



The Relationship between Social Support and Health Promoting Lifestyle Behaviors in Uninsured Adults

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Introduction

- In the last two decades, health promotion and disease prevention have been at the forefront of healthcare in the United States due to high costs of care and increasing rates of chronic disease.
- Chronic diseases are a major source of death and illness in the United States and throughout the world. Fifty percent of deaths and illness in the United States are directly related to unhealthy lifestyles primarily related to tobacco use, poor diet, unmanaged stress and lack of physical activity (Division of Nutrition and Physical Activity and National Center for Chronic Disease Prevention, 2007).
- A psychosocial factor that affects health promotion behaviors and healthy lifestyles is social support.
- Cohen, Underwood, and Gottlieb (2000) state that social support affects mental and physical health through its influence on cognition, emotions and behaviors.
- Interaction with others is thought to increase positive affect and motivate individuals to care for themselves. Social support can be health promoting because it facilitates adherence to medical regimens (DiMatteo, 2004) and because it facilitates healthy behaviors such as eating well, exercise, and not smoking (Uchino, 2004). Having many social ties results in multiple sources of information that could also influence behaviors.
- Socioeconomics and lack of health insurance affects health promotion behavior and healthy lifestyles. Forty-six million Americans do not have health insurance (National Coalition on Health Care, 2009).
- Lack of insurance creates a substantial barrier to access for preventative services, health and lifestyle education as often these individuals do not have a consistent source of healthcare (Cadzow, Servoss & Fox, 2007).
- Lacking a constant source of health care has been shown to result in worse health outcomes (Baker, Sudano, Albert, Borawski & Dor, 2001).

Problem Statement

- Factors that influence health promoting behaviors are not fully understood especially in the case of social support.
- Identifying groups with lower perceived social support may aid advanced practice nurses in providing nursing interventions aimed at increasing social support and health promoting lifestyle behaviors in the uninsured population.

Purpose of the Study

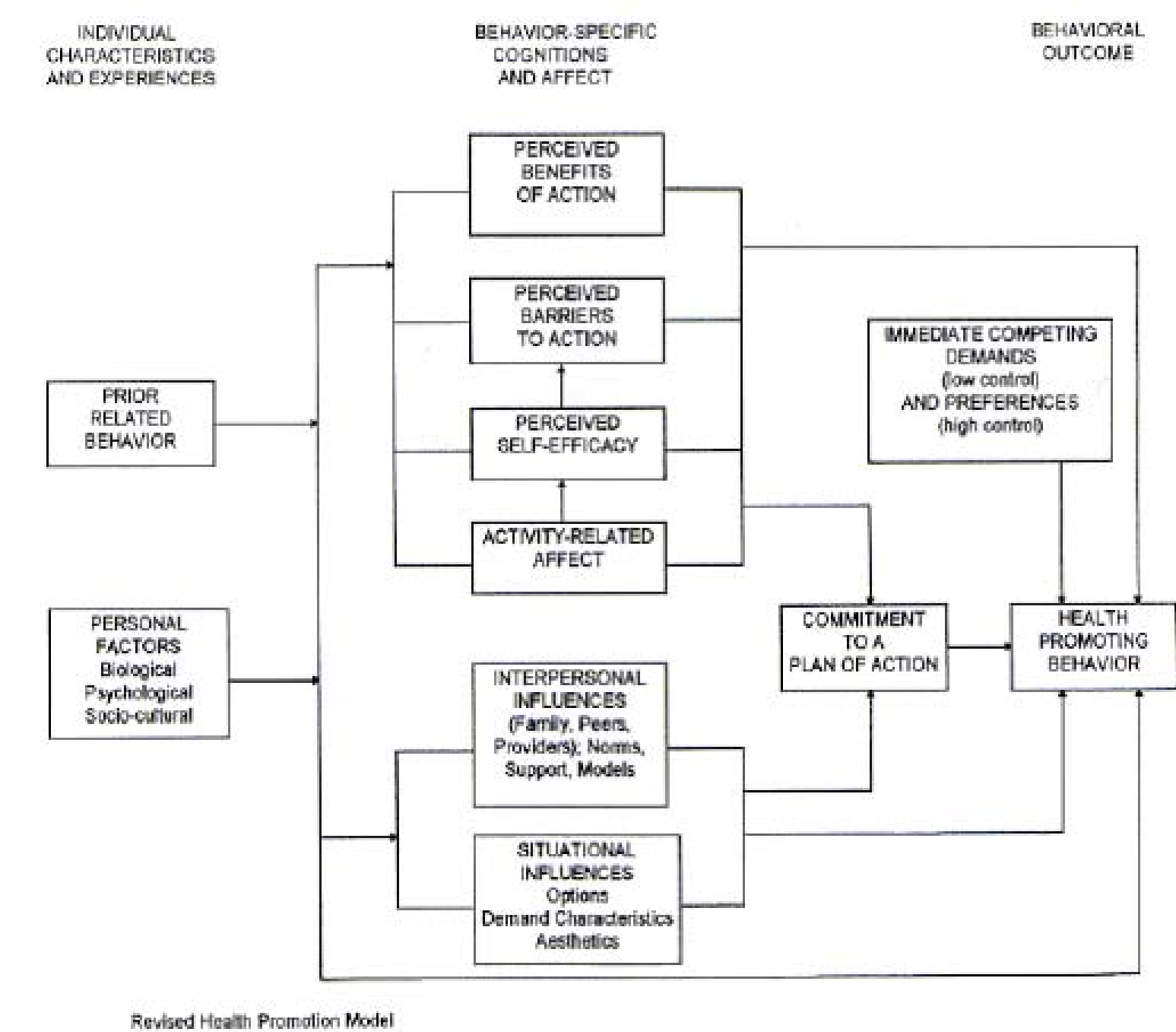
- The purpose of this correlational study was to investigate if a relationship exists between perceived social support and health promoting lifestyle behaviors in an uninsured adult population, as well as to explore if relationships exist between social support, health promoting lifestyle factors and select demographic factors.

