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# **Influence Caring Behaviors of Undergraduate Nursing Students**

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## Description

Health promotion is a process of enabling people to increase control over and improve their health. It is considered one of the effective strategies to manage the needs of community health, besides decreasing health disparities among people. It is also considered one of the most effective ways to control health care costs. The first international conference on health promotion was held in Ottawa in 1986 as a response to ongoing expectations for a new public health movement internationally. The World Health Organization (WHO) global health conferences have established and developed global principles and action areas for health promotion. Recently, the 9th global conference highlighted the promotion of health as a sustainable development goal as well.

The leading cause of death globally is Non-Communicable Diseases (NCD) such as diabetes, heart disease, hypertension, and respiratory disease. Each year, 15 million people die from NCD between 30–69 years of age, and 85% of premature deaths occur in low-middle income countries. Thus, some of the modifiable risk factors such as tobacco use, diet, inadequate physical activity, obesity, and overweight could be improved by health promotion. In Jordan, public health appears to be regressing in terms of lifestyle as 32.3% of the population reported being tobacco smokers, and only 27% reported being physically active.

Vital NCD interventions through a primary health care approach can strengthen early detection and treatment. The induction of health promotion in primary care settings could help build an effective health care system leading to improved health equity, effectiveness, and efficiency. Jordanian primary health care centers are considered the first point of contact in the national health system.

## **Data Collection Procedure**

A self-administered questionnaire was used in this study to collect the data. One part of the "nurses' knowledge and attitudes toward health promotion questionnaire" by Faris (2015) was used. The used instrument was adopted from a previous study in Baghdad after taking approval from the researcher. Since Arabic is the official language in Jordan, the questionnaire was translated into an Arabic version with back-translation from Arabic to English by a professional expert.

The questionnaire focuses on nurse's attitudes toward health promotion. The questionnaire comprised two parts focusing on demographic data and attitudes of nurses toward health promotion. The first part of the demographic data includes nurses' age, gender, educational level, number of experience years, and the receiving of training courses on health promotion or lack of it. The second part about nurses' attitudes includes 16 items (three related to constraints, five to responsibilities, and eight to client's reception responses). Items were measured using a two-level scale of agree and disagree. The reliability of the instrument was checked. The Cronbach's alpha of the whole instrument was 0.72.

## **Ethical Consideration**

Ethical approval for conducting this study was obtained from the Institutional Research Committee (IRB) in Jordan University of Science and Technology (Ref # 211/132/2020). The IRB was also obtained from the Ministry of Health to conduct the study in the primary health care centers. The purpose of the study was explained to the participants and the consent form was obtained. Confidentiality, voluntary participation, and anonymity were maintained. Finally, Helsinki Declaration has been followed for involving human subjects in this study.

Nowadays, health care providers are becoming more involved in disease prevention and improving the well-being of people. It is very important for them to understand the concept of health promotion and to use it in practice. Limited studies were conducted in the Middle East regarding the attitudes of primary health care practitioners toward health promotion. For example, a cross-sectional study among 322 Jordanian primary health care practitioners revealed that 61.7%, 41%, and 38% of them felt that patients did not need education about the association between smoking, diet, physical activity and cancer, respectively while 36.5% reported that counseling made them feel uncomfortable. On the other hand, a cross-sectional study among 120 Iraqi nurses revealed that 88.3% of nurses concurred that they should take more responsibility for the promotion of health, while 59.1% and 53.3% agreed that they had enough time and skills to conduct health promotion effectively.

Health care providers face many barriers that could influence and affect the success of practicing health promotion. For example, a descriptive study was conducted among 144 health Turkish care providers in 33 different family health centers.

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Insufficient time and lack of personnel were the most reported barriers by 65.3% and 39.6% of participants, respectively. Another cross-sectional study was conducted among 803 primary health care providers in 75 primary centers in Saudi Arabia. More than half of the nurses and physicians reported lack of time as the main barrier in addition to lack of educational materials, appropriate training and guidelines, patient cooperation, and financial incentives.

Nurses comprise the largest occupational group of frontline healthcare providers in the healthcare sector. Thus, they must be aware of this responsibility to promote behavioral change through health education. This study will measure the attitudes of nurses in primary care settings and the barriers preventing them from conducting health promotion in primary care settings in the new century. This will give us an idea on whether to implement more training programs for nurses to improve their role in health promotion in primary care settings. The attitudes of nurses were measured using16 items. These items were classified into constraints (three items), responsibilities (five items), and perception of the client's responses (eight items). The answers for all items were (disagree = 1) and (agree = 2). Items 6,7, and 9–15 were reversed. The mean total attitude was 25.26 out of 32 (SD = 2.96).

Regarding the constraints that prevent nurses from implementing health promotion, only 43.4% of participants agreed that they had enough time to conduct health promotion, while 71% agreed that they had the necessary skills to conduct health promotion for their patients. Regarding health promotion responsibilities, 87.7% agreed that nurses should assume more responsibility for health promotion, while 49.7% thought that patients were totally responsible to promote their own health. Regarding the client's perception, 60.7% of participants agreed that patients found health promotion dull and boring when they provided it to them.