives value to a given task (Glantz & Rimer, 2002). The more confidence an individual has in performing a behavior, the greater the effort to try the behavior (Pender, Murdaugh, & Parsons, 2006, Glantz & Rimer, 2002).

The last behavior theory to be discussed is Nola Pender's Health Promotion Model (Pender, Murdaugh, & Parsons, 2006). The Health Promotion Model is an approach-oriented model. It does not depend on fear or threat to motivate an individual to perform

a behavior. The Health Promotion Model uses constructs from expectancy-values theories and Social Cognitive Theory in addition to a holistic nursing perspective to explain the multidimensional nature of an individual interacting with his interpersonal and physical environments. Biological, psychological, sociocultural, and prior experience make up the individual characteristic and experiences that affect subsequent actions. Behavior-specific cognitions and affect are the major motivators for behavior. These include perceived benefits of the action, perceived barriers, and perceived self-efficacy activity-related affect. The activity-related affect construct is used to identify the subjective feelings the individual has before, during, and after an activity. The feelings experienced throughout the activity affect the probability of the individual performing the activity again. The Health Promotion Model also recognizes that interpersonal influences affect an individual's behavior. Interpersonal influences, which include expectations of significant others, the social support received, and observational learning, come from family, peers, and health care providers (Pender, Murdaugh, & Parsons, 2006).

The Transtheoretical Model is a model developed based on a comparative analysis of psychotherapy and behavioral change theories (Prochaska & Velicer 1997). The Transtheoretical Model has the construct of the stages of change which represent the thought process individuals must go through in order for change to occur. The stages of change include precontemplation, contemplation, preparation, action and maintenance. During the precontemplation stage, the individual is unaware of a problem and has no intention of making a change within the next six months. The individual moves into the contemplation stage when he/she becomes aware of the problem and intend to take action within the next six months. The preparation stage occurs when an individual makes some

behavioral steps towards a change within the next thirty days. The action stage is when the individual has made the behavioral change and continued it for less than six months. The final stage, maintenance, is when the behavior change persists for longer than six months.

The Theory of Reasoned Action considers the individual and the influences of those around him/her (Fishbein & Azjen, 1975). This theory takes into consideration the person's own beliefs about the consequences of their action along with their belief about how others within the same social network would approve, or disapprove, of the action. The Theory of Reasoned Action was developed to understand the relationship between attitudes and behavior. To allow for consideration of factors outside of an individual's control, The Theory of Planned Behavior was added to the Theory of Reasoned Action. Control is determined by control beliefs and perceived power (Fishbein & Azjen, 1975).

Ecological Models of Health Behaviors are models that relate to health promotion that were missing from the nursing textbooks reviewed. Ecological approaches are highly relevant when attempting to improve the health of many (Fischer, 2008). The most common diseases affecting Americans are directly related to lifestyle behaviors, so these are important models that must be considered. Ecological approaches identify that health behaviors are influenced and affected by multiple factors such as intrapersonal, sociocultural, policy, and physical environment factors. The ecological approach recognizes that in order to promote health, multilevel intervention must be implemented. This multilevel implementation needs to include various disciplines and public sectors (Glanz, Rimer & Lewis 2002).

The ability to address needs from a broad approach, like the ecological approach,

rather than the individual level, has the potential to be more effective since nurses care for many people who have similar health promotion needs. Nurses hold professional positions in hospitals, communities, and political organizations, and currently have the means to promote health from an Ecological Model. Nurses have the ability to be members of professional organizations that lobby for health care laws, funding, and standards that recognize the importance of the environment on the health of individuals, groups, and communities. It is necessary for nurses to recognize their ability to influence health from an approach that is much broader than just the individual.

Nursing and Health Promotion Research Studies

Clark and Maben (1998) conducted a qualitative study to identify the understanding of health promotion and health education by student nurses in England, as well as their understanding of their role as health promoters. The results indicated that the students' focus shifted from illness to health, but they remained confused about the terms health education and health promotion. These students' viewpoints were found to be reflective of the views and knowledge of their teachers.

Piper (2008) conducted a qualitative research study that focused on the definition and meaning of health education and health promotion within the United Kingdom. The United Kingdom's Hospital-based nurses had a formal understanding of health education which was specific to the needs of the clients and behavior changes clients needed to make in relation to their disease or health. These nurses had less of an understanding when it came to health promotion. They believed health promotion involved mass media campaigns for general health advice, but did not include a socio-political component. Piper concluded that nurses who participated in the study did not have an understanding

of health promotion. Other researchers, Liimatainen, Poskiparta, Sjögren, Kettunen & Karhila's (2001), found that student nurses in the United Kingdom understood the concepts of health promotion and health education, but were unable to apply the ideas in complex situations, such as hospital wards. Irvine (2005) and Clark and Maben's (1998) findings also indicated the inability of nurses in the United Kingdome to transfer theory into practice.

A study conducted by Irvine (2005) on district nurses found that nurses have an individualist ideology practice that focuses on disease and individual behavior changes, but not the socio-political health promotion role. Clark and Maben's (1998) findings indicated that student nurses, diplomats and nursing educators were unclear about the meanings of health education and health promotion. The study recognized that the inability of students to understand these terms was directly related to the limited knowledge and understanding of their nurse educators.

Other studies designed to look at nursing in regards to health promotion revealed similar findings to those conducted in the United Kingdom (Whitehead, Wang, Wang, Zhang, Sun & Xie, 2007; McBride & Moorwood, 1994; Whitehead, 2008; Irvine, 2005; Davis, 1995; McBride, 1994). A study conducted in England found hospital-based nurses who worked with a health promotion facilitator had an increased understanding of health promotion and reported more health promoting activities as compared to nurses working on a ward that did not have a health promotion facilitator (McBride & Moorwood, 1994).

Whitehead (2008) conducted an international Delphi study to define health education and health promotion. A purposive sample of 62 international nurses, who were

considered to be experts in health promotion and health education, were selected for the study. The study hypothesized that the nursing profession had been unable to incorporate health promotion into theory, practice, or policy because of the inability to agree on what constitutes health promotion activities. The findings of the study indicated that experts were in agreement in regards to the definition of health promotion and health education, but total agreement was elusive in regards to policy, practice, and theory. This study was the first time a group of nurses agreed on definitions for health promotion and health education.

Summary

This chapter addressed definitions of health, health promotion, and health promotion theories. The chapter also reviewed scientific literature regarding nursing and health promotion. This literature review identifies that within nursing literature there are different definitions of health and health promotion. There were varying definitions of health, but all of the definitions supported a common theme: health is multidimensional. Unlike the definitions of health, the definition of health promotion did not seem to have a common theme. Health promotion definitions focused on the health behaviors of the individual, the interaction of the individual with his/her environment, or a multidimensional aspect, which included individuals, groups, communities, and the social, political, and physical environment. Nursing textbooks used interpersonal, value expectancy, and approach oriented theories and models to explain health promotion, but did not include an ecological model.

Also identified in this literature review was the lack of understanding regarding health promotion among nursing students and nurses within the United Kingdom, which

has a national standardized curriculum that includes health promotion. In regards to health promotion and nurses in the United States, research articles examined nurses performing specific health behaviors. These research articles identified that not all nurses performed healthy personal behaviors, which led to a difficulty of nurses to be health promoters. One study identified in this literature review demonstrates an understanding of the terms health promotion and health education; however, this study was performed among nursing leaders.

The study identifies in the literature review that shows a universal agreement regarding the meaning of health promotion and health education remains unsupported. The majority of the literature reviewed identified different meanings of health promotion. Many of these meanings do not reflect the international ecological definition of health promotion. Most health promotion definitions presented in entry level nursing textbooks describe health promotion as the responsibility of individuals. This emphasis on individual responsibility creates an environment for victim blaming, and "ignores the social context in which personal decision making and health-related action takes place" (Minker, 1999, pp 126).

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Chapter 3: Research Methodology

The purpose of the study was to determine student nurses' perceptions of (1) the role of the nurse in health promotion, and (2) how the concept of health promotion is presented in nursing curricula. The study questions were: 1) Can nursing students explain the difference between health education and health promotion? 2) What have nursing students been exposed to within their curriculum regarding health promotion? 3) What health-promoting behaviors are nursing faculty role modeling, as perceived by their students? 4) What is the role of the nurse in implementing health promotion as perceived by nursing students? 5) How do nursing students define health? This chapter includes the methodology by which this study was conducted. It will include a description of the study design, the pilot study conducted, the participants, sample selection and data analysis.

Study Design

This study used, a descriptive research design with a survey developed by the researcher. Descriptive survey research is the appropriate format when the purpose of study is to elicit information concerning individuals' opinions (Baumgartner & Hensley, 2006).

Participants

To increase the probability of obtaining a sample that included nursing students from multiple areas of the United States, the researcher used a cross-sectional convenience sample. The sample included attendees of the 57th Annual National Student Nurse Association (NSNA) Convention which was held April 15-19, 2009 in Nashville, Tennessee. The NSNA is the pre-professional organization for nursing students and has more than 50,000 members (NSNA, n.d.) Membership to the NSNA is open to nursing

students in Associate Degree, Diploma, Baccalaureate, generic Masters and generic Doctoral programs which prepare students for registered nurse licensure, as well as registered nurse to baccalaureate completion programs. The NSNA annual convention has sessions for student delegates, who are the leaders of the individual student organizations to discuss and vote on organization policies, as well as education sessions. Historically, the annual convention has more than 3,000 participants who are a combination of students, faculty members and nurses. Since the researcher only had a booth in the activity center, it was decided that 500 surveys would be available for distribution to conference attendees.

Instrument

After reviewing the literature and finding that there was not an existing instrument available, the researcher under the guidance of Dr. Kim Miller, Dr. Richard Riggs and Dr. Melody Noland, who are all health promotion experts, developed a survey questionnaire. The survey questions were developed from definitions, identified from the literature, of health promotion, health, health education and community, or individual activities that exemplify health promotion.

The questionnaire consisted mostly of questions with forced-choice response sets. Items 1 through 10 were specific to the definition of health. Participants were asked to rate how strongly they agreed or disagreed to statements regarding health. Responses from these addressed the research question regarding how student nurses defined health.

Items 11 through 20 elicited information to address the research question about topics that were included in the nursing curriculum regarding health education and health promotion. Participants were asked to classify the concepts presented as specific to health

promotion, health education, both or neither.

Items 21 through 27 addressed how frequently health promotion concepts were presented within the nursing curriculum. Participants were asked to recall how frequently they were exposed in their classes, on a scale of never to four or more classes, to each health promotion concept.

Items 28 and 29 elicited information to address the research question on how nursing students explained the difference between health education and health promotion. Item 28 asked the participants if instructors within their nursing program identified a difference between health promotion and health education. Item 28a, a survey question asked the students who answered yes to 28 to briefly explain the difference. Item 29 asked the participants if they thought there was a difference between health promotion and health education. Item 29a asked the participants who answered yes to item 29 to briefly explain the difference. Item 30 asked the participants to identify health promotion and health behavior theories which had been presented to them within their nursing education. Item 31 and 32 asked the participants about how well their school and clinical environments support healthy behaviors.

