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Do nurses' personal health behaviours impact on their health promotion practice? A systematic review

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ABSTRACT

Background: There is a growing expectation in national and international policy and from professional bodies that nurses be role models for healthy behaviours, the rationale being that there is a relationship between nurses' personal health and the adoption of healthier behaviours by patients. This may be from patients being motivated by, and modelling, the visible healthy lifestyle of the nurse or that nurses are more willing to promote the health of their patients by offering public health or health promotion advice and referring the patient to support services.

Methods: An integrated systematic review was conducted to determine if nurses' personal health behaviour impacted on (1) their health promotion practices, and (2) patient responses to a health promotion message. Medline, CINAHL, SCOPUS, and PsycINFO databases were searched. A narrative synthesis was conducted.

Results: 31 studies were included in the review. No consistent associations were noted between nurses' weight, alcohol use, or physical activity level and their health promotion practice, although smoking appeared to negatively impact on the likelihood of discussing and engaging in cessation counselling. Nurses who reported confidence and skills around health promotion practice were more likely to raise lifestyle issues with patients, irrespective of their own personal health behaviours. The two studies included in the review that examined patient responses noted that the perceived credibility of a public health message was not enhanced by being delivered by a nurse who reported adopting healthy behaviours.

Conclusions: Although it is assumed that nurses' personal health behaviour influences their health promotion practice, there is little evidence to support this. The assertion in health care policy that nurses should be role models for healthy behaviours assumes a causal relationship between their health behaviours and the patient response and adoption of public health messages that is not borne out by the research evidence.

What is already known about this topic?

- International policy discourse suggests that health care professionals and in particular, nurses, should be role models for healthy behaviours.
- Some studies have shown that nurses who smoke or are obese are less willing to promote the health of their patients by offering public health or health promotion advice and referring the patient to support services.
- Advice from nurses who are not observably practising a healthy lifestyle themselves has been shown to be less credible to patients.

What this paper adds

- This systematic review synthesises quantitative and qualitative evidence that proposes that the health behaviours of nurses matter because it impacts on patients. It shows that the evidence does not consistently show that nurses' personal health behaviours shape either their health promotion practice or patients' response to public health or health promotion messages.
- Nurses' willingness or intention to engage in health promotion activities may also be influenced by their training, perceived self-efficacy, ability to empathise or by having a supportive working environment.
- The review shows the lack of research on patient views and whether the practice of nurses influences their decision to follow or ignore behaviour change advice.

1. Background

Health promotion practice is a very broad concept encompassing a wide range of approaches with the same goal, which is to enable people

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to have better control over, and improve their health (Naidoo and Wills, 2016). Reducing the unhealthy behaviours that contribute to non-communicable diseases (such as smoking, obesity, poor diet, and lack of exercise) is a major global goal for public health and health care (World Health Organisation (WHO), 2008), and health education to support individual behaviour change is widely accepted as a core part of the role of most nurses (Whitehead, 2010). Increasingly, nurses and other health care professionals (HCPs) are expected to take on and effectively incorporate health promotion into their clinical practice. For example, the standard National Health Service (NHS) Contract (section 8.6) requires providers to develop an organisational plan for "making every contact count" (MECC) – using HCPs' day-to-day interactions with individuals to support them in making changes to their physical and mental health and wellbeing (NHS England, 2016).

In a bid to improve unhealthy lifestyles among its own workforce, the "Five Year Forward View" in England requests that all NHS staff "stay healthy, and serve as health ambassadors in their local communities" (NHS England, 2014, p.11). In particular, there has been a steer in policy discourse on workforce health and public health towards encouraging nurses to be role models for healthy behaviours. The Nursing and Midwifery Council (NMC) Code of practice asks nurses to be a "model of integrity and leadership for others to aspire to" (p.15) and to "be aware at all times of how your behaviour can affect and influence the behaviour of other people" (NMC, 2015, p.15). International nursing bodies have also raised concerns about nurses' lifestyles. The International Council of Nurses (ICN) has noted that "If each of the world's 13 million nurses… acted as role models, educators and change agents among their families, friends, workplaces and local communities to promote healthier lifestyles, together we could help to halt the tide of chronic disease." (p.41) (ICN, 2010). Nurses themselves perceive an expectation to be healthy role models (Rush et al., 2005), yet research evidence suggests shows that nurses worldwide exhibit a poor health profile (Perdikaris et al., 2010; Lobelo and de Quevedo, 2016).

