Engaging Nursing Students in Health Promotion Research and Practice
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DISCLOSURE SLIDE

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• LEARNER OBJECTIVES: (1) DESCRIBE THE NURSING STUDENTS’ INVOLVEMENT IN THE DEVELOPMENT OF THE FAITH COMMUNITY NURSING INTERVENTIONS TO PROMOTE HEALTH IN ADULTS; (2) DESCRIBE THE NURSING STUDENTS’ INVOLVEMENT IN THE IMPLEMENTATION AND EVALUATION OF THE HEALTH PROMOTION PROGRAMS.

• EMPLOYER: WIDENER UNIVERSITY

• NO CONFLICT OF INTEREST

• NO SPONSORSHIP OR COMMERCIAL SUPPORT WAS GIVEN
PURPOSE OF PROGRAM OF RESEARCH

• TO EXPLORE THE RELATIONSHIPS AMONG THE VARIABLES OF HEALTH-PROMOTING SELF-CARE BEHAVIORS, SELF-CARE SELF-EFFICACY, AND SELF-CARE AGENCY

• TO DEVELOP NURSING INTERVENTIONS BASED ON THE CONCEPTUAL INTEGRATION OF THESE VARIABLES AND THEIR UNDERLYING THEORIES

• TO PROMOTE HEALTH ACROSS THE LIFE SPAN USING SPIRITUAL GROWTH AS THE FOUNDATION OF HEALTH
THEORETICAL FRAMEWORKS

• HEALTH PROMOTION MODEL
  (PENDER ET AL., 2010)

• SELF-EFFICACY THEORY
  (BANDURA, 1997)

• SELF-CARE DEFICIT THEORY (OREM, 2001)
INSTRUMENTS

• HEALTH-PROMOTING LIFESTYLE PROFILE II (WALKER, SECHRIST, & PENDER, 1987)

• SELF-RATED ABILITIES FOR HEALTH PRACTICES (BECKER, STUIFBERGEN, SOO OH, & HALL, 1993)

• EXERCISE OF SELF-CARE AGENCY (KEARNEY & FLEISCHER, 1979)

• DEMOGRAPHIC INFORMATION QUESTIONNAIRE
STUDY VARIABLES

- HPLPII – SPIRITUAL GROWTH, STRESS MANAGEMENT, NUTRITION, PHYSICAL ACTIVITY, INTERPERSONAL RELATIONS, HEALTH RESPONSIBILITY

- SRAHP – NUTRITION, PSYCHOLOGICAL WELL-BEING, EXERCISE, HEALTH RESPONSIBILITY

- ESCA – SELF-CONCEPT, INITIATIVE AND RESPONSIBILITY, KNOWLEDGE AND INFORMATION-SEEKING, PASSIVITY
SAMPLES

• 256 ADOLESCENTS (14 – 19) FROM A SUBURBAN HIGH SCHOOL

• 379 ADULTS (18 – 65) FROM A HEALTH SYSTEM, COUNTY COLLEGE, AND FIRE DEPARTMENT

• 235 OLDER ADULTS (65 – 98) FROM THE COMMUNITY-AT-LARGE, INDEPENDENT LIVING FACILITIES, SENIOR DAY CENTERS, AND A SENIOR CITIZENS CLUB
CANONICAL CORRELATION RESULTS FOR 3 SAMPLES

- SIGNIFICANT VARIATES ($p < .001$) WITH CORRELATIONS RANGING FROM .74 - .95 ACCOUNTING FOR 55 - 90% OF THE VARIANCES EXPLAINED (WEIGHTS INTERPRETED)

- LOADING VARIABLES INCLUDED THE HPLPII SUBSCALE OF SPIRITUAL GROWTH AND THE ESCA SUBSCALE OF INITIATIVE AND RESPONSIBILITY

CANONICAL CORRELATION RESULTS FOR MERGED DATA

• SIGNIFICANT VARIATE ($p < .001$) HAVING A CORRELATION OF .81 ACCOUNTING FOR 65% OF THE VARIANCE EXPLAINED (LOADINGS INTERPRETED)