Items 33 through 52 obtained information about the role of the nurse in regards to health promotion as perceived by the participants. Items 33 through 52 asked the participants to rate how often they witnessed nurses performing health promotion activities. Items 56 through 68 asked about how likely or unlikely the participants would perform specific health promotion activities upon graduation. Item 53 through 55 asked if the participants believed nurses should be involved with health promotion activities to individuals (53), families and friends (54), and communities (55).

Items 69 through 78 questions obtained information regarding nursing faculty role modeling health promoting behaviors. Participants were asked to rate how frequently they witnessed their nursing faculty performing specific health behaviors on a scale from always to never.

Items 78 through 81 elicited information regarding the individual's belief about who they believe is responsible for health, the individual, society or a combination of both. This section ascertained information for the research question regarding topics that are included in the nursing curriculum regarding health promotion.

Items 82 through 94 were designed to gather demographic data. This data included information about the participant's age, gender, ethnicity, type of nursing program, school name and location, and anticipated date of completion. Items 87, 88, and 92 through 94 were adopted from Hollingshead's Two Factor Index of Social Position in Miller and Salkind (1991 p. 462-469). School name was used only to identify each student's school, since a disproportionate representation of one school could directly affect the results of this study. The names of the schools were not used in any of the research reports. Item 95 requested input from the participants about the survey.

The questionnaire was reviewed by Dr. Kim Miller, Dr. Melody Noland and Dr. Richard Riggs, experts on health promotion and health education, and Dr. Ruth Staten, a nurse educator and an expert in health behavior. The experts also consulted with the researcher regarding content validity of the questionnaire and research design. Additional input was also elicited from Michelle Smith, the director of the statistical counseling center at Eastern Kentucky University, an expert on survey design.

Pilot Study

This survey was tested first in a pilot study. A convenience sample of 20 nursing students from Eastern Kentucky University who would not be attending the 57th NSNA conference were asked to complete the questionnaire. The purpose of the pilot study was to determine if the survey participants understood the content items of the questionnaire, to determine ease and length of time needed for administration of the questionnaire, and to identify if the data collected would answer the research questions. The pilot study participants required 15 to20 minutes to complete the survey. The only change made to the survey after the pilot study involved correcting a numbering error. After the pilot study changes were made the survey was finalized (see page 92).

Procedures

Research approval was obtained from the University of Kentucky Institutional Research Board, and from the NSNA (see page 88). Diane Mancino, executive director of the NSNA, gave permission to the researcher to place a table in the student activity center to distribute and collect the questionnaires from the participants of the 57th NSNA annual convention. The administrators of the conference made announcements to participants about the study during the general assembly meeting for all of the conference participants.

The researcher was onsite for the entire length of the conference for collection and distribution of the survey and to answer any questions regarding the study. Throughout the 57th NSNA Annual conference, the researcher was available at the designated table in the student activities center to introduce herself, ask for volunteers, explain the research, distribute the research packets, answer any questions and collect completed surveys. A

total of 500 surveys packets were brought to the conference and 479 were distributed to willing participants. Included in the survey packets were a cover letter (see page 90), the survey and a scantron answer sheet. The cover letter explained the purpose of the study and the importance of participating. It also explained that completing and returning the survey implies consent to participate. Participants were given the anonymous survey and asked to sit at the booth to complete it; however, if participants wished to take the survey to a different location to complete it, they were allowed to do so and instructed to return the survey before the conference was over. To enhance completion of the survey the researcher made available chairs, clip boards and pencils for participants to complete the survey. To draw student's attention to the table' the researcher had a sign that read, "Volunteers Needed for Research Study", and free give-a-ways such as stress balls, pencils, and candy. Give-a-ways were available to all conference participants regardless of their participation in the research study. Another incentive for participation was the chance for participants who completed the survey to enter their names in a drawing to win one of four $25 Visa gift cards, which were given away on the last day of the conference.

Participants were asked to place the completed survey back into the packet envelope and then place the envelope in a sealed collection box. At that time the researcher thanked the participants and handed them a piece of paper upon which they wrote their name and contact number for the drawing. All the names collected for the drawings were shredded and thrown into the general conference trash receptacle after the final drawing.

Data Analysis

The participants recorded most of their responses on numbered scantron answer sheets and wrote their qualitative responses directly on the corresponding numbered survey. The researcher brought the scantrons to the data operations center at the University of Kentucky for processing. The file was then transported into the statistical software SPSS 16.0. The statistical software SPSS 16.0 was used to run frequencies and percentages for each question, and appropriate means were calculated. Using percentages and means, the researcher made comparisons to determine if concepts of health education and health promotion differed between degree programs.

Two questions (items 28a and 29a) asked open-ended responses. These questions were treated as qualitative data. The qualitative descriptive study "offers a comprehensive summary of an event in everyday terms of those events" (Sandelowski, 2000 p.336). Thus, a qualitative descriptive study design allowed for the identification of survey response themes. This type of analysis is called content analysis and is the method of choice for qualitative descriptive studies (Sandelowski, 2000). The researcher used content analysis to identify themes. These themes are detailed in chapter 4. The qualitative data were also analyzed to identify if prominent concepts identified in the research literature were used by the participants. The prominent concepts came from the different health promotion definitions identified from the literature by the researcher (see table 3.1). The researcher counted how many times the identified concepts appeared within the qualitative data.

Table 3.1
Prominent concepts identified in health promotion definitions

Ignnatavicius & Workman (2006)	WHO (1986)	Green, L. and Kreuter (1990)	AJHP O'Donnell, (2009)	DeLaune and Ladner (1998)	Nutbeam (1997)	Pender (2006)	Joint Committee, 2001
Activities	Process	combination	Science and art	Process	Process	behavior	Combination
Person	Enabling	education	People		Enabling	motivated	Educational
Resources	People	environment	Change lifestyles	Individuals	People	Increase well-being	Political
Maintain	Increase control	actions	State of optimal health	Families	Communities		Environmental
Enhance well being	Improve health	Conditions of living	Lifestyle change	Communities	Increase control		Regulatory
Protection against illness			Combination	goal	Determinants of health		Organizational
			Learning experiences	Increase levels of wellness	Improve health		Support actions
			Enhances awareness				Conditions of living
			Increases motivation				Individuals
			Build skills Create				Groups communities
			environments				

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Chapter 4: Results

The purpose of the study was to determine student nurses' perception of (1) the role of the nurse in health promotion, and (2) how the concept of health promotion is presented in nursing curricula. The analysis of the data is presented in this chapter according to the following sections (1) description of participants, (2) presentation of the results, and (3) discussion of the results.

Description of Participants

There were a total of 3,185 attendees at the 57Tth Annual National Student Nurse Association (NSNA) Convention, with 2871 being student or non-student members and 314 being faculty advisors. The conference was held April 15-19, 2009 in Nashville, Tennessee. Four hundred and seventy nine surveys were handed out to conference attendees who visited the researcher's booth. A total of 227 surveys were returned resulting in a participation rate of 47%. All of the returned surveys were used in the data analysis. The sample consisted of 17 (7.9%) males and 197 (86.8%) females. Thirteen (5.7%) of the respondents did not indicate their gender. The majority (88%) of the sample consisted of student nurses who anticipated graduating on or before May 2010 (see table 4.1). The majority of the participants were either in a baccalaureate program (BSN) (59%, n= 134) or an associate program (ADN) (30.4%, n=69). Only 6 (2.6%) participants were in a diploma program, two participants (.9%) were in licensed practical nurse (LPN) to registered nurse (RN) programs, and two (.9%) were in graduate programs (1 in a master of science in nursing (MSN) and 1 in a doctoral program). Thirty-seven states and one hundred and sixteen schools were represented in the sample. The state that had the largest number of participants was Pennsylvania (n=25). The

largest group of students from the same school participating totaled 4.8% (n=11) of the population.

Table 4.1
Participants' anticipated date of program completion

Anticipated date of program completion	**Frequency**
April /May 2009	36.2 (n=79)
Jun-Aug 2009	9.2 (n=20)
Dec 2009	9.3 (n=21)
March-May 2010	31.7 (n=72)
Jun-Aug 2010	1.7 (n=4)
Dec 2010	7.5 (n=17
May 2011	1.8(n=4)
May 2012	0.4 (n=1)

The ages of the sample ranged from 19 to 57 years of age. Approximately half (51.1%, n=113) of the participants were under the age of 25, 18.1% (n=40) were between the ages of 26 and 30, 20.8% (n=46) were between the ages of 31and 40 and 10% (n=22) were older than 41 years of age. The overwhelming majority were Caucasian (87.9%), with the remainder being African American (5.1%), Asian (2.3%), Hispanic (2.3%) and other (2.3%). Thirty-six (n=98) percent of the participants reported that their mother had completed a college degree and 36% (n=117) had a father who completed a college degree.

Presentation of the Results

The first research question was: Can nursing students explain the difference between health education and health promotion? Almost two-thirds (63.5%) said there is a difference between health promotion and health education (see table 4.2). When asked if nursing instructors identified a difference between health promotion and health education about half said "yes" (51.2%) (see table 4.3).

Table 4.2
Do you think there is a difference between health promotion and health education?
(N = 208)

	Frequency	Percent
Yes	132	63.5
No	41	19.7
Not sure	35	16.8

Table 4.3
Did nursing instructors identify a difference between health promotion and health education?
(N = 213)

	Frequency	Percent
Yes	109	51.2
No	49	23
Do not remember	55	25.8

The researcher used a cross tab analysis to identify how the students from the different nursing programs responded to question 28: "Within your nursing program did your instructors identify a difference between health promotion and health education?" Due to the limited number of participants in LPN-RN and graduate programs this

analysis was restricted to ADN and BSN participants. Upon examining the frequency data, percentages reveled BSN students (52.7%, n=69) responded more often than ADN students (48.5%, n=33) that there is a difference between health promotion and health education; however there was not a statistically significant difference (p<.857) (see table 4.4).

Table 4.4
Number ADN and BSN students who had instructors that identified a difference between health promotion and health education

	Yes	No	Do not remember
Associate Degree Nursing	33	17	18
Baccalaureate	69	30	32

Note. There was no statistical difference in the percentage of the participants responding "yes" (p<.857)

Participants were asked to briefly explain in their own words the difference between health promotion and health education. Initial and subsequent reading of the open-ended question responses identified eleven themes (see table 4.5). The themes were:

- Health promotion teaches about health and health education teaches about disease and illness.
- Health promotion and health education are similar.
- Health promotion is motivation for health behaviors to occur and health education is educating.
- Health promotion provides the means to change while health education is educating.
- Health promotion encourages good health and health education advocates all aspects of health, good and bad.
- Health promotion involves taking action- doing a healthy behavior and health education is communication and learning.

- Health promotion is information, technology and advertising and health education is teaching.
- Health promotion is broad and health education is specific to individuals.
- Health education is a part of health promotion; health promotion is more than just educating.
- Health promotion empowers communities about health issues and health education is teaching.
- There is a difference between the two, but I can't explain it.