Despite the expectation to be healthy role models, the effects of nurses' health behaviours on patients are not known. Two arguments are proffered for why a nurse's own health behaviours might matter in relation to their health promotion practice. First, that a nurse may be less willing to attempt to promote healthy lifestyles if they do not have a healthy lifestyle themselves. Second, advice given by a visibly unhealthy nurse may be less credible and patients may be less willing to follow it. Health behaviours which have visibly not been adopted by a nurse are less likely to be valued. Social learning theory (Bandura 1986, 1977) asserts that when an individual sees a model who they identify with or admire, the model's behaviours may serve as a cue for the individual to initiate similar behaviours. So if an individual identifies with a nurse in some way and sees that nurse practising a healthy behaviour, they are more likely to follow suit. A source with high credibility is generally more persuasive in encouraging individuals to change their beliefs, attitudes, or behaviours than a low credibility one (Hovland and Weiss, 1951). The greater the perceived trust and expertise of the source, the more likely that a recipient will accept it and be persuaded by it. In a similar way, should the nurse's health promotion actions not be well received by patients, their motivation to engage in health promotion in future will be lessened.

2. Review aim

The logic model in Fig. 1 provides a framework for the review and (i) makes explicit the underlying theories of change and assumptions about causal pathways between the personal health behaviours and the outcome of patient behaviour change (Anderson et al., 2011), (ii) identifies relevant outcomes and indicates the type of evidence that might therefore be included, and (iii) provides a rationale for the analysis of differences among studies and along dimensions of interest such as the behaviour, the context/specialty of the nurse. This review takes a broad approach integrating various types of research evidence to understand this complex relationship. The logic model makes clear the assumptions of current policy and the explanations from social learning and communication theories about the relationship between health behavior and health promotion practice, whereby nurses' health behaviours may moderate their ability to show empathy or develop rapport with patients, their confidence and knowledge in health promotion practice, how important they perceive the behaviour to be, their willingness to raise the issue and their credibility. The logic model identifies a range of nurse outputs based on the MECC approach (Public Health England (PHE) et al., 2016) which includes the 5 As of Ask, Advise, Assess, Assist, Arrange (Agency for Healthcare Research and Quality, 2012) and the recommended ways of recording public health impact (Royal Society for Public Health and PHE, 2017). The patient outputs are the patient's attention to the nurse and their receptiveness to any health promotion messages or actions.

The logic model uses the term 'outcome' to describe any impact on patient behaviours related to this health promotion practice, and the impact of the nurse's health promotion actions and the patient response on their future practice.

The review questions were:

1 Do nurses' personal health behaviours impact on their health promotion practices? and;
2 Do nurses' personal health behaviours impact on patient responses to a health promotion message?

3. Methods

3.1. Identification of studies

Searches were conducted on Medline, CINAHL, SCOPUS, and PsycINFO databases over a two-week period in June 2017 by the principal researcher. Following the research questions, the search strategy was assembled using a PEO framework (population, exposure, and outcome), combining terms within each concept with nurse as the population group and health behaviours as the exposure as shown in Table 1. Synonyms and truncation symbols were used to be as comprehensive as possible. These were then combined using the Boolean operator 'and' with the outcomes associated with health promotion practice.

Ancillary searching included citation trails from all the included papers. An example of the search string used for MEDLINE is shown in Supplementary file 1.

3.2. Screening

Three researchers screened the titles and abstracts for eligibility according to the inclusion/exclusion criteria in Table 2. Quantitative studies assessing a direct statistical relationship between nurses' personal health behaviours and their health promotion practice or patient responses and outcomes, or qualitative studies that claimed to be reporting on that relationship were included.

3.3. Data extraction

A data extraction form was developed and piloted with three studies. Data extracted included study title, country, setting, behaviour, outcome measure and whether the study showed a relationship between nurses' personal health behaviours and health promotion practice or patient responses.

3.4. Study appraisal

Studies were examined using critical appraisal checklists from the Joanna Briggs Institute (JBI). Quantitative studies were examined using the individual checklists for each study design (JBI, 2014a,b). No