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HEALTH MANAGEMENT PRACTICES AND JOB PERFORMANCE OF NURSES IN GUILIN MEDICAL UNIVERSITY HOSPITAL IN GUILLIN CHINA

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Abstract: The focus of this research is to investigate the job performance and health practices of nurses in Gullin, China. Additionally, the difficulties they encountered in maintaining their health practices were also documented. Based on the results, a proposed an action plan to enhance nurses' health management practices was proposed.

The descriptive correlational research design was used in the current study to ascertain the association between nurses' health practices and job performance in Guillin, China. The research was conducted in Guilin Medical University, in Guilin City, Guangxi Province of China with the participation of 310 selected nurses.

Based on the result, the participants were found to perceive their health practices with a grand mean of 3.94, described verbally as Much Practiced. The participants were found to perceive their health practices along their integration behavior with a grand mean of 3.82, psychological/inner state (3.83), health information seeking and usage (3.74), personal health responsibility (4.14) and health motivation (4.16). In terms of their job performance, 153 or 49.35% of the nurses got a “very satisfactory” performance rating. While 79 or 25.48% among the respondents garnered an “Outstanding” performance rating. Nevertheless, there were 78 or 25.16% of the nurses who obtained a “satisfactory” performance rating. Moreover, the hypothesis which says that there is no significant relationship between thenurses’ health practices is rejected. Hence, there is a significant relationship between the variables in the study. Further researches about this topic are recommended to be conducted. Future researchers may proceed to examine closely other related variables that influence the health of the nurses. Additional information may be provided to discover possible and/or better ways for the administrators to know and be able to respond correctly to the health issues encountered by their nurses.

Index Terms: Health Management, Practices, Job Performance, Guillin China.

I. Introduction

Nursing profession is recognized by several scholars as challenging and more stressful than any of the other health professions worldwide (Adriaenssens, 2015). Nursing is, by its very essence, a profession prone to a significant degree of stress. Each day the nurses experience brutal hardship, sadness, and death unlike few other individuals do. Most nursing tasks are tedious and unsatisfying. Many are, by conventional standards, unappealing, even filthy, others are often demeaning; some are plain distressing (Al Hosis, 2013).

Moreover, numerous variables influence their routine duties such as nursing staff becoming emotionally connected to patients who are confined to bed, inadequate and ambiguous details from both the healthcare receptionists and the doctors, unreasonable demands from patients, their own personal obstacles, and their own health issues, to name a few; evidently, all these factors lead to nurses’ poor work performance (Canady and Allen, 2015).

Low nursing performance results in inaccessibility of treatment and inadequate care, both of which lead to decreased health outcomes as a result of patients not using services or being treated unfairly as a result of bad practices. As a result, the ever-increasing demand for high-quality medical services enhances the responsibility of hospital administrators in enhancing their employees' performance. Health employees' efficiency and effectiveness are vital to the development of any public health system. This could be overstated because it directly affects safety and quality of care. According to the Ministry of Health's 2011 report that nurses account for the majority of health care workers at public hospitals, accounting for 332 of the 24 percent nursing professionals. As a result, it is critical to emphasize the aspects that determine their performance, most notably personal factors. One of these aspects is the nurses' practices in health management.

Health is a highly important aspect of existence. Physical and social riches are critical components of a person's life, and individuals who are both physically and mentally healthy are frequently less prone to sickness. The World Health Organization (2015) defines health literacy as a cognitive skill that determines the behavior and capability to learn, perceive and use the information to facilitate and lead a healthier life. In many other nations, social health policies were introduced to promote health promotion as an essential aspect of people's tendency to preserve their desired health and the medical sector's effort to provide equal opportunities and services. Nonetheless, it is a concern for all societies to improve the well-being of individuals. Health initiatives and reforms have been a tool for debating how best to provide health care (Hunter 2015).

In many ASEAN countries, low health literacy has been linked to a higher risk of death and mortality rates, decreased use of precautionary medical care, weak compliance to prescribed medications, difficulty communicating with medical practitioners, and decreased awareness about symptoms and self-management knowledge (Zhao et al., 2019). As a result, health promotion must be encouraged all through the countries. Nurses have a critical role in safeguarding the lives of all people. Specifically, nursing has become one of the most in-demand occupations in China and other nearby countries.

A substantial body of research on health issues in hospitals has also shown that nurses frequently suffer issues like physical fatigue, exhaustion, anxiety, and depressive disorders due to being exposed to traumatic events (Martin, 2015). As a consequence of these health conditions and their occurrence among nurses, there are some adverse consequences like reduced work satisfaction. The secondary effects of nurses' health problems are reduced performance, drug dependence, adverse and poor coping strategies, health risks, family issues and domestic abuse, and nurses misconduct (Jones, 2017).