Research Questions

- Is there a relationship between social support and health promoting lifestyle behaviors in uninsured adults?
- Is there a relationship between social support and select demographic characteristics of uninsured adults?
- Is there a relationship between health promoting lifestyle behaviors and select demographic characteristics in uninsured adults?

Theoretical Framework

- The theoretical framework guiding this study was based on Pender's revised Health Promotion Model (Pender, Murdaugh, & Parsons, 2002). This portrays the multidimensional nature of individuals as a result of the interactions of their interpersonal and physical environments as they try to achieve health.



Methodology

- A convenience sample of 52 uninsured adult patients at one northeastern Wisconsin free clinic. Pilot study participants were included in the final sample data to increase sample.
- Descriptive, correlational design
 - Descriptive statistics
 - Pearson's r
 - Independent t-testing

Instruments

- The demographic questionnaire was developed by the researcher for this study to elicit data regarding age, gender, ethnicity, marital status, employment status, educational level, and income.
- The Duke-UNC Functional Social Support Questionnaire (DUFSS)(Broadhead, Gehlbach, Gruy, & Kaplan, 1988). The eight-item questionnaire uses a five point rating scale from "much less than I would like" (1 point) to "as much as I would like" (5 points).
- The Health Promoting Lifestyle Profile II (Walker & Hill-Polerecky, 1996). The 52-item likert scale uses a four point response format from "never" (1 point) to "routinely" (4 points).