• LOADING VARIABLES INCLUDED ALL OF THE VARIABLES IN SET 1 (SELF-CARE AGENCY AND SELF-CARE SELF-EFFICACY) AND SET 2 (HEALTH PROMOTING SELF-CARE BEHAVIORS)

• (CALLAGHAN, 2015)
CONCEPTUAL AND THEORETICAL INTEGRATION

• OREM’S THEORY OF SELF-CARE DEFICIT

• IF SCA IS < TSCD, THEN A SCD EXISTS
• IF A SCD EXISTS, THEN NA IS REQUIRED
• THEORY OF NURSING SYSTEMS – THREE LEVELS OF NURSING INTERVENTIONS – WHOLLY COMPENSATORY; PARTIALLY COMPENSATORY; SUPPORTIVE-EDUCATIVE

• THE SUPPORTIVE EDUCATIVE NURSING SYSTEM WAS USED TO MEET KNOWLEDGE DEFICITS RELATED TO HEALTHY BEHAVIORS.
CONCEPTUAL AND THEORETICAL INTEGRATION

- PENDER’S HEALTH PROMOTION MODEL

- COMPONENT OF BEHAVIORAL OUTCOMES

- HEALTH-PROMOTION BEHAVIORS – SPIRITUAL GROWTH, STRESS MANAGEMENT, NUTRITION, PHYSICAL ACTIVITY, INTERPERSONAL RELATIONS, HEALTH RESPONSIBILITY

- THE HPLPII SCALE WAS USED TO MEASURE HEALTHY BEHAVIORS AND GUIDE HEALTH PROMOTION PROGRAM TOPICS.
CONCEPTUAL AND THEORETICAL INTEGRATION

• BANDURA’S THEORY OF SELF-EFFICACY

• BEHAVIOR INFLUENCED BY COGNITIVE APPRAISAL OF INFORMATION OBTAINED FROM FOUR MAJOR SOURCES:
  • ENACTIVE MASTERY EXPERIENCE
  • VICARIOUS EXPERIENCE
  • VERBAL PERSUASION
  • PSYCHOLOGICAL AND AFFECTIVE STATES

• THESE SOURCES WERE USED TO GUIDE PROGRAM ACTIVITIES.
GRADUATE STUDENT ENGAGEMENT

• TWO GRADUATE CLINICAL NURSE SPECIALIST STUDENTS
• USED THE CONCEPTUAL AND THEORETICAL INTEGRATION IN DEVELOPING THE HEALTH PROMOTION ACROSS THE LIFE SPAN INTERVENTION
• PERFORMED COMPREHENSIVE LITERATURE REVIEWS ON THE 6 HEALTHY BEHAVIORS
• CREATED POWERPOINT SLIDES FOR EACH HEALTHY BEHAVIOR INCLUDING ACROSS THE LIFE SPAN INFORMATION
• CREATED ACTIVITIES FOR EACH HEALTHY BEHAVIOR INCORPORATING THE MAJOR SOURCES OF INFORMATION
PRE-LICENSURE STUDENT ENGAGEMENT

• THREE PRE-LICENSURE STUDENTS FROM THE NURSING HONORS PROGRAM
• RESEARCH ASSISTANTS FOR TWO OF THE PI’S HEALTH PROMOTION INTERVENTION STUDIES
• STUDENTS REVISED THEIR RESPECTIVE PRESENTATIONS TO REFLECT THE NEEDS AND RESOURCES OF THE PARTICIPANTS
• PI ASSISTED THE STUDENTS WITH THEIR IRB APPLICATIONS
• STUDENTS ASSISTED THE PI IN RECRUITING PARTICIPANTS FOR THE PROGRAM
PRE-LICENSESURE STUDENT ENGAGEMENT

- PI ASSISTED ONE STUDENT WITH WRITING A GRANT PROPOSAL WHICH WAS FUNDED
- STUDENTS ASSISTED THE PI IN PRESENTING THE PROGRAMS
- PI ASSISTED THE STUDENTS IN USING SPSS TO ANALYZE THE DATA
- PI ASSISTED THE STUDENTS IN DEVELOPING PRESENTATIONS FOR DISSEMINATION AT ETA BETA RESEARCH DAY
INTERVENTION STUDIES