Table 4.5
Qualitative data themes identified regarding the difference between health promotion and health education (n=97)

Theme	**Count**
Health promotion teaches about health and health education teaches about disease and illness.	16
Health promotion is empowering communities about issues and health education is teaching	6
Health promotion and health education are similar	12
Health promotion is motivation of health behaviors and health education is education	9
Health promotion provides the means to change while health education is education	5
Health promotion encourages good health and health education educates all aspects of health, good and bad	7
Health promotion involves taking action towards a healthy behavior and health education is communication and learning	15
Health promotion is technology, information and advertizing, and health education is teaching	4
Health promotion is broad and health education is specific to individuals	13
Health education is a part of health promotion; health promotion is more than just education.	7
There is a difference between the two, but I can't explain	3

The two most common occurring themes identified from the surveys were: Health promotion teaches about health and health education teaches care of illness and disease (n=16) and health promotion involves taking action towards a healthy behavior and health education is communication and learning (n=15) . Examples of the theme that health promotion teaches about health and health education teaches care of illness and disease were:

- "HP[health promotion] =teaching that helps the prevention of disease and promotion of wellness. HE [health education]=teaching a client that currently has a problem".
- "Promotion is like prevention. Education is like usually after pt. [patient] has a problem".

Examples of the theme that health promotion involves taking action towards a healthy behavior and health education is communication and learning are:

- "Health promotion is providing things needed to change your own life. Health education is teaching the pt. what to do and how to do it."
- " Education is info only. Promotion provides proper interventions to achieve goals."

The second research question was: "What have nursing students been exposed to within their curriculum regarding health promotion?" To answer this question the researcher reviewed the qualitative data collected for questions 28a and 29a. Question 28 asked if their nursing instructors identified a difference between health promotion and health education and question 28a asked those who responded "yes" to describe the difference. Question 29 asked if the participants thought there was a difference between health promotion and health education and question 29a asked those who responded

"yes" to briefly explain the difference. Prior to reviewing the qualitative data, the researcher reviewed the current literature for definitions of health promotion and health education.

The researcher identified twenty- four key terms in eight health promotion definitions reviewed. After identifying these definitions the researcher read the qualitative data and counted how many times those key terms were used by the participants to define health promotion. The researcher first reviewed the qualitative data collected for question 28a and recorded the number of times each of the key terms was used by the participants. The findings are presented in table 4.6 under the column called "presented by instructors." Then the researcher reviewed the qualitative data for question 29a. The researcher recorded the number of times each of the key terms was used by the participants and these findings are presented under the column called "believed difference." Only fifteen of the twenty-four concepts were identified in the participants' responses. The two health promotion concepts identified the most were "communities/groups" and "improves health."

Table 4.6
Number of times health promotion concepts were identified in participants' qualitative explanations

Concept	Presented by instructors	Believed difference
Combination of supports	0	1
Education/ Learning experiences	3	6
Political	3	1
Environmental/conditions	2	3
Supports	1	1
Actions/means to change	6	9
Individuals/person's	5	4
Communities/groups/people/families	11	19
Enabling/empowering	1	1
Increase control/power	1	1
Improve health/promote health/increase wellness	10	0
Change lifestyles	1	5
Optimal health	1	2
Maintain health	2	3
Protect against disease	8	8
Behavior/engage	3	3
Motivates/motivation/encouragement	9	11
Resources	0	0
Regulatory	0	0

Tables 4.6 (continued)
Number of times health promotion concepts were identified in participants' qualitative explanations recalled by the participants

Concept	Presented by instructors	Believed difference
Organizational	0	0
Enhances awareness	0	0
Goal	0	0
Determinants of health	0	0
Science and art	0	0
Process	0	0
Build skills	0	0

The researcher identified seven concepts in the WHO's (1998) definition of health education. The researcher then read the qualitative data and counted how many times these key terms were used by the participants to define health education. The researcher first reviewed the qualitative data collected for question 28a and recorded the number of times each of the key terms was used by the participants. The findings are presented in Table 4.7 under the column called "presented by instructors". Then the researcher reviewed the qualitative data for question 29a. The researcher recorded the number of times each of the key terms was used by the participants and these findings are presented under the column called "believed difference." Six of the seven concepts were identified from the data. The concept that was identified most frequently as being presented by instructors was "communication/teaching/educates." The concept of improving health literacy was not identified at all.

Table 4.7
Number of times health education concepts were identified in participants' qualitative explanations.

Concept	Presented by instructors	Believed difference
Learning opportunities	1	0
Communication/teaching/educates	43	36
Improve health literacy	0	0
Improve knowledge/enlighten	5	8
Develop life skills	1	3
Individual/patient	13	17
Community/groups	4	4

Participants were asked to recall how often educators in their nursing courses presented health promotion, health education and specific concepts of either health promotion or health education. Only 2.7% (n=225) of the participants said the definition of health promotion was never presented to them in any nursing classes and 6.2% (n=225) did not recall the definition of health education being presented. When the researcher reviewed the five concepts of health promotion about 90% of these concepts were presented at least once. The concept that "health promotion empowers communities to gain control over factors affecting quality of life within the community" was never presented to 10.2% (n=225) of the participants. The concept that was identified to be the least presented by the participants' instructors was "health promotion is involved with influencing economic conditions which affect health" (12.5%, n=224) (see table 4.8).

Table 4.8
Frequency of concept presentation in nursing courses (n=224-225)

Concept	0	1	2	3	4+
Definition of Health Promotion (HP) (n=225)	2.7%	20.9	21.3%	16.9%	38.2%
Definition of Health Education (n=225)	6.2%	20%	17.8%	13.8%	42.2%
HP empowers communities to gain control over factors affecting quality of life within the community(n=225)	10.2%	27.1%	21.3%	21.3%	20%
HP is involved with influencing economic conditions which affect health(n=224)	12.5%	27.2%	23.2%	15.6%	21.4%
HP is involved with influencing the physical environment which affects health. (n=225)	9.3%	28.4%	27.6%	15.1%	19.6%
HP is involved with making/changing policies which affect health. (n=225)	11.1%	29.3%	23.6%	15.6%	20.4%
HP is involved with influencing social conditions which affect health(n=225)	8.9%	25.3%	24%	16.4%	25.3%

The participants were also asked to identify health behavior theories that were presented to them within their nursing education. The most common health behavior theory reported was the Social Cognitive Theory (Bandura, 1986) (73.4%, n=203), followed closely by the Health Promotion Theory (Pender, Murdaugh, & Parsons, 2006) (72.4%, n=203). The Health Belief Model (Hochbaum, 1958) was identified by 65.5% (n=203) of participants, while the Transtheoretical Model/Stages (Prochaska & Velicer 1997) of changes was reported by 39.9% (n=203) of the participants and the Theory of Reasoned Action and Theory of Planned Behavior (Fishbein & Azjen, 1975) was reported by 23.6% (n=203) (see table 4.9).

Table 4.9
Health behavior theories presented in nursing courses in percentages (N= 203)

Theory	Frequency
Health Belief Model	65.5(n=133)
Transtheoretical Model/Stages of Change	39.9(n=81)
Social Cognitive theory	73.4(n=149)
Theory of Reasoned Action and Theory of Planned Behavior	23.6(n=48)
Health Promotion Model	72.4(n=147)

The third research question was; "What health promoting behaviors are nursing faculty role modeling as perceived by their students?" Participants were asked to rate their perception of how often their nursing instructors performed specific health-promoting behaviors. The responses of never and rarely were grouped and reported as "did not perform." The responses of sometimes, very often and always were grouped and reported as "performed." The health promoting behaviors included individual behaviors, such as non-smoking, maintaining ideal body weight, engaging in regular physical activity, managing stress, eating healthy foods, exhibiting characteristics of good mental health and engaging in healthy social interactions at work. Also included in this section was involvement in community activities, such as local, state or national public policy change, the development of healthy environments and influencing the economy to influence health.

The results indicate nursing faculty are not always role modeling healthy behaviors, as perceived by their nursing students. While nursing faculty are performing a lot of the health behaviors most of the time, some are still smoking (16.5%, n=224), and not maintaining ideal body weight (25.9%, n=224). Only 44.4% (n=225) eat healthy foods, and only 26.7% (n=225) engage in regular physical activity (see Table 4.10). The

researcher clustered the individual behaviors, such as non-smoking, managing stress, maintaining ideal body weight, engaging in regular physical activity, exhibiting characteristics of good mental health, and having healthy social interactions at work, and then clustered the community activities of being involved in local, state or national public health policy change, developing healthy environments and influencing the economy to influence health. The individual activities were performed more frequently (52.2%, n=225) by nursing instructors than the community activities (32.5%, n=225).

Table 4.10
Perception of whether nursing instructors performed specific behaviors (in percentages)(N=224-225)

Health behavior	Performed	Did not perform
Non-smoking (n=224)	83.5	16.5
Maintain Ideal Body weight (n=224)	74.1	25.9
Engage in regular physical Activity (n=225)	26.7	73.3
Manage stress (n=224)	47.1	52.9
Have healthy social interactions at work (n=225)	67.6	32.4
Exhibit characteristics of good mental health (n=225)	71.1	28.9
Eat healthy Foods (n=225)	44.4	55.6
Be involved in local, state or national public health policy change (n=225)	36.9	63.1
Be involved in developing healthy environments (n=224)	37.9	62.1
Be involved in influencing the economy to influence health (n=224)	77.2	22.8

The fourth research question asked was; "What is the role of the nurse in implementing health promotion as perceived by nursing students?" Participants were asked to rank how likely it is they will perform specific activities once they become a nurse. The responses of very unlikely, unlikely and neutral were grouped and reported as "will not perform." The responses of likely and very likely were grouped and reported as "will perform." The specific activities included client specific activities, such as offering smoking cessation education, teaching child safety, and assessing clients' physical activity levels, nutritional intake, seat belt usage, and high risk behaviors, and talking to clients about nutritional and physical recommendations. Also included in this section was involvement in community activities. Community activities included: supporting a non-smoking policy at their place of employment; supporting non-smoking laws that ban smoking from public places; supporting non-smoking laws that ban smoking in areas involving children, including person's cars and homes; supporting changes for healthier selections in cafeterias/vending machines in their place of employment and at local schools; and building physical environments which promote a sense of emotional wellbeing at their place of employment. The participants were also asked if they believed nurses should routinely talk to their clients about health and lifestyles; extend health promotion activities and provide education regarding health and healthy lifestyles to their client's family members and friends; and be involved in evaluating their communities for factors affecting health.

The results identified that the majority of participants would perform activities for individuals, such as talking to clients about nutritional recommendations (61.5%, n=226), offering child safety classes to family members of clients (63.7%, n=226), and talking to

clients about recommendations for physical activities (58.7%, n=225). About three-fourths (75.7%, n=226) of the participants would support a smoking ban at their place of employment but that number decreased when asked about supporting a smoking law banning smoking in public places (62.4%, n=226) and areas involving children, such as a person's home and private vehicle (54.4%, n=226). The participants were least likely to perform the following activities: assisting communities in developing healthy environments (29.2%,n=226), assessing a clients seat belt use (36.7%, n=226) and being involved in passing state laws affecting health (23.9%, n=225) (See table 4.11).

