

# Chapter 5

## Barriers to Healthy Nutrition and Exercise Behaviors Among Healthcare Workers

Joseph J. Mazzola  
Meredith College, USA

### ABSTRACT

*Healthcare workers often struggle with being able to complete healthy eating and exercise behaviors, and this can lead to issues like obesity and chronic illness. The focus of this chapter is on the healthy nutrition and exercise behaviors of healthcare workers, specifically workplace barriers encountered that hinder those behaviors. The major barrier categories discussed in this chapter are time and shiftwork issues, job demands/work stress, absence of healthy options, lack of health knowledge, the work environment, social barriers, and personal factors. Potential facilitators to health behavior and initiatives organizations can implement to improve the health of healthcare employees are also included.*

### INTRODUCTION

Most employees can relate to the persistent struggle of trying to fit healthy eating and regular physical activity into our busy schedules, as part of their efforts to maintain or improve their overall physical health. In fact, often the directives to improve eating and exercise behaviors, and how to do so, come directly from healthcare workers (HCWs) themselves, but we do not often think about the difficulty those workers have maintaining their own health and health behaviors. When the often challenging and hectic work environment of HCWs is factored in, that task becomes incredibly difficult for the average healthcare employee. This puts HCWs in a particularly tough situation, since many of them work long hours, experience larger than average overall and workload stress, and often have relative uncertainty about what they will do that day or when they will get a break (e.g., Kakunje, 2011; Piko, 2006). These factors, among many others discussed in this chapter, are consistently shown as barriers to proper nutrition and exercise habits (Mazzola et al., 2019).

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## ***Barriers to Healthy Nutrition and Exercise Behaviors Among Healthcare Workers***

The focus of this chapter is the healthy nutrition and exercise behaviors of HCWs, and within this context, HCWs include doctors, nurses, residential care workers, and those who work in hospitals and medical facilities in an administrative or support staff capacity. This both creates a large umbrella under which to consider these individuals (14% of employees in the United States are working population in the healthcare industry; U.S. Census Bureau, 2019), while also accentuating important distinctions among different subtypes of workers that often affect both health indicators and health behaviors, such as between blue-collar (e.g., many nurses, some support staff) and white-collar workers (e.g., doctors, most administrative staff).

Data supports the idea that HCWs as a whole are actually unhealthier than the average person and often are not able to follow guidelines for proper nutrition and exercise behaviors. A recent study of healthcare workers in South Africa found that the majority of staff were overweight/obese (73.5%; Skaal & Pengpid, 2011), above the typical average of around 2/3rds (Wang et al., 2020), and almost all of them had low fitness levels (81.5%). A study using data from 2008-2012 found that 61% of nurses in England were obese or overweight (Kyle et al. 2017), which while not much different from the overall prevalence in the population, still illustrates the high risk of obesity for this population. Interestingly, other healthcare professionals in this sample (e.g., medical practitioners, pharmacists, dentists) had only a 49% prevalence rate, which while still high enough for concern and study, emphasizes the differences of these populations from nurses that suggests they possess protective factors, potentially related to socio-economic and white-collar worker statuses. Obesity is a major indicator of poor health and is related to higher morbidity for hypertension, coronary heart disease, type 2 diabetes, stroke, sleep apnea, and complications with pregnancy, just to name a few (National Heart, Lung, and Blood Institute, 1998). Extreme obesity is associated with a 6.5 to 13.7-year lowered life expectancy depending on the specific BMI ratio of the individual (Kitahara et al., 2014).

Meanwhile, as it relates specifically to health behaviors themselves, Malik and colleagues (2011) found 64.8% of U.K. hospital nurses reported not consuming 5 servings of fruits and vegetables per day, but 42.5% ate food high in sugar and fat daily. In Australia, almost all of the hospital nurses surveyed (94.5%) by Perry and colleagues (2015) failed to meet the fruits and vegetables recommendation. In a survey of Irish hospital doctors, only 36.9% reported going for a run or taking part in another form of exercise (Feeney et al., 2016).

Given the importance and ubiquity of the workplace in the lives of HCWs, it is vital that the work environment is supportive of healthy behaviors. In a survey of National Health Service (NHS) hospital doctors, only 12% felt the organization supported healthy eating (Winston et al., 2008). This might help explain why despite their medical training specifically directed towards keeping people healthy and seeing the effects of an unhealthy lifestyle on their patients on a daily basis, many healthcare workers still have issues practicing these healthy habits themselves. It is important for researchers and practitioners to understand and mitigate the potential barriers to healthy nutrition and exercise behaviors, in the workplace and their regular lives. These barriers are shown to significantly relate to whether proper eating and exercise behaviors themselves occur (Mazzola et al., 2017), which ultimately will lead to unhealthier HCWs.

The reason barriers can potentially prevent healthy behaviors is explained by the Theory of Planned Behavior (TPB; Ajzen, 1991), which states that individuals create intentions towards behaviors based on various factors (e.g., the social norms towards exercise of their family/friends/coworkers) and then the factors/barriers around them, such as time restrictions and social support, help influence if they enact the actual behavior. Put simply, barriers inhibit the individual's ability to translate planned behaviors

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