• PURPOSE: TO INVESTIGATE THE EFFECTS OF A FAITH COMMUNITY NURSING INTERVENTION ON HEALTHY BEHAVIORS ACROSS THE LIFE SPAN

• HYPOTHESIS: THERE WILL BE AN INCREASE IN PARTICIPANTS’ PRACTICE OF HEALTHY BEHAVIORS AFTER PARTICIPATING IN THE FAITH COMMUNITY NURSING INTERVENTION AS COMPARED TO THE PRE-INTERVENTION PRACTICE OF THESE BEHAVIORS.
CONCEPTUAL AND THEORETICAL FRAMEWORK


• SPIRITUAL GROWTH WAS PRESENTED AS THE FOUNDATION OF HEALTH PROMOTING ACTIVITIES SINCE IT WAS FOUND TO HAVE A POSITIVE RELATIONSHIP WITH INITIATIVE AND RESPONSIBILITY FOR SELF-CARE.
INSTRUMENTS

• HEALTH-PROMOTING LIFESTYLE PROFILE II (WALKER, SECHRIST, & PENDER, 1987)

• DEMOGRAPHIC INFORMATION QUESTIONNAIRE
STUDY METHODOLOGIES

• COMPARATIVE QUASI-EXPERIMENTAL PRE-TEST POST-TEST DESIGN

• CONVENIENCE NON-RANDOM SAMPLE

• POWER ANALYSIS RESULTS: $P = .05$; POWER = .80; EFFECT SIZE = .5 (MEDIUM); SAMPLE SIZE = 27

• IRB AND SITE APPROVALS OBTAINED
HEALTH PROMOTION PROGRAMS

• SIX SESSIONS ON THE TOPICS OF SPIRITUAL GROWTH (FOUNDATION OF HEALTH), STRESS MANAGEMENT, NUTRITION, PHYSICAL ACTIVITY, INTERPERSONAL RELATIONS, AND HEALTH RESPONSIBILITY

• ONE HOUR (FAMILY) OR 30 MINUTE (STUDENTS AND OLDER ADULTS) POWERPOINT PRESENTATION ON EACH TOPIC RELATIVE TO ADOLESCENTS, ADULTS, AND/OR OLDER ADULTS

• ONE HOUR (FAMILY) OR 30 MINUTE (STUDENTS AND OLDER ADULTS) ACTIVITY FOR EACH TOPIC THAT FOCUSED ON STRATEGIES THAT CAN INCREASE SELF-EFFICACY
INCLUSION CRITERIA: ENGLISH-SPEAKING; ABLE TO CARE FOR HIS/HERSELF; AGED 14 AND OVER; MEMBER OF OUR LADY OF PEACE PARISH; ATTENDING THE PROGRAM WITH AT LEAST ONE OTHER FAMILY MEMBER

DEMOGRAPHICS: 11 PARTICANTS STARTED THE PROGRAM WITH 4 PARTICIPANTS COMPLETING ALL SIX SESSIONS; TWO MARRIED WHITE HETEROSEXUAL COUPLES; AGES RANGED FROM 62 - 70 (M = 65.25); HIGH SCHOOL EDUCATED
STATISTICAL RESULTS

- POST-TEST SCORES (M = 150.25) WERE 10 POINTS HIGHER THAN THE PRE-TEST SCORES (M = 140.5)

- THE PAIRED t-TEST RESULT WAS NOT SIGNIFICANT (t = -1.92, p = .075)

- LOW STATISTICAL POWER DUE TO SMALL SAMPLE SIZE
YOUNG ADULT/NURSING STUDENT SAMPLE

• INCLUSION CRITERIA: ENGLISH-SPEAKING; ABLE TO CARE FOR HIS/HERSELF; AGED 18 AND OVER; NURSING STUDENT AT WIDENER UNIVERSITY

• DEMOGRAPHICS: 36 PARTICIPANTS STARTED THE PROGRAM WITH 23 PARTICIPANTS COMPLETING ALL SIX SESSIONS; AGES RANGED FROM 18 – 43 (M = 21); ONE MALE AND 22 FEMALES; EIGHTEEN WHITE, ONE BLACK, ONE HISPANIC, 3 MIXED; 87% NEVER MARRIED; 48% SOPHOMORE STUDENTS; 74% LIVED IN DORMS
STATISTICAL RESULTS

• THE POST-TEST SCORES ($M = 164.4$) WERE 18 POINTS HIGHER THAN THE PRE-TEST SCORES ($M = 146.2$).