Moreover, chronic job stress is usually considered detrimental to workers' health, and exhaustion is one potential result of job stressors (Martinussen et al., 2017). Exhaustion is defined as a mental illness concerning working conditions (Maslach, 2015). This exhaustion syndrome is considered to be an acute stress reaction. Consequently, a person is unable to accomplish employment goals or integrate alternatives to work-related problems due to a lack of commitment and effort. Although apparently, such employees seem to perform their tasks but are not committed to enhancing their effectiveness for the institution. They seem to be less inclined to partake in organizational activities. Thus, stress also has a detrimental effect on nurses' health and well-being, resulting in weariness, a lack of dedication, job dissatisfaction, and insufficient competence. Not only does stress have a detrimental effect on nurses, but it also has a negative influence on institutional performance. High stress levels are driving nurses to resign, creating uncertainty among employees and the public. To support these employees, early intervention of possible health issues is therefore important, as it could take days or even weeks for employees to recover whenever a situation arises (Maslach, 2015). Nurses' employment conditions are unjust, causing signs of discontent and leading to health problems and a decline in their job performance (Zhao et al., 2019).

In the Chinese setting, nurses are overworked in large cities and distant districts. According to data, while the overall number of active nurses in China surpassed 3.8 million in late 2020 (an increase of 181.6 percent from 2005), the typical number of nurses per thousand residents is currently only 2.74. (it reached 2 in 2013, amongst the lowest ratios according to WHO statistics). In comparison, the global average is approximately 5; industrialized countries such as the United States and Japan have averages of 9.8 and 11.49. The resource scarcity is especially acute in rural areas of China, when the population decreases to 1.49. As a consequence, working overtime is quite frequent. According to a poll of 563 nurses, over 85% work 40 hours per week, with nearly half working more than 50 hours per week. As a result, this leads to increased stress and mental health concerns among Chinese nurses (Jaradat, 2016).

In addition, nurses play a significant role in protecting every individual's lives. Serving in the country, nevertheless, is among the most challenging jobs in the today. Excessive stress affects nurses's health and wellbeing, causing fatigue, lack of commitment, frustration with work, and low productivity. Stress has

harmful impacts on nurses, but it also leads to less protection among the citizens. High-stress levels cause them to leave their jobs, leading workers and society to be worried for their health.

With the dramatic rise of health problems, nurses must take care of themselves in order to serve as drivers for positive change in hospitals and society. The beliefs, habits, and behaviors of nurses are critical for knowing and optimizing healthcare administration procedures. As a result, health management is a critical component of a health promotion program. Employees' busy schedules leave them with little time to care for themselves. Thus, health programs intervene to address concerns such as inactivity, coping with stress, and so on. Adopting healthy activities decreases the likelihood of developing life-threatening illnesses and their related costs. Additionally, by lowering workplace accidents, worker's compensation demands and hospital expenses are decreased. Evidently, organizations and communities have recently placed a premium on employee health management, and administrators and public officials alike are willing to engage in sustaining and enhancing these variables as critical contributors to employees' enhanced job performance and the organizations' sustainable development (Colbert et al., 2017).

These kinds of information are alarming; Indeed, many nurses have trouble maintaining their wellbeing nowadays. As a public health officer in Guillin Medical University, I believe that it is necessary to recognize the nurses's current health management practices so that they are aware of the detrimental and harmful activities they are doing and ultimately focus on helping them change their lifestyle, which will ideally contribute to healthier living. In line with this, the current study was conducted to evaluate the nurses' health management practices in Gullin China. The analysis also identified the nurses' work performance and determine whether it has a significant relationship with their health management practices. After a thorough examination, an action plan was created to resolve the nurses's health management challenges, in general, to help improve their overall health. Moreover, it may have educational implication in the field of public health management.

Statement of the Problem

The focus of this research was to investigate the job performance and health practices of nurses in Gullin, China. Additionally, the difficulties they encountered in maintaining their health practices were documented. Additionally, the study proposed an action plan to enhance nurses' health management practices.

To be more precise, this study sought to address the following questions:

1. How were the nurses characterized in terms of the following:
 - 1.1 Age;
 - 1.2 Civil Status;
 - 1.3 Highest Educational Attainment;
 - 1.4 Years in Service; and
 - 1.5 Designation/Position?
2. What were the health practices of the nurses in Guillin China in terms of:
 - 2.1 Integration Behavior;
 - 2.2 Psychological/Inner State;
 - 2.3 Health Information Seeking And Usage;
 - 2.4 Personal Health Responsibility; and
 - 2.5 Health Motivation?
3. What was the Job Performance of the nurses based on their Individual Performance Report?
4. Is there a significant relationship between the health practices and job performance of the nurses?
5. What were the problems encountered by the nurses in the managing their health practices?
6. What were the implications of the findings and how may these improve public health management?

