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ORIGINAL ARTICLE

Suggested Scoring Scale for Nurse's Self as a Role Model in Health Promotion in Primary Health Care Centers

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ABSTRACT

Objective(s): To identify Creating new Score for Nurse's Self as a role Model in Health Promotion.

Methodology: A descriptive study design was carried out to measure the Suggested Scoring scale for Nurse's Self as a role Model in Health Promotion in Primary Health Care Centers and will be used to determine the nurses' health their perceptions of self as role models for health promotion. The study was started from 8th September 2022 to 16th December 2022. A purposive sample of (127) nurses were selected according to the study that are actual working in Primary Health Care Centers. Validity and reliability of the questionnaire are determined through pilot study. The data were collected by direct interview using specific questionnaire that's composed of two parts (56) items. Data were analyzed by using (SPSS) package version 22. Descriptive data through determination of: Frequency, percentage, mean of score and standard deviation. Inferential statistical data analysis approach: used by enforcement of the Chi –square test used for determining the association between Socio-demographic characteristics and the Suggested Scoring scale for Nurse's Self as a role Model in Health Promotion, testing the significant of the contingency coefficient. For study significant P-value (≤ 0.05).

Results: The findings indicate that (47.3%) of nurses are the last two age groups (45-49), (≥ 50), while (94.5%)of them are showing educational levels at the diploma. Health Promotion Training shows that about (65.4%), and (66.9%) the studied nurses are assigned exercising. and show a high positive relationship in the response of nurses as a role model in health promotion.

Conclusions: The study concluded that a positive relationship between nurses' health practices and their self-perception as a role model for health promotion will be a highly significant positive relationship between the nurses' personality as a role model for health promotion and social and demographic characteristics.

Recommendations: The present study recommends the need that periodic and regular evaluation of the health promotion program is required at health directorates, health care sectors and primary health care centers for the determination of monitoring its utility. that leads to changing their lifestyle and getting rid of wrong behaviors and habits.

Keywords: Scoring scale, self as a model, nurse, health promotion, primary health care.

INTRODUCTION

Using research that is supported by evidence and making recommendations in order to improve the health of patients is the responsibility of the nurse in preventative health care. The support and education that registered nurses provide to patients paves the way for patients to potentially get preventative services such as counseling, screenings, and precautionary procedures or drugs. In order to provide clients with the outcomes they want, good quality clinical care is essential, and nurse performance evaluation is a key component of that [1,2].The term "role model" evoked a variety of interpretations among the nurses, ranging from negative perceptions of the idealized image to a more humanized and authentic representation. Nurses defined themselves as role models of health promotion based on the meaning they gave the term, their perceptions of societal expectations, and the self-constructed personal and professional domains [3,4] .Since nurses serve as role models for their patients, they have a significant influence on both their own and their patients' lifestyles[5].WHO defines health promotion as the act of empowering people by increasing the control they have over their own health. Health promotion encompasses a wide range of social and environmental interventions designed to benefit and protect individuals' health and quality of life by addressing and preventing the underlying causes of ill health, rather than merely concentrating on treatment and healing [6,7].Primary health care (PHC) focuses on the public's demands for a sustainable healthy existence without placing any financial burden on patients in order to ensure the maximum degree of health and well-being and their equitable distribution. Additionally, it is explained how to prioritize giving women, families, and rural communities special treatment[8,9].

METHODOLOGY

A descriptive study is, using to determine the nurses' health practices and their perceptions of Suggested Scoring scale for Nurse's Self as a role Model in Health Promotion in Primary Health Care Centers. A purpose sample of (127) nurses working in primary health care centers was selected. The sample was determined from a homogeneous group of (656). The data collection was through the direct interview technique by researcher with each participant of staff lasted from 8th September to 16th December 2022. multi-item measurement scales have been developed to measure nurses' perceptions of themselves as role models of health. Content validity for the early develops instrument is determine through a panel of (15) experts who have more than 5 years of experience in their specialties to review the questionnaire clarity, relevance, and adequacy. The determination of reliability of the questionnaire is based on Cronbach alpha reliability; the correlation coefficient is (0.8994).Questionnaire format contents part (1) socio-demographic characteristics which includes (age, gender, Body Mass Index, educational level, Occupational years, Health Promotion Training, Smoking and Hooking, Drinking alcoholic Exercise). Part (2) which deals with the Scoring scale for Self as a Role Model in Health Promotion for Nurses in Primary Health Care Centers and includes (56) items.The following statistical data analysis approaches were used in order to analyze and assess the results of the study under application of the statistical package (SPSS) ver. (22.0): Frequency distributions, percent and Summary Statistics including the following: Mean of score (MS), Standard Deviation (SD), Relative Sufficiency (RS%), Percentile Grand/or Global Mean of Score (PGMS), and Pooled Standard Deviation (PSD%) [10-15]. In addition to that, scoring scales concerning five ordinal scales (Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree) of integer numbers (1, 2, 3, 4, and 5) respectively. The Institutional Review Board (IRB)at the University of Baghdad, College of Nursing approved the study to be conducted. The study protocol meets both the global & the Committee on Publication Ethics(COPE) standards of respecting humans subjects' rights.