Sample

- Convenience sample of 52 participants

Frequency and Percentage of Demographic Characteristics (n=52)

	Demographics	Frequency	Percent
(n=52)			
Gender	Male	26	50.0%
	Female	26	50.0%
Age	18-29	8	15.4%
	30-40	10	19.2%
	41-50	16	30.8%
	51-64	18	34.6%
Race	White	43	82.7%
	African American	7	13.5%
	Hispanic	1	1.9%
	Asian	1	1.9%
	American Indian	0	0.0%
Marital Status	Married	16	30.8%
	Widowed	1	1.9%
	Divorced	13	25.0%
	Never Married	20	38.5%
	With Partner	2	3.8%
Education Level Completed	Less than high school	6	11.5%
	High school	32	61.5%
	GED/HSED	4	7.7%
	College	8	15.4%
	Advanced degree	2	3.8%
Income	0-\$20,000	33	63.5%
	\$21,000-\$30,000	11	21.2%
	\$31,000-\$40,000	6	11.5%
	\$41,000-\$50,000	1	1.9%
	\$50,000 or greater	1	1.9%

Results

- The results of the DUFSS revealed a mean score of 3.66 (SD= 1.08) which corresponds with a moderate score that represents "some" perceived social support but respondent "would like more".
- The HPLPII revealed a mean score of 2.39 (SD=0.48) indicating that the population "sometimes" engages in the health promoting lifestyle behaviors surveyed on the questionnaire.
- There was a statistically significant correlation between the perceived social support and health promoting lifestyle behaviors.
- There is a statistically relationship between social support and race (Caucasians vs. non-Caucasians). A paired-samples t-test was conducted with the recoded data and resulted in a significant decrease in non-Caucasian DUFSS means scores (M = 2.73, SD = 1.48) versus Caucasian (M = 3.82, SD = 0.96), t (48) = 2.57, p<0.05 (two-tailed). The mean difference between the non-Caucasian and Caucasian DUFSS scores was 1.08 with a 95% confidence interval ranging from 0.24 to 1.93.
- There are no significant relationships between social support and gender, age, income, education level and marital status.
- There are no significant relationships between health promoting lifestyle behaviors and gender, age, race, income, education level and marital status.

Pearson Product-Moment Correlations Between Measures of Perceived Social Support (DUFSS) and Health Promoting Lifestyle Behaviors (HPLPII)

Scale	DUFSS	HPLPII
1. DUFSS	-	0.576**
2. HPLPII	0.576**	-

** p<0.05 (2 tailed)

Implications for the Advanced Practice Nurse

- The major implication in this study is the role of the Advanced Practice Nurse (APN) in assessing perceived social support and social networks of an individual in order to promote healthy behaviors, help individuals overcome barriers to healthy behaviors and to help enhance social networks or social support if it is lacking.
- It is essential for the APN to take into consideration how social support and demographic factors that may affect patients' abilities to access healthcare, understand the importance of routine healthcare and participate in healthy behaviors.
- Advance practice nurses (APNs) may then individualize care of their patients in regard to these influences.

Implications for education

- Assessment of social support must be a part of nursing curriculum whether Bachelor's prepared or Master's prepared in order to promote holistic and comprehensive care of the patient.
- It is essential that assessment of perceived social support be taught in nursing curriculum in order to combat the rising costs of healthcare and prevent the devastating effects of chronic illness.
- Assessment of perceived social support can provide nurses information to help guide and individualize the plan of care to include collaborative measure to promote or enhance social support to prevent chronic illness, minimize cost and decrease mortality.

Implications for research

- Assessing if and how social support influences health promoting behaviors in uninsured people is essential to promoting individual and community health.
- Successful studies could help to influence funding for programs targeting the uninsured population to enhance social support.
- Further research studies with large, diverse samples of uninsured individuals should assess social networks, perceived social support while also assessing the influence demographic variables may have on social support.

Recommendations for future research

- Replicate and repeat the study using a larger sample size that represents a more culturally diverse group and uninsured people in communities who do not have access to free health services.
- Repeat the study with a social support tool that allows individuals to identify how many individuals they feel that they have in their social network that they can utilize for social support.
- Repeat the study using additional demographic variables such as living arrangements, employment status, or why they do not have insurance benefits as these may be issues in this population that may affect not only perceived social support but the number of those available to support the individual as well as their access to healthcare facilities and consistency of care.
- Repeat the study and provide surveys in other languages to access a more diverse population.
- Repeat the study and have a non-biased individual trained to survey individuals to conduct the surveying versus reception staff of the clinic as this may have inadvertently affected the number of those surveyed and who was surveyed.