Hypotheses

The following hypotheses was tested in the study:

1. There is no significant relationship between health practices and job performance of the nurses.

II. METHODOLOGY

The research design used for this study Descriptive Correlation. The descriptive correlational research design is used to describe variables and their natural correlations. This technique was applied in the current study to ascertain the association between nurses' health practices and job performance in Guillin, China.

Correlational study aims to establish correlations among two or more variables within the same demographic or between the same factors within multiple samples (Leedy & Ormrod, 2011). According to Fraenkel and Wallen (2003), this design tries to examine and characterize existing correlations between variables. There would be an assessment and analysis of the extent to which the health practices and job performance of nurses in Guillin, China, are associated.

The researcher conducted the data gathering in Guilin City, Guangxi Province of China. Specifically, the researcher chose Guilin Medical University.

The primary participants in this study were the 310 selected nurses in Guilin Medical University, Guilin City, Guangxi Province, China.

The number of nurse respondents or the sample size was determined through Slovin's formula. The respondents were selected via random sampling. Table 1 shows the distribution of the nurse-respondents.

Respondents got extensive orientation regarding the research questions and the research procedures. The researcher explained the complete procedures for data collecting to them to the best of his or her capabilities. The respondents also had the chance to ask questions about the research, and the researcher ensured that all questions were addressed appropriately and effectively before requesting their approval to participate.

Each respondent received a copy of the consent forms, as well as the tool and cover letter guaranteeing the safety, privacy, and confidentiality of the data collected in this study.

III. PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

1. Health Practices of Nurses

This section exhibits the nurses' health practices along their integration behavior, psychological/inner state, health information seeking and usage, personal health responsibility and health motivation.

Health Practices of the Participants Along Their Integration Behavior

Table 4
Health Practices of the Participants Along Their Integration Behavior

| Description | Mean | Adjectival Ratings |
|---|------|---------------------|
| Healthy Eating | | |
| Avoiding foods that are high in cholesterol | 4.72 | Very Much Practiced |
| Make special effort to get enough fiber in my diet | 4.69 | Very Much Practiced |
| Avoiding foods that are high in fat | 4.67 | Very Much Practiced |
| Use a lot of low calorie or calorie reduced products | 4.55 | Very Much Practiced |
| Concerned about the amount of sugar intake | 4.30 | Much Practiced |
| Try to select foods that are fortified with vitamins and minerals | 4.25 | Much Practiced |
| Avoiding foods with a high salt content | 4.16 | Much Practiced |
| Concerned about getting enough calcium | 4.16 | Much Practiced |
| Careful about food intake in order to keep weight under control | 4.08 | Much Practiced |
| Try to avoid foods that have additives in them | 4.06 | Much Practiced |
| Alcohol Consumption | | |
| Have too much to drink | 3.36 | Practiced |
| Take a cocktail or drink before dinner | 3.24 | Practiced |
| Go to a bar or tavern | 3.20 | Practiced |
| Have wine with dinner | 3.21 | Practiced |
| Exercising | | |
| Exercise at home | 3.24 | Practiced |
| Walk more than 1 mile for exercise | 3.09 | Practiced |
| Jog every morning | 2.93 | Practiced |
| Ride a bicycle every weekend | 2.93 | Practiced |
| Mean | 3.82 | Much Practiced |

Based on Table 4, the participants were found to perceive their health practices along their integration behavior with a grand mean of 3.82, described verbally as Much Practiced. This implies that the police officers perform good eating practices to maintain a healthy lifestyle. Moreover, the health practices like jogging every morning and riding a bicycle every weekend got the lowest mean of 2.93. The health practice of avoiding foods high in cholesterol got the highest mean of 4.72.

To elaborate further, in terms of healthy eating, they tried to avoid foods high in fat (4.67), high in cholesterol (4.72), and high salt content (4.16). They checked their sugar intake (4.30), exerted effort to get enough fiber in their diet (4.69), used a lot of low calorie or calorie reduced products (4.55), selected foods fortified with vitamins and minerals (4.25), carefully ate food that kept their weight under control (4.08), avoided foods that with additives (4.06), and ate diets with high calcium contents (4.16).

During the interview conducted, the nurses said that they try avoiding eating out and avoiding high sodium, high in cholesterol foods. The main reason behind the result of this study is that, despite the fact that restaurants are now providing healthier food alternatives, the selections are typically limited. Many restaurant meals are heavy in sodium, fat, and calories, and they can be harmful to one's health if taken on a daily basis. This could be one of the reasons why they prefer to dine at home, where they can make their meals using low-fat and low-calorie items. One of the most effective strategies to foster a healthy lifestyle is to eat at home.