RESULTS

Table (1): Results out of this table reveal the socio-demographic characteristics of (127) Nurses; (50.4%) were male, (26.8%) were (45 – 49) age group, (39.4%) were Normal weight, (82.7%) were married, (57.5%) were Diploma, (22.8%) were (21-25) Occupational years.

Table 1: Distribution of the sample according to their socio-demographic characteristics

SDCv.	Groups	No.	%	C.S. (*) P-value
Gender	Male	64	50.4	P=1.000 (NS)
	Female	63	49.6	
	Total	127	100	
Age Groups	20 - 24	9	7.1	χ^2= 26.614 P=0.000 (HS)
	25 - 29	17	13.4	
	30 - 34	17	13.4	
	35 - 39	10	7.9	
	40 - 44	14	11	
	45 - 49	34	26.8	
	≥ 50	26	20.5	
	Total	127	100	
Body Mass Index	Normal weight	50	39.4	χ^2= 5.496 P=0.064 (NS)
	Over weight	30	23.6	
	Obese	47	37	
	Total	127	100	
Education level	Secondary	34	26.8	χ^2= 35.638 P=0.000 (HS)
	Diploma	73	57.5	
	Bachelor's degree	20	15.7	
	Total	127	100	
Occupational years	≤ 5 yrs.	21	16.5	χ^2= 4.858 P=0.433 (NS)
	6 _ 10	20	15.7	
	11 _ 15	16	12.6	
	16 _ 20	18	14.2	
	21 _ 25	29	22.8	
	≥ 26 yrs.	23	18.1	
	Total	127	100	

SDCv.: socio-demographic characteristics, No.: Frequency, %: Percentage
(*) HS: Highly Sig. at P<0.01; S: Sig. at P<0.05; Non Sig. at P>0.05; Testing based on One-Sample Chi-Square test, and Binomial test.

Table 2: Distribution of the studied sample according to Some Related variables (SRv.) with comparisons significant (N=127)

SRv.	Groups	No.	%	C.S. (*) P-value
Health Promotion Training	No	44	34.6	P=0.001 (HS)
	Yes	83	65.4	
Training courses	Non Applicable	44	34.6	χ^2= 19.229 P=0.001 (HS)
	One	24	28.9	
	Two	16	19.3	
	Three	10	12.0	
	Four	6	7.2	
	≥ 5	27	32.5	
Smoking and Hooking	Never Smoking	104	81.9	χ^2= 26.614 P=0.000 (HS)
	Smoking Stopped	6	4.7	
	Smoking Soon	13	10.2	
	Hooking	4	3.1	
Drinking alcoholic	No	127	100	P=0.000 (HS)
	Yes	0	0.00	
Exercise	No	42	33.1	P=0.000 (HS)
	Yes	85	66.9	

(*) HS: Highly Sig. at P<0.01; S: Sig. at P<0.05; Non Sig. at P>0.05; Testing based on One-Sample Chi-Square test, and Binomial test.

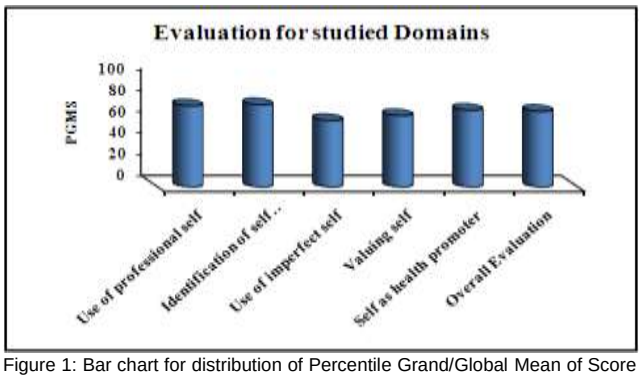

Figure 1: Bar chart for distribution of Percentile Grand/Global Mean of Score for Nurse's Self as a Role Model in Health Promotion main domains

Table 3: Relationships among Nurse's Self as a Role Model in Health Promotion responding in light of their (SDCv.) and some related variables (N=127)

