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# Physical and psychosocial wellbeing of nurses in a regional Queensland hospital



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## KEYWORDS

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Physical activity;  
Stress

**Summary** Occupational stress is common among nurses. Two factors that may influence stress levels are diet and physical activity. The purpose of this study was to investigate the diets and physical activity levels of nurses and to quantify the relationships between these behaviours and anxiety, depressed mood, stress, and burnout. Nurses ( $N=52$ ) from one regional hospital completed a survey assessing physical activity, nutrition, and psychological functioning. Almost two-thirds (65%) of participants had met recommended levels of both moderate and vigorous physical activity in the week prior. Participants met recommended levels for fruit, but not vegetable, consumption. Burnout and stress levels were close to norms for physicians and nurses. Scores for depressed mood, anxiety, and stress symptoms were within one standard deviation of norms for the Australian adult population. Several moderately sized correlations were found between the psychological constructs measured and both physical activity and nutrition. Although most of the participants were physically active and seemed to be consuming nutritious diets, some nurses may need encouragement to adopt similarly healthy behaviours.

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## Introduction

High levels of occupational stress and burnout within the nursing profession is a global problem (Beck, 2011; Gonge & Buus, 2011; Hamdan-Mansour, Al-Gamal, Puskar, Yacoub, & Marini, 2011; Happell, Hoey, & Gaskin, 2012; Hayes & Bonner, 2010; Lim, Bogossian, & Ahern, 2010; Ribeiro, Martins, Marziale, & Robazzi, 2012; Ward, 2011). In the general population, the presence of occupational stress approximately doubles the risk of anxiety (Melchior et al., 2007) and depression (Melchior et al., 2007; Robertson Blackmore et al., 2007). Indeed, nurses commonly experience higher rates of depression than the general population (Letvak, Ruhm, & McCoy, 2012; Lin, Probst, & Hsu, 2010; Welsh, 2009) and moderate anxiety levels (Marneras et al., 2010; Stathopoulou, Karanikola, Panagiotopoulou, & Papatthanassoglou, 2011). To reduce occupational stress, primary and secondary prevention strategies are preferable, because they are concentrated on removing and reducing stressors (Quick, Quick, & Hurrell, 1997). Two secondary strategies that nurses may be able to employ to reduce stress are physical activity and healthy eating.

Physical activity can make a substantial contribution to the prevention and management of a broad range of physical and mental health conditions (Penedo & Dahn, 2005; Warburton, Nicol, & Bredin, 2006). With respect to mental health, physical activity can prevent and reduce anxiety (Ströhle, 2009; Wipfli, Rethorst, & Landers, 2008), depression (Eriksson & Gard, 2011; Ströhle, 2009; Teychenne, Ball, & Salmon, 2008), stress (Edenfield & Blumenthal, 2011; Hamer, Taylor, & Steptoe, 2006). In regard to nurses, initial evidence suggests that those who perform leisure-time physical activity experience higher levels of well-being (Henwood, Tuckett, & Turner, 2012). These benefits of physical activity strongly suggest that performing physical activity may assist nurses to manage their stress levels at work.

Despite the benefits of physical activity, many people lead sedentary lives (World Health Organization, 2009). Physical inactivity has reached pandemic levels, and is the fourth leading cause of death around the world (Kohl et al., 2012). Recent research conducted in the UK has shown that nurses are as physically inactive as the general population (Hawker, 2012), with over half not meeting recommended daily physical activity levels (Hawker, 2012; Malik, Blake, & Batt, 2011). Likewise, Canadian researchers found that 47% of nurses undertook no regular physical activity (Vieira, Kumar, & Narayan, 2008). These findings suggest that there are clear opportunities to improve the health of nurses through physical activity.

Consuming healthy diets also have substantial effects on physical and mental health (Joint World Health Organisation/Food and Agriculture Organization of the United Nations Expert Consultation, 2003; Roberts & Barnard, 2005; Willett, 1994). With respect to mental health, specific diets and nutritional supplements have been associated with improved mood (e.g., lower levels of anxiety and depression), as well as having neuro-protective effects (Casper, 2011; Walsh, 2011). Many people consume poor diets, however, characterised by low intake of nutrient dense, high fibre, low fat foods (e.g., fruits and vegetables) and high intake of refined carbohydrates and fatty foods (Australian Institute of Health and Welfare, 2012; Mokdad

et al., 2001). Research suggests that nurses also consume nutritionally suboptimal diets (e.g., Blake, Malik, Mo, & Pisano, 2011; Malik et al., 2011). In one study, for example, only 40% of registered nurses consumed five servings of fruit and vegetables every day, and a similar percentage ate foods high in fat and sugar once per day (31%) or two to three times a day (6%; Malik et al., 2011). The potential relationships between nurses' diets and their mental health have yet to be determined.

Although there is a multitude of factors that potentially contribute to the stress levels that nurses experience, the present study was focused on two approaches to improving mental health that may be under the control of individuals: diet and physical activity. Specifically, the purpose of this study was to investigate the diets and physical activity levels of nurses and to quantify the relationships between these behaviours and anxiety, depressed mood, stress, and burnout.

## Method

### Participants

The participants were 52 nurses from one regional hospital. The nurses had an average age of 41 years ( $SD = 12$ ) and most (90%) were female. The participants worked across the hospital, with most nursing in renal ( $n = 16$ ), surgical ( $n = 13$ ), and emergency areas ( $n = 9$ ). Almost half the participants (46%) had over 10 years working experience as nurses. Two thirds of participants (67%) had been working in the same areas within the hospital for 2 years or more.

### Measures

#### Physical activity

The Active Australia Survey (Australian Institute of Health and Welfare, 2003) was used to measure physical activity. The development of the instrument was a government initiative to enable the collection of uniform, standardised data on the physical activity of Australian adults. This instrument has sound reliability and acceptable validity (Brown et al., 2002).

#### Nutrition

Items on nutrition were developed from the Dietary Guidelines for Australian Adults (National Health and Medical Research Council, 2003). The survey had questions about the consumption of fruit, fruit juice, vegetables, potatoes, potato-based products (e.g., chips, wedges, fried potatoes, salad and other mixtures of raw vegetables, cooked vegetables, milk, meat, meat products, bread, and cooked cereals). The survey also had questions about the addition of salt to food.

#### Burnout

The Maslach Burnout Inventory (MBI; Maslach, Jackson, & Leiter, 1996) was used to measure burnout in nurses. The MBI has 22 items that assess three aspects of work-related burnout: emotional exhaustion, depersonalisation, and personal accomplishment. Participants report how frequently

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