Furthermore, the respondents also shared that they try to control their sugra intake by avoiding sodas and sugary drinks, tried to eat moderate amounts of fat and oil and tried to avoid preservatives. The results imply that the nurses have healthy practices by avoiding sugary drinks and fat. Considering their age, sweet beverages should already be at the bottom of their priority food list due to their high calorie content and lack of other nutrients. Consuming these sugar-laden beverages on a regular basis can raise the risk of diabetes, cardiovascular disease, and other chronic illnesses, in addition to obesity. Additionally, increase in sweetened beverages consumption has been associated to a higher risk of mortality. Mokhtari S. (2017) claimed that in contrast to those who do not try to avoid health issues, a person who shows determination to live a healthy lifestyle has greater controlled motivation and self-efficacy for eating healthy.

Moreover, in terms of alcohol consumption, they had a cocktail or drink before dinner (3.24), went to a bar or tavern (3.20), had wine with dinner (3.21) and had too much to drink (3.36). This implies that, the nurses consume alcohol regularly. Sadly, alcoholism among nurses and other professions is a usual and stereotypical phenomenon. Alcohol is used by some nurses to cope with the stressful situations on their jobs or to self-medicate stress, anxiety, or post-traumatic stress disorder. Others may suffer from alcoholism as a result of their genetics or the surroundings in which they lived. If someone has a propensity to alcoholism, the stressful and frequently bleak events they confront on work can trigger them. This was further supported by the report of The Recovery Village (2020), which stated that over 23% of nurses polled had alcohol misuse issues, which included not only alcoholism but also a propensity to abuse alcohol. If those estimates are correct, nearly one out of every four nurses has an addiction issue. While that may appear to be a large number, it is actually quite low when compared to the results of several other researches. According to another research by Slate (2017), estimated that the prevalence of alcohol among nurses is double that of the overall population, and that the likelihood of developing an alcohol addiction issue.

For exercise, they exercised at home (3.24), walked more than 1 mile (3.09), jogged every morning (2.93) and rode bicycle every weekend (2.93). This implies that, the nurses do physical exercise on a daily basis because those who attain high level of aerobic and anaerobic fitness are better equipped to protect and serve their communities. Anyone working in public health should be able to maintain a high level of activity for at least 20 minutes. The result of the study is further supported by the research conducted by Hidalgo (2016) which concluded that a reasonably high proportion of nurses were engaged in healthy lifestyle behaviors like having a regular exercise, specially those individuals with chronic illness.

The result of the study was further supported by the research conducted by Hidalgo (2016) which concluded that a reasonably high proportion of nurses and workers did not engage in healthy lifestyle behaviors like having a regular exercise, but individuals with chronic illness tried to control their eating habits.

2.1 Health Practices of the Participants Along Their Psychological/Inner State

Table 5

Health Practices of the Participants Along Their Psychological/Inner State

| Description | Mean | Adjectival Ratings |
|--|------|--------------------|
| Health Alertness | | |
| Alert to the changes in terms of health | 4.02 | Much Practiced |
| Usually aware of his/her health | 3.80 | Much Practiced |
| Health consciousness | | |
| Very health self-conscious | 4.05 | Much Practiced |
| Reflect about his/her health a lot | 3.78 | Much Practiced |
| Generally attentive to the feelings about his/her health | 3.46 | Practiced |
| Health Involvement | | |
| Very involved with his/her health | 3.90 | Much Practiced |
| Constantly examining his/her health | 3.79 | Much Practiced |
| Health Self-Monitoring | | |
| Take responsibility for the state of his/her health | 3.90 | Much Practiced |
| Aware of the state of his/her health everyday | 3.79 | Much Practiced |
| Mean | 3.83 | Much Practiced |

Based on Table 5, the participants were found to perceive their health practices along their psychological/inner state with a grand mean of 3.83, described verbally as Much Practiced. Moreover, the health practice that they were generally attentive was the feelings about their health which got the lowest mean of 3.46 and the practice that they were very health self-conscious got the highest mean of 4.05.

To elaborate further, in terms of health alertness, they were alert to the changes in their health (4.02) and they were usually aware of their health (3.80). With regards to health consciousness, they reflected on their health a lot (3.78), they were very self-conscious about their health (4.05) and generally attentive to their feelings about their health (3.46). In terms of health involvement, they constantly examine their health (3.79), they were very involved with their health (3.90). They monitored their health and they were aware of the daily state of their health (3.79) and they also took responsibility for the state of their health (3.90).

The results of the study conducted by Kempen (2012) supported the data gathered in the current study indicative that the two-thirds of participants who, to some extent were concerned about their personal health, monitored their health, were interested in health-related information, and followed a healthy lifestyle.