SDCv.	Relationships											
	Use of professional self		Identification of self with idealized		Use of imperfect self		Valuing self		Self as health promoter		Overall Evaluation	
	C.C.	P-value	C.C.	P-value	C.C.	P-value	C.C.	P-value	C.C.	P-value	C.C.	P-value
Gender	0.117	0.184 (NS)	0.178	0.041 (S)	0.134	0.129 (NS)	0.056	0.528 (NS)	0.082	0.355 (NS)	0.039	0.657 (NS)
Age Groups	0.195	0.542 (NS)	0.195	0.543 (NS)	0.249	0.210 (S)	0.078	0.993 (S)	0.356	0.005 (HS)	0.249	0.209 (NS)
Marital Status	0.221	0.088 (NS)	0.147	0.421 (NS)	0.294	0.002 (HS)	0.118	0.616 (NS)	0.282	0.012 (S)	0.153	0.387 (NS)
Education	0.203	0.065 (NS)	0.200	0.070 (NS)	0.181	0.116 (NS)	0.081	0.659 (NS)	0.294	0.002 (HS)	0.239	0.022 (S)
Occupation Service's Years	0.232	0.205 (NS)	0.244	0.154 (NS)	0.252	0.125 (NS)	0.306	0.022 (S)	0.350	0.003 (HS)	0.253	0.123 (NS)
BMI	0.229	0.029 (S)	0.264	0.009 (HS)	0.071	0.726 (NS)	0.086	0.622 (NS)	0.223	0.036 (S)	0.307	0.001 (HS)
Health Promotion Training	0.019	0.834 (NS)	0.017	0.846 (NS)	0.209	0.016 (S)	0.030	0.735 (NS)	0.041	0.641 (NS)	0.006	0.948 (NS)
Training courses	0.053	0.996 (NS)	0.091	0.958 (NS)	0.258	0.106 (NS)	0.268	0.080 (NS)	0.255	0.114 (NS)	0.221	0.259 (NS)
Smoking and Hooking	0.204	0.138 (NS)	0.238	0.054 (NS)	0.206	0.132 (NS)	0.170	0.288 (NS)	0.135	0.503 (NS)	0.132	0.520 (NS)
Exercise	0.83	0.347 (NS)	0.050	0.572 (NS)	0.117	0.184 (NS)	0.040	0.655 (NS)	0.025	0.780 (NS)	0.138	0.116 (NS)

(*) HS: Sig. at P<0.05;S: Sig. at P<0.05; NS: No Sig. at P>0.05; Statistical hypothesis based on Contingency's Coefficient test.

Table 4: Simple Pearson's Correlation Coefficients among studied Main Domains (N=127)

Corr. & P-value	Main Domains	Identification of self with idealized	Use of imperfect self	Valuing self	Self as health promoter
Correlation	Use of professional self	0.593	0.214	0.203	0.417
	Identification of self with idealized		0.225	0.311	0.373
	Use of imperfect self			0.326	0.268
	Valuing self				0.383
P-value	Use of professional self	0.000	0.008	0.011	0.000
	Identification of self with idealized		0.006	0.000	0.000
	Use of imperfect self			0.000	0.001
	Valuing self				0.000

(*) HS: Highly Sig. at P<0.01; Statistical hypothesis are based on Pearson's Coefficients

DISCUSSION

The analysis of the results showed that the nurses' gender, age, Body Mass Index, education level, occupation, years of nursing experience, and length of employment in primary healthcare facilities are among the demographic information[16].Table (1):Results shows that significant differences are accounted in at least at P<0.05 among the observed distribution with their an expected outcomes with reference to "Age Groups, and Education Level" variables, while leftover variables showed no significant different at P>0.05, such as " Gender, Body Mass Index, and Occupational years". With respect to gender, the studied sampled are formed from the two groups of males and females identically, Age groups shows that about half of the studied subjects at the last two age groups, since they are accounted 60(47.3%), this result was consistent with the study in which the researcher found that the mean of age of the participants was 40-49 years[17], body mass index shows about two third of the studied subjects having an overweight, Most studied nurses were recorded their educational levels at the diploma, or less, and are accounted 107(94.5%), then finally occupational years are formed identical distribution along different groups.Table (2):Results shows that highly significant differences are accounted at P<0.01 among the observed distribution with their an expected outcomes. With respect to "Health Promotion Training", two third of the studied sampled are assigned a health promotion training, since they are accounted 83(65.4%), and among who had training courses, and only 15(13.3%) of the studied sampled had smoking soon, and hooking, and no one among the studied sampled drinking alcoholic, and finally, two third of the studied nurses are assigned exercising, and they are accounted 85(66.9%), Also, the study findings agree with study of that show the majority of participants never smoking, drinking and practice physical activity (1-2) times per week[18].Figure (1) represent "Percentile Grand Mean of Score" values, as well as an overall evaluation to main domains of studied nurse's responding, In study that depict that the majority of main (83.34%) and family medicine (100%) primary health care centers have good overall evaluation[19].In table (3), which consists of contingency coefficients for testing the statistical hypothesis, which says that no relationships are accounted between redistribution of preceding variables.Table (4) shows in term of simple correlation coefficients (Person's correlation coefficients) among studied main domains. There an inclusive significant relationships at P<0.01for the extracted correlation coefficients among all studied main domain's pairwise, and that interpreting appearance a unique of extracted factor (The Covariance) [20].

CONCLUSIONS

The importance of all studied main domains on which the scale came, the only pattern of common variance that explains this importance constituted less than half of the value of the total variance explained of the studied problem, which calls for the searching for other compounds (Other main domains) that requiring their inclusion with the current main domains in order to improve and interpretation studied phenomena.

Recommendations: If nurses are going to lead the nation in healthcare, nurses must role model personal health behaviors to their clients. Nurses influence those around them in both the personal and professional setting, therefore as nurses extend positive lifestyle practices into their professional domain, they will make positive influences on their clients.

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