Table 4.11
Will student nurses complete specific health promotion activities upon completion of their nursing program? (in percentages) (n=225-226)

Health Promotion Activity	Will perform	Will not perform
Support a non-smoking policy for your place of employment.(n=226)	75.7	24.3
Support non-smoking law banning smoking in public places.(n=226)	62.4	37.6
Support non-smoking law banning smoking areas involving children, including a person's home and private vehicle.(n=226)	54.4	45.6
Offer smoking cessation education to a client without a doctor's order.(n=226)	53.1	46.9
Offer child safety education to family members of clients.(n=226)	63.7	36.3
Assess a client's physical activity level. (n=226)	67.3	32.7
Assess a client's nutritional intake. (n=226)	69.0	31.0
Assess a client's seat belt use. (n=226)	36.7	63.3
Assess the client for high risk behaviors, such as illicit drug use, unsafe sex. (n=226)	62.8	37.2
Talk to clients about recommendations for nutritional requirements. (n=226)	61.5	38.5
Talk to clients about recommendations for physical activities.	58.7	41.3
Be involved in passing state laws affecting health. (n=225)	23.9	76.1
Be involved with assisting your community in developing healthy environments- playgrounds, bike lanes. (n=226)	29.2	70.8
Support changes for healthier selections in cafeteria/vending machines where you work. (n=225)	38.7	61.3
Support changes for healthier selections in cafeteria/vending machines in the local schools. (n=225)	45.8	54.2
Support the building of physical environments which promote a sense of emotional wellbeing at your place of employment, for example chapels, meditation areas, gardens. (n=226)	35.0	65.0
Make specific recommendations for changing unhealthy lifestyle behaviors for clients.(n=226)	48.2	51.5

The vast majority of participants (97.2% n=217) believed that nurses should routinely talk to their clients about health and lifestyles. The numbers decreased when asked if they believed nurses should extend health promotion activities to their clients' families and friends (77.5%, n=218) and when asked if they believed nurses should be involved in evaluating their communities for factors affecting health (82.1%, n= 218) (see table 4.12). The researcher performed cross-tab analysis to see if the participants who answered "yes" to the previously mentioned questions also answered "yes" to a specific health promotion activity.

Table 4.12
Percentage of students who believe nurses should perform specific activities.

Question	Yes	No	Not Sure
Routinely talk to clients about health and lifestyle (n=217)	97.2	0.5	2.3
Extend health promotion to client's family and friends (n=218)	77.5	6.4	16.1
Be involved in evaluating communities for factors which affect health (n=218)	82.1	2.3	15.6

Of those participants who said "yes" nurses should routinely talk to their clients about health and lifestyles, more than one-fourth (37%, n=217, p<.252) would not assess the client for high risk behaviors, such as illicit drug use and unsafe sex and more than half (52.1%, n=217, p<.545) would not make specific recommendations for changing unhealthy lifestyle behaviors for clients (see table 4.13). While these results may not have statistical significance, they do have practical significance in regards to the actual number of clients receiving education and assessment regarding unhealthy behaviors. Even though the student nurses identified that nurses should routinely talk to their clients about health and lifestyle, they do not see themselves performing these activities.

Table 4.13
The probability of students who said "yes" they believe nurse should talk to clients about health and lifestyle identifying themselves as performing specific activities (n=217)

Question	Percentage	Count	Chi-square	df	Sig.(p<)
Assess individual high risk behavior	37.0	133	2.756	2	P<.252
Make specific recommendations for changing unhealthy lifestyle behaviors	52.1	101	1.213	2	P<.545

*p<.05

Of those participants that said nurses should extend their health promotion activities and provide education regarding health and healthy lifestyles to their client's family members, one-third (33.1%, n=218, p<.097) would not offer child safety education to family members of clients (see table 4.14). This finding has practical significance, since nursing students believed that nurses should extend health promotion activities to family and friends, but they did not see themselves doing this behavior once they are in practice.

Table 4.14
The probability of students who said "yes" they believe nurse should extend health promotion to family and friends identifying themselves as performing specific activities (n=218).

Question	Percentage	Count	Chi-square	df	Sig. (p<)
Offer child safety education	66.9	113	4.667	2	P<.097

*p<.05

One area that had the statistical significance was among the participants who said they believed that nurses should support healthy environments. Less than one-third (27.4%, n=218, p<.006) would be involved in passing state laws affecting health, only 34.1% (n=218, p<.001) would assist their communities in developing healthier environments and a little less than half (49.5%, n=217, p<.04) would support changes for healthier selections in school cafeteria and vending machines. The one question that did not have statistical significance showed a little more than one-third (35.8%, n=218,

p<.285) of the students indicating they would be involved in supporting the building of physical environments that promote a sense of wellbeing at their place of employment, for example chapels, meditation areas, or gardens (see table 4.15). These findings reinforce the result that students are more likely to be involved in promoting the health of individuals rather than communities and groups.

Table 4.15
The probability of students who said "yes" they believe nurse should extend health promotion to family and friends identifying themselves as performing specific activities(n=218).

Question	Percentage	Count	Chi-square	df	Sig. (p<)
Passing state laws (n=218)	27.4	49	10.126	2	*p<.006
Assist communities develop healthy environments- playgrounds, bike lanes (n=218)	34.1	61	13.637	2	*p<.001
Support building of physical environments which promote emotional wellbeing (n=218)	35.8	64	2.508	2	p<.285
Support changes for healthier selections in school cafeterias and vending machines(n=217)	49.4	88	6.460	2	*p<.04

*p<.05

The literature review identified that there is an accreditation organization, the ACCN (2008) for baccalaureate nursing programs which has a health promotion essential. This essential includes an education outcomes that requires nursing programs to prepare students to provide input regarding the development of policies to promote health, provide health teaching and health counseling, identify environmental factors that affect current or future health problems, and assess protective and predictive factors which influence the health of individuals, groups, and communities (AACN, 2008). In comparing ADN students to BSN students, the researcher identified that ADN students were more likely to perform specific health promotion activities (see table 4.16). More than half of the ADN students (58%, n=69) compared to only 42.5% (n=134) of the BSN

students' reported that they would make specific recommendations to clients in regards to changing unhealthy lifestyle behavior (p<.037). ADN students (48.5%, n=69) were also more likely to support changes for healthier selections in cafeteria/vending machines at local schools than BSN students (33.6, n=134, p<.039). These statistically significant findings do not reflect the inclusion of health promotion expectations at the baccalaureate level; instead there is an indication that health promotion in relation to communities and groups is lacking within nursing education.

Table 4.16
ADN vs BSN nursing students likelihood to perform specific behaviors

Question	ADN (n=69)	BSN (n=134)	Chi-Square	df	Sig p<
Make specific recommendations for changing unhealthy lifestyle behaviors for clients	58	42.5	4.348	1	*p<.037
Be involved in passing state laws affecting health.	24.6	23.1	.057	1	p< .811
Assessing clients for high risk behaviors	73.9	56.7	5.751	1	*p<.016
Be involved in assisting their community in developing healthy environments.	37.7	23.9	4.251	1	*p<.039
Support changes for healthier selections in cafeteria/vending at work	48.5	33.6	4.252	1	*p<.039

*p<.05

In relation to the participants' responses about witnessing nurses performing specific health promotion activities, the responses of never and rarely were grouped and reported as "did not perform." The responses of sometimes, very often and always were grouped and reported as "performed." The results indicate that the only activity performed by the nurse and identified by the majority of participants (85.7%, n=225) was the initiation of health education by nurses to clients without a physician's order. The other specified health promotion activities were only observed by a small number of participants. Only 11.1% (n=225) of the participants witnessed nurses assessing client's preventative health

care behaviors, and even fewer witnessed nurses being involved with health policy changes at their place of employment (2.7%, n=224) and within the community (2.2%, n=224). Only 5.3% (n=226) of the participants responded that they witnessed nurses role modeling healthy behaviors (see table 4.17).

Table 4.17
Student nurses witnessing nurses performing specific health promotion activities (n=224-226)

Health promotion activity	Performed	Did not Perform
Involved in health policy change at their place of employment (n=224)	2.7	97.3
Implement health policy changes within the community in which they work (n=224)	2.2	97.8
Initiate health education to clients without a physicians order (n=224)	85.7	14.3
Assess client's preventive health care behaviors (n=225)	11.1	88.9
Examine the client's immediate environment for factors which would adversely affect his/her health (n=225)	14.2	85.8
Assess the community in which they live for factors which affect health (n=224)	4.5	95.5
Increase their client's awareness on environmental factors which would affect his/her health (n=226)	10.6	89.4
Role model healthy behavior (n=226)	5.3	94.7
Assess client's health behaviors (n=226)	15.9	84.1

The fifth research question was: "How do nursing students define health?" The participants were asked how strongly they agreed or disagreed with specific statements about health. The responses of strongly disagree, disagree and neutral were grouped and reported as "disagree." The responses of agree and strongly agree were grouped and reported as "agree." The overwhelming majority (97.3%, n=225) of the participants agreed that health is a state of physical, social and mental well being; however they were

a little less likely to define health as a resource for everyday living (85.8%, n=225). Participants also recognized health as a positive concept emphasizing social and personal resources (78.7%, n=225). Most agreed that individuals are responsible for their health (83.6%, n=225) and that the social environment affects an individual's health behaviors (96.9%, n=225) (See table 4.18). When the participants were asked if the current health of an individual is directly related to his or her personal choices, the community in which they live, or both the community and personal choices, the majority (89.9%, n=225) of the participants responded that the current health of an individual is a combination of community and personal choices (See table 4.19). When personal choices and community were separated into individual questions, more participants agreed that health is directly related to personal choices (84%, n=225) than the community in which an individual lives (78.2%, n=225).

Table 4.18
How participants defined health (n=223-226)

Statements regarding the definition of health	Agree	Disagree
Health is the absence of disease/illness (n=225)	58.7	41.3
Health is a state of physical, mental and emotional well being (n=225)	97.3	2.7
Health is a resource for everyday living (n=225)	85.8	14.2
Health is a positive concept emphasizing social and personal resources (n=225)	78.7	21.3
As long as an individual is without physical disease or illness he/she has health (n=223)	14.1	83.9
Individuals are responsible for their health (n=225)	83.6	16.4
Social environments affect an individual's health behaviors (n=224)	96.9	3.1
Health is a process through which a person seeks equilibrium that promotes stability and comfort (n=225)	81.3	18.7
Only individuals without disease of illness have health (n=226)	7.1	92.9
Health is the striving towards optimal functioning (n=225)	88.9	11.1

Table 4.19
Relationship of the current health of an individual (n=225)

	Agree	disagree
His or her personal choices	84.0	16.0
The community in which he/she lives	78.2	21.8
Both the community and his/her personal choices	89.9	11.1

Discussion of Results

The researcher collected data from 227 student nurses who attended the 57th Annual National Student Nurse Association convention, which was held April 15-19, 2009 in Nashville Tennessee. The sample for this study was not similar demographically to the national student nurse population as presented by National League for Nursing (NLN)(2007). The participants of this study, who identified their gender, were

predominately females (86.8%, n=214), were similar (p<.08) to national characteristics of student nurses who graduate from basic nursing programs in which most are female (88%, n=94,947). This study did not comprise (p<.0001) the same proportion of minorities (16.7% n=215) when compared to the national characteristics of student nurses who graduated from basic nursing programs in 2007 (23.6%, n=94,947). This study had a representation of African-Americans (5.1%), Asians (2.3%), Hispanics (2.3%) and other ethnicities (2.3%). The minority race-ethnicity of student nurses completing their basic nursing program in 2007 consisted of 10.5% African American, 6.3 % Hispanic 5.1% Asian, 0.9% American Indian and 3.7% identified other as a race-ethnicities. This study had representation from all of the minority populations identified nationally except American Indian.