This was further supported by the study conducted by Slate (2017), which reported that as the threat of chronic diseases keeps growing, it is vital to increase an individual and local communities' knowledge and readiness, particularly among the less informed.

2.2 Health Practices of the Participants Along Their Health Information Seeking and Usage

Table 6

Health Practices of the Participants Along Their Health Information Seeking and Usage

| Description | Mean | Adjectival Ratings |
|---|------|--------------------|
| Try to find information in the internet when unusual symptoms are noticed | 4.10 | Much Practiced |
| Read about health in print media (newspapers, magazines, books, etc.) | 4.10 | Much Practiced |
| Are generally attentive to health information from TV and radio | 4.10 | Much Practiced |
| Ask friends, family or relatives about health information when they notice unusual symptoms | 4.05 | Much Practiced |
| Take much notice of health care recommendations from TV, radio, etc. | 3.80 | Much Practiced |
| Regularly talk with family doctors | 3.02 | Practiced |
| Ask any health care providers about health information when they notice unusual symptoms | 3.02 | Practiced |
| Mean | 3.74 | Much Practiced |

Based on Table 6, the participants were found to perceive their health practices along their health information seeking and usage with a grand mean of 3.74, described verbally as Much Practiced. Furthermore, the health practice that they regularly talked with family doctors and asked any health care providers about health information when they notice unusual symptoms got the lowest mean of 3.02 verbally described as "Much Practiced". On the other hand, the health practice that They tried finding information in the internet when unusual symptoms were noticed, generally attentive to health information from TV and radio and read about health in print media (newspapers, magazines, books, etc.) got the highest mean of 4.10.

To elaborate this, they tried to find information in the internet when they notice unusual symptoms (4.10); asked friends, family or relatives about health information when they noticed unusual symptoms (4.05); regularly talked with family doctors (3.02), they asked any health care providers about health information when they noticed unusual symptoms (3.02); they were generally attentive to health information from TV and radio (4.10), took much notice of health care recommendations from TV, radio, etc. (3.80) and they read about health in print media (newspapers, magazines, books, etc.) (4.10).

In line with this, Cutilli C. (2019) examined the use of the Internet for health information. The study shows that individuals used other sources of health information (e.g., TV, radio, newspaper, magazines, Internet, and family/friends/coworkers) to supplement information provided by healthcare professionals. When and how individuals use supplemental information were varied and were associated with many factors such as race, education, income, health literacy, and health status. Utilizing health information also depended on an individual's health orientation. However, doctors should recognize patients' online health information-seeking behavior, facilitate and empower them to search for high-quality online health information.

Additionally, the health practices of the participants along their personal health responsibility are presented on Table 7.

Health Practices of the Participants Along Their Personal Health Responsibility

Table 7

Health Practices of the Participants Along Their Personal Health Responsibility

| Description | Mean | Adjectival Ratings |
|---|------|---------------------|
| They only worry about health when they get sick | 4.78 | Very Much Practiced |
| Can prevent ill health result if they are careful | 4.20 | Much Practiced |
| Believes that the "wellness" idea is fad (fashion or trend) | 4.10 | Much Practiced |
| Take care of oneself to prevent disease and illness | 4.02 | Much Practiced |
| Responsible for maintaining a healthy body weight | 3.58 | Much Practiced |
| Mean | 4.14 | Much Practiced |

Based on Table 7, the participants were found to perceive their health practices along their personal health responsibility with a grand mean of 4.14, described verbally as Much Practiced. This implies that, the nurses fulfill their duties to maintain their physical, mental, and social well-being. Levi (2018) stated that individuals should take responsibility for their own healthy choices. They should take control of themselves and keep a safe lifestyle to avoid diseases and illnesses.

Moreover, the health practice that they tried to be responsible for maintaining a healthy body weight got the lowest mean of 3.58, while the practice of worrying about their health got the highest mean of 4.78.

To explain further, they took care of themselves to prevent disease and illness (4.02), responsible for maintained healthy body weight (3.58), carefully prevented illness (4.20), believed that the "wellness" idea is fad (fashion or trend) (4.10), and only worried about their health when they were sick (4.78).

According to Levi (2018) individuals should take responsibility for their own healthy choices. They are committed to take care of themselves to prevent disease and illness and maintain a healthy lifestyle.

Additionally, the health practices of the participants along their health motivation are presented in Table 7.

