



Factors influencing health behaviors among active duty Air Force personnel

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ABSTRACT

Background: Individual health behaviors affect whether U.S. Air Force (USAF) service members are fit and ready to deploy.

Purpose: The purpose of this study was to understand health behaviors of USAF members to guide future interventions to reduce cardiovascular risks.

Methods: A qualitative descriptive study was conducted with a purposive sample of 24 active duty USAF participants. Conventional content analysis was used to derive data-driven themes that were compared with the Health Promotion Model (HPM).

Discussion: Participants defined health in a multifactorial way that covered physical, emotional, and spiritual dimensions. The three themes that contributed to participants' health behaviors addressed: "who I am," "what works for me," and the USAF culture. There was a poor fit between findings as expressed by these participants and the HPM.

Conclusion: Although these findings were derived from a sample of USAF participants, the findings have implications for members of other military services. The findings also have relevance for nurses and other providers within the civilian work environments who can promote health and wellness by integrating a client's personal history into a plan for developing and sustaining a healthy lifestyle.

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Introduction

A focus on sustaining health and preventing disease is important in the U.S. Air Force (USAF) to ensure that

active duty men and women are healthy and ready to deploy (AFI 36-2905, 2013). Of particular concern is the prevention of heart disease, which has been identified as the leading cause of death within the United States (Murphy, Xu, & Kochanek, 2013). Cardiac-related

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diagnoses have been identified as the primary noninjury cause for critical care transport from deployed settings (Bridges & Evers, 2009). Some cardiovascular risks among military personnel, including the prevalence rates of hypertension and tobacco use, exceed civilian rates despite the availability of comprehensive health care (McGraw, Turner, Stotts, & Dracup, 2008).

Modification of lifestyle behaviors—eating habits, physical activity, weight gain, smoking, and alcohol use—forms the underlying basis for strategies to prevent cardiovascular disease, with benefits demonstrated for cardiovascular mortality, as well as all-cause mortality and quality of life (Lloyd-Jones et al., 2010). According to a 2011 Department of Defense survey of active duty personnel across all military services (Army, Navy, Air Force, Marines, and Coast Guard), 63.6% of active duty members were considered overweight or obese, 37.3% reported using cigarettes or smokeless tobacco in the past 30 days, 36.8% reported less than 150 min of moderate physical activity per week, 34.4% ate less than one serving of vegetables per day, and 10.3% reported being told they had high blood pressure in the last 2 years (Barlas, Higgins, Pflieger, & Diecker, 2013).

In military populations worldwide, cardiovascular risks have modestly improved through physical activity interventions in multiple countries, including Iran (Naghii, Almadadi, & Zarchi, 2011), Finland (Cederberg et al., 2011), and among National Guard members in the United States (Talbot et al., 2011). Although improvements were noted in cardiovascular health, the aforementioned investigators identified the need for tailored interventions to address all facets of lifestyle modification, along with the need to better understand the issues related to health promotion unique to the military population.

The USAF has developed a comprehensive fitness program with specific responsibilities for commanders at all levels and USAF medical units at every location (AFI 36-2906, 2013). In addition to explicit expectations that all USAF military members maintain appropriate fitness levels at all times and guidance about developing a formal fitness plan for each military unit, the fitness program also directs the administration of a required fitness assessment for all members. The assessment consists of four components: (a) the waist circumference measurement, (b) the number of push-ups completed in 1 min, (c) the number of sit-ups completed in 1 min, and (d) a timed 1.5-mile run. Each element of the fitness assessment is scored, producing a total score that can range from 0 to 100, with defined minimum (or maximum) standards in each element based on sex and age. Until 2013, the USAF fitness assessment was completed annually. Then, the process was modified to have assessments completed every 6 months, unless the service member achieved a total score of 90 or higher (AFI 36-2906). As part of the fitness program, each USAF unit (consisting of approximately 25 to 300 individuals) has a designated

unit fitness program manager that assists the commander with administering the fitness program.

Because of the importance of fitness and health within the USAF, the primary aim of this study was to identify factors that influence the lifestyle health behaviors of USAF active duty military members. A secondary aim of this analysis was to compare these factors to the elements of the Health Promotion Model (HPM).

The HPM is a widely accepted model for developing lifestyle prevention interventions based on understanding how decisions about health behaviors are made (Pender, Murdaugh, & Parsons, 2011). Social cognitive theory and expectancy-value theory serve as foundations for the HPM. The HPM focuses on the internal and external influences of an individual's health-promoting behaviors. Internal influences consist of individual characteristics—such as biological, psychological, and sociocultural factors—and previous experiences with similar behaviors. External influences consist of interpersonal (e.g., family and peers) and situational (e.g., physical environment) factors that affect a person's cognition and attitude toward a specific health-promoting behavior. In the HPM framework, personal characteristics and past experiences influence a person's commitment to engaging in health-promoting behaviors. Subsequently, through perceived benefits and barriers of action, self-efficacy, activity-related affect, and social and physical support, this commitment to a plan results in the performance or avoidance of the desired health-promoting behavior (Pender et al., 2011).

Methods

A qualitative descriptive design (Sandelowski, 2000; 2010) was used to guide the identification of factors that influence the lifestyle health behaviors of active duty military members in the USAF. Although findings from qualitative description yield a portrayal of participant experiences that is interpretively less complex, the findings can bring “to light fresh perspectives from participants” (Kearney, 2001, p. 147). The ultimate goal of this study was to use the participants' perspectives to develop the foundation of a lifestyle modification program appropriate for the USAF population.

Sample and Setting

Following Institutional Review Board approval, the research was conducted at Travis Air Force Base (AFB) which is located in Northern California, midway between San Francisco and Sacramento. There are >26,000 personnel assigned to Travis AFB, >7,000 of whom are active duty members of the military (60th Air Mobility Wing Office of Public Affairs, 2013). The two inclusion criteria for participation were (a)

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