The participants of this study ranged in age from 19 to 57 years of age (n=221). Approximately half (51.1%) of the participants were under the age of 25, 18.1% were between the ages of 26 and 30, 20.8% were between the ages of 31and 40 and 10% were older than 41 years of age. Nationally in 2007 (n=94,947), 32% of student nurses were under the age of 25, 25% were between the ages of 26 and 30, 26% were between the ages of 31 and 40, and 16% were age 41 and over (NLN, 2007). Statistically the studies sample was not similar to the national population in regards to age (p <.00001).

There were only 116 nursing programs of the 1,626 basic nursing programs in the United States represented in this study (NLN, 2007). Nationally, nursing students are enrolled in BSN (42%), ADN (54%), and diploma (4%) programs. This study included more BSN students (59%, n=227) and less diploma students (2.6%, n=227) than the national student nurse population than the national student nurse population. Statistically

the studies sample was not similar to the national population ($p<.02$) in regards to nursing programs.

The first research question asked was: "Can nursing students explain the difference between health education and health promotion?" This is an important question for nursing programs because of the requirement to meet national objectives. *Healthy People 2010* has a specific objective for schools of medicine, nursing and other health professionals to include core competencies in health promotion and disease prevention. For nursing programs to meet this objective, they need to have a health promotion definition that is better aligned with the leaders of health promotion, such as WHO, *American Journal of Health Promotion*, and Green and Kreuter.

From the results of this study and the literature review it is clear that there is a lack of a universal understanding of health promotion within nursing; however, the nursing profession does recognize the need for a socio-ecological approach to improve health of individuals. This approach is evident in the writings of Florence Nightingale (1859), *Notes on Nursing,* ANA scopes and standards (1995) and the ACCN essentials for baccalaureate programs (2008). While the socio-ecological approach to health promotion is within nursing and nursing education, there is a narrow individualistic approach to health promotion also. This is evident in the test plan for the NCLEX-RN exam. The NCLEX-RN health promotion category limits nurse's knowledge in regards to the individualistic approach of health promotion, providing education to clients throughout the lifespan, including prevention and/or early detection of health problems and strategies, which will help clients and their family/significant others to achieve optimal health. Due to the different definitions regarding health promotion, including social-

ecological vs. individual approaches, it was not surprising that one-third (36.5%, n=208) of the participants were not sure, or did not think, that there was a difference between health promotion and health education. Also, only half of the students recalled their instructors identifying a difference between health promotion and health education. If instructors are not identifying a difference between health promotion and health education, then students will not only be unable to state the difference between health promotion and health education, but also will be unable to incorporate the many activities of health promotion. This study also identified that there was no statistical difference between ADN and BSN programs when it came to instructors identifying a difference between health promotion and health education. One would have expected BSN programs, which have an accrediting body that has an essential regarding health promotion based on a socio-ecological approach, to have discussed the difference between health promotion and health education with their students. Since there was no difference identified it may indicate that within nursing curriculum there is not a strong socio-ecological understanding of health promotion but instead confusion. This confusion rises when nurses believe that providing health education about ways individuals can improve their health means the same thing as health promotion.

Not only was the lack of understanding regarding health promotion evident in the quantitative data, it was evident in the qualitative data as well. Of the participants who remember learning there are differences, and the ones who believed that there are differences, qualitative responses revealed eleven different themes regarding health promotion and health education. The finding of eleven themes reinforced the understanding that there is not a universal definition of health promotion. It was evident

from the literature review and the findings of this study that there was no universal understanding of health promotion and health education, or the differences between the two, within nursing education. Some of the themes in the study were more reflective of health promotion definitions used within nursing texts, most notably the one written by Dr. Nola Pender and the NCLEX-RN test plan.

Dr. Pender (Pender, Murdaugh, & Parsons, 2006) defined health promotion as, "behavior motivated by the desire to increase well-being and actualize human health potential" (p. 7). This definition is not consistent with the major organizations' definitions of health promotion, which approach health promotion from a broader perspective then just motivating an individual. The WHO (1986) defined health promotion as, "the process of enabling people to increase control over and to improve their health." Green and Kreuter (1990) defined health promotion as, "the combination of educational and environmental supports for actions and conditions of living conducive to health" (p. 313). *The American Journal of Health Promotion* defined health promotion as the "science and art of helping people change their lifestyle to move toward a state of optimal health, which is a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experience that enhances awareness, increases motivation and build skills and most importantly through creating supportive environments that provide opportunities for positive health practices" (O'Donnell, 2009). Nutbeam (1997) defined health promotion as a process of enabling people and communities to increase control over the determinants of health, and thereby improve their health.

If the nursing profession is serious about working with other healthcare professionals as leaders of health promotion, nursing schools need to examine the curriculum used presently, including textbooks, and incorporate definitions that are aligned with those used by the major health organizations cited above. Not only does nursing curriculum need to change, but so does the NCLEX-RN test plan in regards to health promotion. The test plan needs to include concepts from the socio-ecological aspect of health promotion, and not limit health promotion to specific health education topics.

The second research question was: What have nursing students been exposed to within their curriculum regarding health promotion? At least 93% (n=225) of the participants reported having health promotion and health education defined within their nursing courses at least once. Approximately 90% (n=225) of them reported hearing that health promotion includes concepts such as influencing physical environments, economic conditions, and making/changing policies and social conditions that affect health. However, when asked to explain the difference or give a definition of either term, key concepts relating to health promotion and health education were not mentioned. Only 15 of the 24 concepts that were identified by the researcher from the health promotion literature (see table 3.1) were mentioned by the participants. Concepts that relate to social, economic or policy conditions were either not mentioned or mentioned rarely in the participants' definitions. This means that student nurses may have heard that health promotion includes concepts such as involvement of physical environments, economic conditions, and making/changing policies and social conditions, but these were not considered as important as individual lifestyle changes made to promote health.

Health education concepts identified by the student nurses in the qualitative data revealed that nursing students saw health education as imparting information, but not involving the development of skills or implementation of the information. Nursing students viewed health education as teaching individuals through dissemination of information without instruction for skill development. An example of this would be giving clients a handout listing physical activities, but not working with clients to discover the physical activity that works best for them, which would be based on age, gender, geographic location, financial resources and preferences, and then teaching the client how to do the activity. The giving of information without attention to the development of skills may be occurring because of constraints encountered in the practice setting, such as lack of time for this type of activity and insufficient resources to implement the development of skills. It could also be occurring because nurses do not realize that health education also involves skill development, which is more effective in changing health behavior than information giving alone (Cottrell, Girvan & McKenzie, 2002).

The development of skills to change health behaviors has been explained through health behavior theories (Glanz, Rimer & Lewis, 2002). Student nurses are learning about health behavior; however, it is evident from this research that while the students are able to recognize the theories, they are not utilizing them in practice. It seems to be that the Health Promotion Model (Pender, Murdaugh, & Parsons, 2006), which is a model of individual health behavior, meaning that health promotion is geared towards the individual as opposed to the community, environment or policy, was more prevalent in

their concepts. This again is probably directly related to the fact that the majority of nurses work in practice settings that deal mostly with individuals, not groups.

Nursing programs need to review their curricula for a number of reasons. One reason is that nurses are labeling themselves as health promoters when they are not really performing health promotion. Nurses are also not really engaging in effective health education if they are not teaching skills. This suggests that perhaps the nursing profession needs to reexamine the role of the nurse in regards to health promotion and health education. It may be unrealistic for the nursing profession to expect nurses to be health promoters and health educators since these are distinct fields of practice that require specific training. If nurses want to work with the leaders of health promotion, the current curricula needs to be revised to allow students the opportunity to become involved with health promotion from the context of the social environment and to work with professionally trained health promoters and/or educators. Students need to have opportunities to collaborate with these specialists for them to believe that nurses have a role in assisting with the development of policies, laws, regulations and environmental changes that can improve the health of individuals, groups and communities.

The third research question was: What health promoting behaviors are nursing faculty role-modeling as perceived by their students? Denehy (2003) stated that in order for nurses to be credible role models or health promoters, they need to be active participants in healthy behaviors. The results of this study indicated that nursing faculty are not always serving as credible role-models to student nurses. This study asked the students about their perceptions of nursing instructors performing specific behaviors that promote their own health as well as improve the health of the community. Since many

nursing programs are designed with students spending multiple hours with nursing faculty in clinical settings, these students often have the opportunity to observe, or at least hear about, faculty member's health activities; thus, the perception of these students may accurately reflect the health promoting behaviors of their nursing instructors. While many of the nursing instructors are performing healthy individual behaviors, there is room for improvement. According to the nursing students, some nursing instructors were failing to act as role-models for individual health behaviors by smoking, rarely engaging in physical activity and failing maintaining ideal body weight. This study identified that 16% of nursing instructors were smoking; while this statistic is less than the national smoking statistic of 21% (CDC, 2008), there is still room for progress toward a healthier lifestyle.

Nursing instructors were less likely to promote the health of the community than to engage in healthy individual behaviors, as perceived by the nursing students. The researcher clustered the individual behaviors such as non-smoking, managing stress, maintaining ideal body weight, engaging in regular physical activity, exhibiting characteristics of good mental health and having healthy social interactions at work, and then clustered the community activities of being involved in local, state or national public health policy change, developing healthy environments and influencing the economy to influence health. The individual activities were performed more frequently (52.2%) by nursing instructors than the community activities (32.5%).

A little more than one third of the nursing instructors were observed by student nurses being involved in local, state or national public health policy changes (36.9%, n=225) and 37.9% (n=224) were observed being involved in developing healthy

environments. Majority of the nursing instructors (77.2%, n=224) were observed being involved in influencing the economy to influence health. It is evident from this research that not only do nursing instructors need to improve in regards to their individual health behaviors, but also their involvement in activities that promote health for the community. Nursing faculty because of their chosen profession are influential and their actions could have an impact on their students. If nurse educators expect their students to be active in health promotion from an individual, as well as a community perspective, they need to act as role-models.

The fourth research question asked was: "What is the role of the nurse in implementing health promotion as perceived by nursing students?" To answer this question, the researcher asked questions about what students believed nurses should do, as well as what students observed nurses doing and asked specific questions about what behaviors they will perform once they become nurses. The majority of the participants believed that nurses had a role implementing health promotion for individuals, groups and communities. The vast majority (92.7%, n=217) believed that nurses should routinely talk to their clients about health and lifestyles, 77.5% (n=218) believed nurses should extend health promotion activities to their clients' families and friends and 82.1% (n=218) believed nurses should be involved in evaluating their communities for factors affecting health. To the researcher, this indicates that student nurses hold a belief that nurses have a role in health promotion and that it extends beyond assisting an individual to make lifestyle changes. Also clear from this research, was that student nurses do not see themselves performing nor do they have nursing instructors as role-models who are performing health promotion activities that extend beyond the individual.