Health Practices of the Participants Along Their Health Motivation

Table 8
Health Practices of the Participants Along Their Health Motivation

| Description | Mean | Adjectival Ratings |
|--|------|---------------------|
| Not worrying about common health hazards until they become a problem | 4.88 | Very Much Practiced |
| Trying to prevent common health problems before feeling any symptoms | 4.13 | Much Practiced |
| Living life without disease and illness is very important | 4.12 | Much Practiced |
| Concern about common health hazards and try to take action to prevent them | 4.01 | Much Practiced |
| Living life with a nice body figure is very important | 3.90 | Much Practiced |
| Not going to worry about many illnesses that can have hurt these days | 3.90 | Much Practiced |
| Mean | 4.16 | Much Practiced |

Based on Table 8, the participants were found to perceive their health practices along their Health Motivation with a grand mean of 4.16, described verbally as Much Practiced. This implies that the nurses are motivated in maintaining positive health practices.

Additionally, the health practices of not worrying about many illnesses that can have hurt these days and giving importance to body figure got the lowest mean of 4.90. While the health practice of not worrying about common health hazards until they become a problem got the highest mean of 4.88. The nurses tries to reduce on worrying on having poor health by ensuring that they practice healthy lifestyles. Cooper (2015) argued that everybody benefits from a healthy lifestyle. When people take care of their overall health, they feel better as well — healthier, more calm, and more capable of dealing with challenges. This is especially essential in the field of law enforcement. That is why majority of the nurses try to live a life without disease and illness and try to maintain their figure. With this, they could feel better and stronger to face their duties.

To elaborate furthe, living life without disease and illness was very important to them (4.12), living life with a nice body figure were also very important to them (3.90); not worrying about common health hazards until they become a problem for them or for someone close to them (4.88); not worrying about many illnesses that can hurt them these days (3.90), preventing common health problems before they felt any symptoms (4.13) and taking actions to prevent common health hazards (4.01).

Mokhtari S. (2017) claimed that a person who demonstrates motivation in maintaining a healthy lifestyle have higher controlled motivation and perceived competence for healthy eating in comparison to those who do not exert effort to prevent health problems. Cooper (2015) claimed that being physically active has been shown to be one result of being motivated in managing health, thus this could help prevent or delay various diseases, such as cancer, heart disease, and diabetes, as well as reduce depression and enhance mood. Inactivity, on the other hand, is frequently associated with advancing age, and people are often unmotivated to act and prevent diseases. Understanding one's illness and doing one's part to control it, might assist people cope with health issues. Some people find that taking an active role in their chronic health care makes them feel stronger and more capable of dealing with life's challenges.

Table 9 exhibits the summary of health practices of the participants.

Table 9
Summary of Health Practices of the Participants

| Component | Mean | Adjectival Ratings |
|--------------------------------------|------|--------------------|
| Health Motivation | 4.16 | Much Practiced |
| Personal Health Responsibility | 4.14 | Much Practiced |
| Integration Behavior | 3.82 | Much Practiced |
| Psychological/Inner State | 3.83 | Much Practiced |
| Health Information Seeking and Usage | 3.74 | Much Practiced |
| Mean | 3.94 | Much Practiced |

The participants were found to perceive their health practices with a grand mean of 3.94, described verbally as Much Practiced. Their health information seeking and usage got the lowest mean of 3.74, health

motivation got the highest mean of 4.16. Integration behavior got a grand mean of 3.82, psychological/inner state got a grand mean of (3.83) and personal health responsibility got 4.14 mean. The results shows that the nurses exhibits good health practices in terms of integration behavior, psychological / inner state, health information seeking and usage and personal health responsibility.

The participants seek information for informed decision-making, and they consult a variety of information sources nowadays. They were aware of the changes in their health and were active in monitoring their health; the nurses only aspire to live a healthy lifestyle, but they do not prevent any health hazards unless they experience any symptoms.

According to Cuevas (2017) it is important to know the status of one individual from time to time. Studies show that 80% of health problems were work related and teaching profession is one of the most stressful profession that is why it is important to check nurses' health practices and provide them with information on how to manage their health effectively.

2. Job Performance of the nurses based on their Individual Performance Report

Table 10 exhibits the job performance of the nurses based on their individual performance report.

Table 10
Nurses' Job Performance

| Adjective Description | Frequency | Percentage |
|-----------------------|-----------|------------|
| Outstanding | 79 | 25.48 |
| Very Satisfactory | 153 | 49.35 |
| Satisfactory | 78 | 25.16 |
| Total | 210 | 100% |

Performance refers to the work assessment done to an individual on how he/she performs in an organization. The Individual Performance Report serves as the barometer in gauging nurses's performance. The rating period usually starts from January-June and every July-December.

Table 9 shows the distribution on the performance rating of the nurses based on the Individual Performance Report 2020-2021.

153 or 49.35% of the nurses got a "very satisfactory" performance rating. While 79 or 25.48% among the respondents garnered an "Outstanding" performance rating. Nevertheless, there were 78 or 25.16% of the nurses who obtained a "satisfactory" performance rating.