• THE PAIRED t-TEST RESULT WAS SIGNIFICANT ($t = -5.2$, $p < .001$).

• THERE WERE SIGNIFICANT INCREASES IN ALL SIX SUBSCALE SCORES (SPIRITUAL GROWTH, STRESS MANAGEMENT, NUTRITION, PHYSICAL ACTIVITY, INTERPERSONAL RELATIONS, AND HEALTH RESPONSIBILITY).
OLDER ADULT/URBAN COMMUNITY SETTING SAMPLE

- INCLUSION CRITERIA: ENGLISH-SPEAKING; ABLE TO CARE FOR HIS/HERSELF; AGED 50 AND OVER; MEMBER OF THE CHESTER SENIOR CENTER

- DEMOGRAPHICS: 12 PARTICIPANTS STARTED THE PROGRAM WITH 2 COMPLETING ALL SIX SESSIONS, 1 COMPLETING FIVE AND 1 COMPLETING FOUR; AGES RANGED FROM 65 - 85 (M = 73.7); 1 MALE AND 3 FEMALES (ALL BLACK/AFRICAN AMERICAN); 3 COMPLETED HIGH SCHOOL AND 1 COMPLETED GRADE SCHOOL; 3 WERE MARRIED AND 1 WAS WIDOWED
STATISTICAL RESULTS

• THE POST-TEST SCORES ($M = 139$) WERE 6 POINTS HIGHER THAN THE PRE-TEST SCORES ($M = 132.75$).

• THE PAIRED $t$-TEST RESULT WAS SIGNIFICANT ($t = -3.1$, $p = .03$).

• NONE OF THE SUBSCALE SCORES HAD SIGNIFICANT DIFFERENCES MOST LIKELY TO THE SMALL SAMPLE SIZE.
IMPLICATIONS OF THE RESEARCH

• FAITH COMMUNITY NURSING INTERVENTIONS FOCUSING ON SPIRITUALITY AS THE FOUNDATION OF HEALTH ARE EFFECTIVE IN INCREASING THE PRACTICE OF HEALTHY BEHAVIORS IN ADULTS.

• NURSING STUDENTS AND COMMUNITY DWELLING OLDER ADULTS WERE INTRODUCED TO FAITH COMMUNITY NURSING.

• NURSING STUDENTS WERE TAUGHT SELF-CARE PRACTICES, INCLUDING SPIRITUAL GROWTH BEHAVIORS, WHO IN TURN CAN MODEL AND TEACH THESE PRACTICES TO OTHERS.

• SPIRITUALITY IS CENTRAL TO NURSES’ PROFESSIONAL IDENTITIES ON ENTRY INTO PRACTICE (HENSEL & LAUX, 2014).
IMPLICATIONS OF THE STUDENT ENGAGEMENT

• GRADUATE NURSING STUDENTS – ENGAGED IN HEALTH PROMOTION RESEARCH THROUGH SCHOLARLY INQUIRY AND PROGRAM DEVELOPMENT

• UNDERGRADUATE STUDENTS - ENGAGED IN HEALTH PROMOTION RESEARCH THROUGH INVOLVEMENT IN THE RESEARCH PROCESS AND PROGRAM DEVELOPMENT
IMPLICATIONS OF THE STUDENT ENGAGEMENT

• UNDERGRADUATE STUDENTS - ENGAGED IN HEALTH PROMOTION PRACTICE THROUGH INVOLVEMENT IN THE PROGRAM IMPLEMENTATION

• UNDERGRADUATE STUDENTS - ENGAGED IN SERVICE TO THE UNIVERSITY COMMUNITY AND THE COMMUNITY-AT-LARGE

• MENTORING UNDERGRADUATE NURSING STUDENTS IN RESEARCH CAN ENHANCE THE PREPARADNESS OF NURSES TO PARTICIPATE IN RESEARCH AFTER GRADUATION (Kessler & Alverson, 2014).
REFERENCES


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