Of those participants who said "yes" nurses should routinely talk to their clients about health and lifestyles, more than one-fourth (37%, n=203) would not assess the client for high risk behaviors, such as illicit drug use and unsafe sex, and more than half (52.1%, n=203) would not make specific recommendations for changing clients' unhealthy lifestyle behaviors. Of those participants who said that nurses should extend their health promotion activities, and provide education regarding health and healthy lifestyles to their clients' family members, one-third (33.1%, n=203) would not offer child safety education to family members of clients. Among the participants who said they believed that nurses should support healthy environments, less than one-third (27.4%, n=203) would be involved in helping pass state laws affecting health and only a little over one-third (35.8%, n=203) would be involved in supporting the building of physical environments, for example, chapels, meditation areas, or gardens, that promote a sense of well-being at their place of employment.

The participants of this study did not see nurses acting as role-models in regards to health promotion. The results indicated that the only activity identified by the majority of the participants (85.7%, n=224) was the initiation of health education by nurses to clients without a physician's order. The other specified health promotion activities were only observed by a small number of study participants. Only 11.1% (n=225) of the participants witnessed nurses assessing client's preventative health care behaviors and even fewer witnessed nurses involvment with health policy changes at their place of employment (2.7%, n=224) and within the community (2.2%, n=224). Only 5.3% (n=226) of the participants responded that they witnessed nurses' role model healthy behaviors.

The data from this research identified that nursing students were either not being taught, or were not seeing themselves in, the role of promoting health through a socio-ecological approach. The students' responses indicated that they have been taught that health promotion is more specifically geared to changing individuals' behaviors. The students have had nursing instructors who role modeled individual health promotion more than community health promotion and, in turn, the nursing students were exposed to nurses who limited health promotion activities to individuals only. This may be occurring because nurses generally do not see their role as health promoters through policymaking, economic influencing or changing the environment to positively affect the community.

The fifth research question was: "How do nursing students define health?" The majority (97.3%, n=225) of the participants recognized the WHO definition of the word "health," which has been around for many years and is used by many professions. If the nursing population recognizes this definition of health, than it would be easy to assume that they can also utilize other major health promotion organizations' definitions for health promotion. Nursing students recognized that the health of an individual is affected by an individual's personal choices, as well as the community in which they live. Students were more likely to agree that personal choices (84%, n=225) affect an individual's health more than the community (78.2%, n=225) in which they live. This was not surprising based on the other data within the study that indicated that nursing students placed greater emphasis on individual health behaviors.

From the responses to the questions about health, one can assume that nursing students recognize that the environment affects an individual's health, even if they did

not identify the environment as the strongest influence on an individual's health. This reinforces other findings of the study that indicated nursing students recognized the importance of the social environment on health, but were unable to put into practice how they as nurses can influence the social environment to improve health. Schools of nursing need to use their coursework to allow students the opportunity to improve health through "the combination of educational and environmental supports for actions and conditions of living conducive to health" (Green & Kreuter, 1990, p. 313).

Summary of Results

This study attempted to describe student nurses' perceptions of: (1) the role of the nurse in health promotion, and (2) how the concept of health promotion was presented in nursing curricula. The findings of this study indicated that student nurses' perceptions regarding the role of the nurse in health promotion has to do with changing individual health behavior. While there are some indications that nursing students were exposed to the idea of health promotion as a social ecological approach that incorporates economic, policy, organizational and environmental changes, the majority of student nurses did not perceive themselves as having a role or have faculty or nurses role modeling this socio-ecological approach . If nurses want to be recognized as health promoters, work with the leaders of health promotion and effectively teach health education, nursing programs need to review their present curricula to identify and teach a universal definition of health promotion that is aligned with recognized leaders of health promotion. There needs to be curriculum development that not only allows students to acquire the meaning of the definition, but also practical experience in the expanded roles of health promotion. Nursing students need role models who do not only practice healthy individual behaviors,

but also recognize that health promotion is not limited to individuals. Health promotion incorporates the environment in which an individual lives and this environment, along with economic resources, policies and laws, directly affects individual health.

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Chapter 5: Conclusions

This chapter will present a summary of the study findings. The summary will be followed by a list of significant findings, conclusions, implications for health promotion, study limitations and recommendations for further study.

Summary

The purpose of this study was to determine student nurses' perception of: (1) the role of the nurse in health promotion, and (2) how the concept of health promotion is presented in nursing curricula.

Research Questions for this study included the following:

1) Can nursing students explain the difference between health education and health promotion?

2) What have nursing students been exposed to within their curriculum regarding health promotion?

3) What health promoting behaviors are nursing faculty role modeling as perceived by nursing students?

4) What is the role of the nurse in implementing health promotion as perceived by nursing students?

5) How do nursing students define health?

The researcher collected data from 227 student nurses who attended the 57th Annual National Student Nurse Association convention, which was held April 15-19, 2009 in Nashville Tennessee. The sample for this study had some similar demographics as

compared to the national student nurse population as presented by National League for Nursing (2007).

The statistical software SPSS 16.0 was used to run frequencies and percentages for each research question, and correlations were calculated. Using percentages and means, comparisons were made to determine if concepts of health education and health promotion differed between degree programs. Two questions (items 28a and 29a) asked open-ended responses. These questions were treated as qualitative data. The researcher used content analysis to identify themes from these two items.

Significant Findings

1. Only about half of the participants (51.2%, n=213) said their nursing instructors identified a difference between health promotion and health education.
2. There was no difference between ADN and BSN students in how their nursing instructors identified differences between health promotion and health education; therefore, the type of nursing program did not seem to be a factor in correctly teaching differences between health promotion and health education.
3. Qualitative responses revealed eleven different themes regarding health promotion and health education among participants who remembered being taught, or believed there is a difference between health promotion and health education.
4. The most common theme identified from the participants' explanations regarding the difference between health promotion and health education

was health promotion teaches about health and health education teaches care of illness and disease.

5. Although approximately 90% (n=226) of participants reported hearing that health promotion involves concepts such as influencing physical environments, economic conditions, and making/changing policies and social conditions that affect health, these concepts were either not mentioned or mentioned rarely in the participants' definitions
6. Of those participants who said "yes" nurses should routinely talk to their clients about health and lifestyles, more than one-fourth (37%, n=202) would not assess the client for high risk behaviors, such as illicit drug use and unsafe sex and more than half (52.1%, n=202) would not make specific recommendations to clients for changing unhealthy lifestyle behaviors.
7. Of those participants who said that nurses should extend their health promotion activities and provide education regarding health and healthy lifestyles to their clients' family members, one-third (33.1%, n=202) would not offer child safety education to family members of clients.
8. Among the participants who said that they believed nurses should support healthy environments, less than one-third (27.4%, n=202) would be involved in helping to pass state laws affecting health, and only a little over one-third (35.8%, n=202) would be involved in supporting the building of physical environments that promote a sense of wellbeing at their place of employment, such as, chapels, meditation areas, or gardens.

9. Nursing students viewed health education as teaching individuals through dissemination of information without instruction for skill development.
10. As perceived by their students, many nursing instructors were not acting as positive role-models in regards to individual healthy behaviors (52.2%, n=225), nor were they performing activities that would promote the health of communities (32.5%, n=225).
11. Student nurses believed that nurses have a role in health promotion and that it extends beyond the individual, but they did not see themselves performing that role in the future.
12. Nursing students recognized the importance of the social environment on health, but were not able to put into practice how they as nurses can influence the social environment to improve health.
13. Only 5.3% (n=226) of the participants responded that they witnessed nurses' who were role-modeling healthy behaviors.

Conclusions and Implications

The findings indicated that only half of the nursing students are being informed by their nursing instructors that there is a difference between health promotion and health education. While there were some indications that nursing students were exposed to the idea of health promotion as a socio-ecological approach that incorporates economic, policy, organizational and environmental changes, the majority of student nurses did not perceive themselves as having a role or have faculty or nurses role-modeling this socio-ecological approach. Student nurses' perceptions regarding the role of the nurse in health

promotion have to do with changing individual health behavior as opposed to influencing the environment, social conditions, policy or anything beyond the individual.

If nurses want to be recognized as health promoters, work with the leaders of health promotion and effectively teach health education, there needs to be a change within nursing curricula. The nursing profession has the ground work in place to present appropriate concepts in health promotion. The ANA provides scopes and standards for nursing practice and the ACCN has the essentials of baccalaureate education to which contain socio-ecological approach to health promotion. Nurse educators need to review the definitions of health promotion in these documents, and make changes regarding the environment, social, policy, and economic conditions so that students understand the broad meaning of health promotion. The nursing profession needs to review the NCLEX-RN test plan and expand the criteria for health promotion, so as not to limit the knowledge of health promotion to individuals. Nursing also needs to recognize that there is not a universal definition of health promotion within the current literature of the nursing profession and that the profession is sending a mixed message.

For these reasons nursing in the United States is behind other countries when it comes to health promotion. There is a push in the international nursing community to have an understanding of health promotion that is aligned with present day leaders of health promotion.

The First International Conference on Health Promotion was the initial attempt to have a consensus on the definition of health promotion (Green, & Raeburn, 1988). At this conference, health promotion was defined as, “the process of enabling people to increase control over and to improve their health” (WHO, 1986). This is the most

globally recognized definition of health promotion and is the one cited in the Department of Health and Human Services Glossary for Healthy People 2020 (U.S. Department of Health and Human Services, 2020). Green and Kreuter, (1990), recognized leaders in health promotion, defined health promotion as "the combination of educational and environmental supports for actions and conditions of living conducive to health" (p. 313). The *American Journal of Health Promotion* defined health promotion as the "science and art of helping people change their lifestyle to move toward a state of optimal health, which is a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation and build skills and most importantly through creating supportive environments that provide opportunities for positive health practices" (O'Donnell, 2009).

Not only are curriculum changes needed to include these recognized definitions of health promotion, but there is also a need for clinical practicums which would allow students to work in the expanded role of health promotion. This study has indicated that nursing students identified that nurses should be performing community health promotion activities such as influencing physical environments, economic conditions, and making/changing policies and social conditions, but they do not see themselves performing these activities once they become nurses. This may be occurring because nursing student have not had opportunities within their clinical practicums to work in these areas, thus they are unable to see themselves working in the expanded role of health promotion.

Students need to have expanded clinical practicums that use the socio-ecological approach to care for clients. Student nurses need to recognize that the health of individuals is directly related to not only individual behaviors, but also the environment in which individuals live. Student nurse need to practice evaluating the environments of clients and work with clients to make changes to help improve their individual health. This may involve evaluating client's communities to see what resources are available in the environment, and linking the client to resources that are appropriate for them. If resources are not available then nurses need to become active at the community level in regards to political issues to make needed changes. Students needs to understand and be encouraged to be part of the political process by not only becoming members of professional organizations but also be actively monitoring and speaking up about governmental, community and organizational policy which may directly or indirectly affect health. Nurses need to be active with initiating change on all levels if they are sincere about promoting the health of their clients.