The job performance evaluation included two areas: nursing practice areas and general areas. Nursing practice areas consisted of the nurses ability to demonstrate skill in assessment, interpretation of finding, problem solving and documentation, knowledge of, use of, and availability of equipment to assure safe, timely and therapeutic intervention/treatments, knowledge of major complications of medical interventions including risk; assessment, prevention and nursing intervention; understating of pathophysiology and rationale for treatment of clients and the special needs of patients; ability to order and interpret routine diagnostic information, lab values; Radiology and Medications; ability to follow procedures and demonstrates safe and proper technique in the administration of intravenous fluids and blood products; knowledge and safety while administering medications, including end of shift count; ability to function effectively in emergency/code blue activities and completes appropriate documentation as required; participate in providing direct patient care and ability to perform safe and effective procedures, such as: wound care and dressing changes, including decubitus care at all stages; nasogastric tube insertion of Levine and salem sump tubes; Dobhoff or nutriflex tubes for enteral feedings; suction techniques (oropharyngeal and deep tracheal). Moreover, General Areas consisted of the nurses ability to communicate with nursing staff and M.D.s openly and always toward the goal of problem solving; Interact with dissatisfied or stressed family/patients without becoming defensive; Maintain objectivity in the face of conflict between staff; Accept responsibility for own action without giving excuses and takes proactive approach to problem resolution; Maintain and update own knowledge and skills; Meet attendance expectations in being on duty and timely; Meet performance time frames in completing routing nursing care and maintain appropriate behavior and interpersonal relations.

3. Significant relationship between the health practices and job performance of the nurses

It was known that having ideal health practices makes an individual perform better. The data on health practices were subjected to test its relationship with nurses's performance using the correlation analysis to test this concept. The researcher also sought for the significant relationship between the nurses' health practices and job performance.

Table 11
Significant Relationship Between the Health Practices and Job Performance of The Nurses

| Variable | Correlation Coefficient | Adjectival Ratings | Decision |
|--------------------------------------|-------------------------|---|---------------|
| Integration Behavior | +0.997 | Significant, Very High Positive Correlation | Reject the Ho |
| Psychological Inner State | +0.994 | Significant, Very High Positive Correlation | Reject the Ho |
| Health Information Seeking And Usage | +0.998 | Significant, Very High Positive Correlation | Reject the Ho |
| Personal Health Responsibility | +0.997 | Significant, Very High Positive Correlation | Reject the Ho |
| Health Motivation | +0.998 | Significant, Very High Positive Correlation | Reject the Ho |

*Level of Significance = alpha (p) level of 0.05

Table 11 displays the significant relationship between the health practices and job performance of the nurses. The correlation coefficient obtained which is +0.997, +0.994, +0.998, +0.997 and +0.998 respectively shows a very high positive correlation between the Integration Behavior, Psychological/Inner State, Health Information Seeking And Usage, Personal Health Responsibility, Health Motivation and job performance of the nurses.

For the critical value the degrees of freedom (df) $N-2$ or $58-2 = 56$ df; accordingly, the critical value in the table of Pearson r is .250 which is found significant at 0.05 level of significance. The correlation coefficient obtained, +0.997, +0.994, +0.998, and +0.997 are all larger than the critical value .250. Therefore the hypothesis which says that there is no significant relationship between the nurses' health practices is rejected. Hence, there is a significant relationship between the variables in the study.

The respondent's health plays an important role in doing their jobs effectively. Therefore, maintaining a balanced lifestyle and monitoring their wellness activities is essential for the nurses. This shows that the participants who had effective health practices had better job performance. This was supported by Lemerle (2015), who noted that workplaces that actively promote wellness produce healthier and productive personnel, as well as lower turnover intent to leave the profession for nurses in health-promoting workplaces and improved job satisfaction.

4. Problems Encountered by The Nurses In The Managing Their Health Practices

In this section, the nurses were asked to check the given reasons that made them encounter problems in managing their health.

Table 12
Problems Met in Health Practices Management

| Problems Met in Health Practices Management | f | Rank |
|--|-----|------|
| Work Overload | 200 | 2 |
| Financial Issues | 200 | 2 |
| Unawareness of the risks of an unhealthy lifestyle | 200 | 2 |
| Readiness to change | 199 | 4 |
| Difficulty maintaining a healthy lifestyle | 197 | 5 |
| Attitudes and experiences towards a healthy living program | 195 | 6.5 |
| Knowledge of healthy living recommendations | 195 | 6.5 |

Table 12 shows that certain causes may be the sources of nurses' health issues. Based on the gathered data, 200 participants believed that one of the major problems that they met in managing their health was because of financial issues, Unawareness of the risks of an unhealthy lifestyle and too much number of workloads. Moreover, 199 participants admitted that they were not ready to change their lifestyle. Furthermore, difficulty maintaining a healthy lifestyle was also one of the reasons gaining a frequency of 197. Lastly, 195 participants admitted that their attitudes and experiences towards a healthy living program and knowledge of healthy living recommendations were also their problems in health practices management.