Nursing students today are not only limited in the clinical setting in regards to health promotion, but also health education. The students identified that they have learned many of the health behavior theories such as Social Cognitive Theory (Bandura, 1986), Health Promotion Theory (Pender, Murdaugh, & Parsons, 2006), Health Belief Model (Hochbaum, 1958), Transtheoretical Model/Stages (Prochaska & Velicer 1997) and the Theory of Reasoned Action and Theory of Planned Behavior (Azjen & Fishbein, 1975). These theories explain human behavior and make suggestions as to how to make behavior changes and guide developments for interventions (Glantz & Rimer, 2002). This research study elicited that student's nurses perceived health education as giving

information regarding illness. This type of health education is extremely limited and recognizes that students are not putting into practice the steps learned from the health behavior theories. Student nurses need to have opportunities within their practicums to provide health education by utilizing all the concepts of a health behavior theory. Many times students in hospital settings are responsible for providing health education to clients when they are being discharged home. This involves giving the clients information about their condition and activity limitations and medications. Instead of limiting health education to just giving the client the information, these students need to take into consideration the unique individual and apply all the steps of a health behavior theory to assist the client in meeting the necessary behavior change. For example instead of just giving a client information regarding a diet which includes fresh fruits and vegetables, the nurse would need to ascertain if the client has ever eaten these foods before, does the client have the resources to get fresh fruits and vegetables, such as an easily-accessible grocery store that carries the food. The nurse also would need to evaluate if the client has the means to purchase the items. Nursing education may also need to look outside theories used currently and incorporate socio-ecological theories to assist students in not only learning about behavior change but assisting them in implementing these in order to truly practice health promotion.

Not only does there need to be curriculum and practicum changes for student nurses, students also need good role-models. Nursing students need role-models who practice healthy individual behaviors. Nurses need to realize that their own health behaviors have a profound effect on their credibility as health care professionals (Miller, Alpert, Cross, 2008; Hicks, McDermott, Rouhana, Schmidt, Seymour & Sullivan, 2008). Nurses work

in a variety of settings such as acute care, public health, school health, occupational, research, and education to mention a few. In some of these settings promoting health from a socio-ecological approach is the main focus but for others health promotion occurs at the individual level. All areas of nursing need to recognize that health is improved significantly if the broad socio-ecological approach is utilized.

It is possible that student nurses are unable to see themselves performing the expanded role of health promotion because they do not have nurse educators or nurses as role-models. Nurses need to become more involved in promoting the health of individuals, groups and communities by being involved with the economic, policy, organizational and environmental changes that affect health. Nurses and nursing faculty need to realize that the health of their clients, no matter what type of setting they work in, is affected by social-ecological issues and not just the individual behaviors of the client.

Limitations and Recommendations for Further Study

This study was limited by the survey tool as well as the sample. This type of study design, using a cross sectional sample of convenience, allowed the researcher to obtain information from student nurses in thirty-seven states, and one hundred and sixteen schools. In spite of having respondents from a number of states, the study sample was limited since it was not truly representative of the student nurse population. Since the data were collected at a national convention, the study may have included a larger representation of affluent or traditional nursing students than actually exists in the student nurse population. The study also was limited in regards to the information being collected at one point of time and from students who volunteered for the study. The use of an anonymous survey did not allow the researcher to follow up with individual

participants to clarify data. The survey was also four pages long with questions some of the participants may not have understood, which resulted in incorrect or missing responses. In addition, the survey was limited by the students' ability to recall information. Students were only able to report on what they remember, which may not accurately reflect what they were exposed to within their nursing programs. Students were at different points within in their program of study and may not have heard about health promotion; however, the researcher hopes that the majority of students would have been exposed to the definition of health promotion since more than half (54%, n=224) of participants anticipated graduating within nine months of completing the survey. The survey also may not have addressed all the relevant issues regarding health promotion and health education. The use of mostly closed-ended questions did not allow for rich data about the student nurses' perceptions regarding health promotion and health education; however, the researcher did attempt to obtain richer data by including open-ended, as well as the closed ended questions. While the study had its limitations, the information presented allows for recommendations for further research studies and offers a starting point for nursing leaders to begin dialogue regarding health promotion within the nursing profession.

This study elicited information of what student nurses know about health promotion and health education, as well as the application of these two concepts when they begin to practice. Since the study identified a lack of a universal understanding of health promotion among these students in regards to what they have learned during their nursing education, future studies may want to evaluate what nurse educators know about health promotion. Future research studies regarding health promotion conducted on nursing

faculty would need to identify what nurse educators believe regarding their role as health promoters and health educators. It may be that student nurses are not well informed regarding health promotion because they do not have educators who understand the difference themselves or do not know how to implement health promotion when in practice. For the nursing profession to advance its understanding of health promotion, there needs to be further research regarding health promotion, as well as dialogue amongst leaders of the nursing profession.

Nurses may not be performing health promotion because they do not truly understand health promotion. This research has identified that there are two views of health promotion found within nursing, a socio-ecological approach and an individual approach. The individualistic approach of educating and encouraging clients on health behaviors is not in alignment with the international community when it comes to the broad socio-ecological approach of health promotion. In actuality, it may seem unrealistic for nurses to have a large role in health promotion, especially for those nurses in a primary care setting who not only do not understand health promotion nor recognize how they can affect environmental, social, economical and political influences because of time constraints and how they view their role; however, all nurses can improve the health of their clients through the broad socio-ecological approach to health promotion.

Nurse leaders, nurse educators and health promotion leaders need to work together to develop a universal understanding of the term health promotion. Those in the nursing field need to begin a dialogue not only within the profession, but also with other disciplines that are involved in health promotion. Nursing must have an understanding of health promotion that is congruent among the professional organizations' standards and

accreditation requirements, nursing curriculum and NCLEX-RN examination test plan blue print. With the cost of health care increasing in United States, as well as an increase in chronic conditions that are directly related to lifestyles, it is imperative that nurses work not only with leaders in health promotion, but also be on the forefront assisting individuals, groups and communities to work on all of the determinates of health.

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Appendix A: Letters of Approval and Support

From: Carol [Carol@nsna.org]
Sent: Tuesday, March 31, 2009 2:40 PM
To: Halcomb, Kathy
Subject: Research at NSNA Convention: Please Read Instructions Below
Attachments: Advance_Registration_Form 2009 Convention.pdf

Importance: High

March 31, 2009

Dear Kathleen Holcomb,

Thank you for your interest in conducting research at the NSNA 57th Annual Convention with student attendees, in an effort to survey the knowledge they have received within their nursing program regarding health promotion. I am pleased to inform you that after receipt and review of the copy of your survey that will be used, along with your IRB approval letter by the NSNA leadership that your research has been approved to survey student attendees on April 15-18, 2009 in Nashville, TN at the Gaylord Opryland Resort & Convention Center.

When you arrive at Convention you should report to Registration (open 04/15/09 from 6:30 am – 6:30 pm in Delta BCD Lobby) to pick up your convention materials and name tag. Since you were awaiting confirmation on the approval of your research, you may not have pre-registered for the Convention by yesterday's deadline. In case, you have not already registered, I have attached a copy of the registration page for you to complete with your credit card information and fax to my attention at (718) 210-0710 today or tomorrow. As a courtesy, due to the timing of this approval, we will allow you to register at the Advance rate of $150 rather than needing to take the time and additional $5 expense to register onsite. Your name tag will indicate you are an NSNA 2009 Approved Researcher, along with your name, earned credentials, and the name of your graduate program. Please bring a few copies of your graduate program's brochures for reference if participants ask. Your registration and name tag will allow you to attend any part of the regular Convention sessions and Career Expo (Exhibit Hall). There is food available following the Opening Session and Keynote Address Wednesday evening (5:30 pm – 7:30 pm Delta A) at the Army Reception (7:30 pm -8:30 pm Governors Ballroom). I hope you will attend. Please look at your program book for other session details and locations.

After picking up your registration information and name badge, please come to the NSNA Convention Office located in Governors Chamber DE. You will need to check in with Ms. Jewell Larkin, Office Manager of the 2009 NSNA Convention Office, to

receive your table assignment for your research. You will be sharing the Research table with one other researcher, Kathleen A. Schafer, a faculty member and doctoral student at George Mason University who will be studying, "The Experience of Incivility and Bullying for Baccalaureate Nursing Students During Clinical Rotations." The fee for your half of the Activity table is $20, which can be paid to Ms. Larkin when you check-in at the Convention Office.

NSNA requires you, as an approved NSNA Researcher at the 2009 Convention, to share a summary of your research when completed. We encourage you to consider publishing a summary of your results in our national publication, *Imprint*. For more information about *Imprint* and other NSNA publications contact Jonathan Buttrick, MPW, Managing Editor at jonathan@nsna.org . Jonathan will be in or available through staff in the Convention Press Room (Governors Chamber C) during the Nashville Convention.

If you have any questions, please don't hesitate to let me know. I look forward to meeting you in Nashville!

My best regards,
Carol

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Appendix B: Consent Forms

"Health Promotion and Health Education: Nursing Students' perceptions"

April, 15 2009

Dear Nursing Student:

You are being invited to participate in a research study by answering the attached survey about health promotion and health education within nursing education. You are being invited to participate in this study because you are a student nurse attending the National Student Nurse Association 57th Annual Convention. The person in charge of this study is Kathy A. Halcomb RN, ARNP (P.I.) doctoral student of the University of Kentucky. Kathy is being guided by Dr. Melody Noland (advisor).

The purpose of the study is to determine student nurses' perception of the role of the nurse in health promotion, and how the concept of health promotion is presented in nursing curricula. By doing this study, we hope to develop an understanding regarding health promotion within nursing education. The research procedures will take place at the National Student Nurse Association 57th Annual Convention within the student activity center. The total amount of time you will be asked to volunteer for this study is 15 minutes.

There are no known risks for your participation in this research study. The information collected may not benefit you directly. The information learned in this study may be helpful to others. The information you provide will aid nurse educators when planning and making decisions regarding change in nursing education. If you decide to take part in the study, it should be because you really want to volunteer. By completing the survey you agree to take part in this research study. You do not have to answer any questions that make you uncomfortable. You may choose not to take part at all. If you choose to complete the survey you will be eligible for a chance for to enter your name for a drawing to win one of four $25 Visa cards, which will be given away on the last day of the conference. You can stop at any time during the study and still keep the stress balls, pencils or candy available at the booth.

Your information will be combined with information from other people taking part in the study. Individuals from the Department of Kinesiology and Health Promotion, the Institutional Review Board (IRB) at the University of Kentucky and other regulatory agencies may inspect these records. In all other respects, however, the data will be held in confidence to the extent permitted by law. No names will be recorded on the instrument, but each will have a numeric code. This coding system will be used only by the researcher for data entry. Should the data be published, your identity will not be disclosed.

This study is anonymous. That means that no one, not even members of the research team, will know that the information you give came from you. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study. Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions,

suggestions, concerns, or complaints about the study, you can contact the investigator, Kathy A. Halcomb at (859)661-2334 or (859)622-1942 or her advisor, Dr. Melody Noland at (859) 257-5827. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428.

Appendix C: Questionnaire

Health Promotion and Health Education Survey

Please use a number 2 pencil to fill in the bubbles on the answer scantron sheet. Answer the open-ended questions on this form. This set of questions asks about the word health.

Please rate how strongly you agree or disagree with each of the following statements:	**Strongly disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly agree**
1) Health is the absence of disease/illness	**a**	**b**	**c**	**d**	**e**
2) Health is a state of physical, social and mental well being	**a**	**b**	**c**	**d**	**e**
3) Health is a resource for everyday living	**a**	**b**	**c**	**d**	**e**
4) Health is a positive concept emphasizing social and personal resources	**a**	**b**	**c**	**d**	**e**
5) As long as an individual is without physical disease or illness he/she has health.	**a**	**b**	**c**	**d**	**e**
6) Individuals are responsible for their health	**a**	**b**	**c**	**d**	**e**
7) Social environments affect an individual's health behaviors	**a**	**b**	**c**	**d**	**e**
8) Health is a process through which a person seeks equilibrium that promotes stability and comfort	**a**	**b**	**c**	**d**	**e**
9) Only individuals without disease or illness have health	**a**	**b**	**c**	**d**	**e**
10) Health is the striving towards optimal functioning	**a**	**b**	**c**	**d**	**e**

The next set of questions asks about health promotion and health education.

Please classify the following concepts as being characteristic of health promotion, health education, both of them or neither one:	**Health Promotion**	**Health Education**	**Both**	**Neither**
11) It is a process of facilitating individuals with learning opportunities to improve health.	**a**	**b**	**c**	**d**
12) It is concerned with giving individuals/groups/communities information.	**a**	**b**	**c**	**d**
13) It is involved with motivating people to change health behaviors.	**a**	**b**	**c**	**d**
14) It assists individuals with the confidence needed to make changes in behavior.	**a**	**b**	**c**	**d**
15) It is involved with assisting individuals in learning skills needed to change health behaviors.	**a**	**b**	**c**	**d**
16) It is involved with empowering communities to gain control over factors affecting their quality of life.	**a**	**b**	**c**	**d**
17) It is involved with influencing economic conditions which affect health.	**a**	**b**	**c**	**d**
18) It is involved with influencing the physical environments which affect health.	**a**	**b**	**c**	**d**
19) It is involved with making policies which affect health.	**a**	**b**	**c**	**d**

20) It is involved with influencing social conditions which affect health.	**a**	**b**	**c**	**d**	
Please identify in how many nursing classes the instructor presented each concept	**0**	**1**	**2**	**3**	**4+**
21) Definition of Health Promotion (HP)	**a**	**b**	**c**	**d**	**e**
22) Definition of Health Education (HE)	**a**	**b**	**c**	**d**	**e**
23) HP empowers communities to gain control over factors affecting quality of life within the community	**a**	**b**	**c**	**d**	**e**
24) HP is involved with influencing economic conditions which affect health	**a**	**b**	**c**	**d**	**e**
25) HP is involved with influencing the physical environment which affects health.	**a**	**b**	**c**	**d**	**e**
26) HP is involved with making/changing policies which affect health.	**a**	**b**	**c**	**d**	**e**
27) HP is involved with influencing social conditions which affect health	**a**	**b**	**c**	**d**	**e**

28) Within your nursing program did your instructors identify a difference between health promotion and health education?
   a. Yes
   b. No
   c. Do not remember

   28a) If yes, what was the difference?

   _____
   _____
   _____
   _____

29) Do you think there is a difference between health promotion and health education?
   a. Yes
   b. No
   c. Not sure

   29a) If yes, briefly explain

   _____
   _____
   _____
   _____

30) Which of the following health behavior theories have been presented to you within your nursing education? *Select all that apply*

   a. Health Belief model
   b. Transtheoretical Model/ Stage of Change Model
   c. Social Cognitive Theory
   d. Theory of Reasoned Action and Theory of Planned Behavior
   e. Health Promotion Model

f. Other:_____

31) How well does your school's environment support healthy behaviors?
   a. Excellent
   b. Very Good
   c. Good
   d. Fair
   e. Poor
   f. Don't Know

32) How well does your school's clinical environment support healthy behaviors?
   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor
   f. Don't know

The next set of questions asks about *you* performing specific activities as a nurse.

Upon completion of your nursing program how likely or unlikely are you to:	**Very Unlikely**	**Unlikely**	**Neutral**	**Likely**	**Very Likely**
33) Support a non-smoking policy for your place of employment.	**a**	**b**	**c**	**d**	**e**
34) Support non-smoking law banning smoking in public places.	**a**	**b**	**c**	**d**	**e**
35) Support non-smoking law banning smoking areas involving children, including a person's home and private vehicle.	**a**	**b**	**c**	**d**	**e**
36) Attend a national nursing conference.	**a**	**b**	**c**	**d**	**e**
37) Offer smoking cessation education to a client without a doctor's order.	**a**	**b**	**c**	**d**	**e**
38) Offer child safety education to family members of clients.	**a**	**b**	**c**	**d**	**e**
39) Assess a client's physical activity level.	**a**	**b**	**c**	**d**	**e**
40) Assess a client's nutritional intake.	**a**	**b**	**c**	**d**	**e**
41) Complete required continuing education hours.	**a**	**b**	**c**	**d**	**e**
42) Assess a client's seat belt use.	**a**	**b**	**c**	**d**	**e**
43) Assess the client for high risk behaviors, such as illicit drug use, unsafe sex.	**a**	**b**	**c**	**d**	**e**
44) Talk to clients about recommendations for nutritional requirements.	**a**	**b**	**c**	**d**	**e**
45) Talk to clients about recommendations for physical activities.	**a**	**b**	**c**	**d**	**e**
46) Be involved in passing state laws affecting health.	**a**	**b**	**c**	**d**	**e**
47) Be involved with assisting your community in developing healthy environments- playgrounds,	**a**	**b**	**c**	**d**	**e**

bike lanes.					
48) Support changes for healthier selections in cafeteria/vending machines where you work.	**a**	**b**	**c**	**d**	**e**
49) Obtain yearly influenza vaccinations.	**a**	**b**	**c**	**d**	**e**
50) Support changes for healthier selections in cafeteria/vending machines in the local schools.	**a**	**b**	**c**	**d**	**e**
51) Support the building of physical environments which promote a sense of emotional wellbeing at your place of employment, for example chapels, meditation areas, gardens.	**a**	**b**	**c**	**d**	**e**
52) Make specific recommendations for changing unhealthy lifestyle behaviors for clients?	**a**	**b**	**c**	**d**	**e**

The next section asks about *nurses* performing specific activities.

53) Do you believe nurses should routinely talk to their clients about health and lifestyles?
   a. Yes
   b. No
   c. Not sure

54) Do you believe nurses should extend their health promotion activities and provide education regarding health and healthy lifestyles to their client's family members and friends?
   a. Yes
   b. No
   c. Not sure

55) Do you believe nurses should be involved in evaluating their communities for factors affecting health?
   a. Yes
   b. No
   c. Not sure

Please rate how often you witnessed nurses:	**Never**	**Rarely**	**Sometimes**	**Very Often**	**Always**
56) Involved in health policy change at their place of employment	**a**	**b**	**c**	**d**	**e**
57) Utilize the "5 rights" for medication administration	**a**	**b**	**c**	**d**	**e**
58) Implement health policy changes within the community in which they work	**a**	**b**	**c**	**d**	**e**
59) Initiate health education to clients without a physicians order	**a**	**b**	**c**	**d**	**e**
60) Accurately give injections	**a**	**b**	**c**	**d**	**e**
61) Assess client's preventive health care behaviors	**a**	**b**	**c**	**d**	**e**
62) Examine the client's immediate environment for factors which would adversely affect his/her health	**a**	**b**	**c**	**d**	**e**
63) Assess the community in which they live for factors	**a**	**b**	**c**	**d**	**e**

which affect health					
64) Complete a physical assessment	**a**	**b**	**c**	**d**	**e**
65) Increase their client's awareness on environmental factors which would affect his/her health	**a**	**b**	**c**	**d**	**e**
66) Role model healthy behavior	**a**	**b**	**c**	**d**	**e**
67) Assess client's health behaviors	**a**	**b**	**c**	**d**	**e**
68) Accurately take blood pressures	**a**	**b**	**c**	**d**	**e**

The next set of questions asks for your perception of *your nursing instructors* performing specific behaviors.

Please rank *your perception* of how often your nursing instructors performed the following health promoting behaviors?	**Never**	**Rarely**	**Sometimes**	**Very Often**	**Always**
69) Non-smoking.	**a**	**b**	**c**	**d**	**e**
70) Maintain ideal body weight.	**a**	**b**	**c**	**d**	**e**
71) Engage in regular physical activity.	**a**	**b**	**c**	**d**	**e**
72) Manage stress.	**a**	**b**	**c**	**d**	**e**
73) Have healthy social interactions at work.	**a**	**b**	**c**	**d**	**e**
74) Exhibit characteristics of good mental health.	**a**	**b**	**c**	**d**	**e**
75) Eat healthy foods.	**a**	**b**	**c**	**d**	**e**
76) Be involved in local, state or national public health policy change.	**a**	**b**	**c**	**d**	**e**
77) Be involved in developing healthy environments.	**a**	**b**	**c**	**d**	**e**
78) Be involved in influencing the economy to influence health.	**a**	**b**	**c**	**d**	**e**

The current health of an individual is directly related to:	**Strongly disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
79) His or her personal choices.	**a**	**b**	**c**	**d**	**e**
80) The community in which he/she lives.	**a**	**b**	**c**	**d**	**e**
81) Both the community and his/her personal choices.	**a**	**b**	**c**	**d**	**e**

The questions below ask general questions about you and your current nursing program.

82) In your nursing degree program, did you complete any coursework that included information about health promotion?
    a. Completed one or more course
    b. HP was a major emphasis in one or more courses
    c. HP was briefly discussed in one or more course
    d. No HP course was taken nor was it discussed in any course
    e. Do not remember

83) Have you had a nursing course that used a fundamental nursing text book?

a. Yes
b. No
c. Not sure

84) What is your gender?

a. Male
b. Female

85) Ethnic Origin:

a. African American
b. Asian
c. Caucasian
d. Hispanic
e. Other_____

86) What type of nursing program are you currently enrolled in?

a. Diploma
b. Associate Degree
c. Baccalaureate
d. LPN to RN
e. Masters
f. Doctoral
g. Other_____

87) What is the highest level of education of your father (male guardian)? *select one*

a. Graduate professional training (e.g. masters, doctorate, MD, chiropractor)
b. Standard college/university graduation (4 year college degree)
c. Partial college training (completed at least 1 year college)
d. High school graduation (completed high school or trade school)
e. Partial high school (completed 10th or 11th grade)
f. Junior high school (completed 7th through 9th grades)
g. Less than 7 years of school (had not completed 7th grade)

88) What is the highest level of education for your mother (female guardian) *select one*

a. Graduate professional training (e.g. masters, doctorate, MD, chiropractor)
b. Standard college/university graduation (4 year college degree)
c. Partial college training (completed at least 1 year college)
d. High school graduation (completed high school or trade school)
e. Partial high school (completed 10th or 11th grade)
f. Junior high school (completed 7th through 9th grades)
g. Less than 7 years of school (had not completed 7th grade)

89) What is your age?_____

90) What is your school's name?_____

a. State/territory where currently enrolled _____

91) When is your anticipated date of completion? (month/yr)_____

92) What is the occupation of your father (male gender)_____

93) What is the occupation of your mother (female gender)_____

94) If you answered retired, deceased or disabled to any of #92 or #93 then what was his/her occupation prior to that?
    a. Father (male guardian)_____
    b. Mother (female guardian)_____

95) Do you wish to make any comments about the topics on this survey?

_____

_____

Thank you for participating in this study. Your time and effort will help in understanding what is currently being taught regarding health, health promotion and health education within nursing education.

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