According to Rose et. al. (2013), the nurses' health management is greatly affected by personal, psychological, physiological, and financial factors. In the study, work overload, financial issues, unawareness of the risks of an unhealthy lifestyle, readiness to change, difficulty maintaining a healthy lifestyle, attitudes and experiences towards a healthy living program, knowledge of healthy living recommendations were the participants' main problems. Therefore, nurses must extend more effort in establishing a positive attitude towards health management and should learn how to balance work to personal life.

5. Implications to the Improvement of Health Management

The foregoing findings have a number of important implications related to public health management education. The findings of this study showed that the causes of nurses' health problems were mostly financial issues, unawareness of the risks of an unhealthy lifestyle and too much number of workloads, readiness to change their lifestyle, difficulty maintaining a healthy lifestyle and their attitudes and experiences towards a healthy living program and knowledge of healthy living recommendations. Therefore, the administration must design activities such as health and wellness programs, that will eventually reduce the issues faced by the nurses in terms of their health. Moreover, continuous monitoring of health status, balance work and other aspects of life, self-motivation, trainings and seminars and conferences about health issues is also needed.

The nurses should overcome or reduce these health issues with the help of the hospital administrators. The issues encountered by the participants of this study should be given adequate attention by the Department of Health because if these will not be addressed more nurses would suffer from chronic illnesses.

The findings can also serve as a guide in developing a program in nurse health and wellness. Additionally, the government should also support more nurse health management action programs and encourage the administrators to design programs that will ensure nurses health and wellness.

IV. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The following conclusions were based on the findings presented:

1. Age, civil status, highest educational attainment, years in teaching and designation/position were significant factors in the participants' health.
2. The participants had good health practices in terms of integration behavior, psychological/inner state, health information seeking and usage, personal health responsibility and health motivation.
3. The respondent's health plays an important role in doing their jobs effectively. Therefore, maintaining a balanced lifestyle and monitoring their wellness activities is essential for the nurses to keep increasing their job performance.
4. The participants who had effective health practices had better job performance. Workplaces that actively promote wellness produce healthier and productive personnel.
5. A lot of factors contributed to the problems faced by the nurses in managing their health.
6. Nurses needed health management support actions. Specialized programs have to be introduced to promote nurses' wellness.
7. This study provides implication that the nurses should overcome or reduce these health issues with the help of the healthcare providers and hospital administrators.

Recommendations

The following recommendations are forwarded based on the conclusions of this study:

1. Nurses should be given just the adequate workload for them to balance work and personal life.
2. Nurses are encouraged to coordinate with other healthcare providers regarding the health problems they encounter. The nurses may also adapt the action plan prepared in this study.
3. Hospital administrators are encouraged to monitor closely the quarter and annual check-up of the nurses.
4. Hospital administrators may also establish a diet program for nurses and implement an athletic day for nurses in a month. They should engage nurses in extracurricular activities such as sports meet competition to improve their health and fitness.
5. The government should provide free consultation and hospitalization at least twice a year for all nurses. Budget should be allocated for the mandatory annual physical check-up for nurses. They should be given a comprehensive opportunity to attend trainings, seminars and conferences about health issues.
6. Hospital cafeterias should include fresh fruits and vegetables in their daily menu to promote good nutrition. Soft drinks and junk foods must be strictly prohibited because these can cause diabetes and kidney problems.

7. Further researches about this topic are recommended to be conducted. Future researchers may proceed to examine closely other related variables that influence the health of the nurses. Additional information may be provided to discover possible and/or better ways for the administrators to know and be able to respond correctly to the health issues encountered by their nurses.

V. BIBLIOGRAPHY

1. Adler, N. E., & Stewart, J. (2011). Health disparities across the lifespan: meaning, methods, and mechanisms. *Annals of the New York Academy of Sciences*, 1186(1), 5-23.
2. Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *International Journal of Nursing Studies*, 52(2), 649–661. <http://doi.org/10.1016/j.ijnurstu.2014.11.004>
3. Aitken, L.H., Sloane, D.M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Kozka, M., Lesaffre, E., McHugh, M.D., MorenoCasbas, R., Rafferty, A.M., Schwendimann, R., Scott, P.A., Tishelman, C., van Achterberg, T., & Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383(9931), 1824–1830.
4. Al Hosis, K. F., Mersal, F. A., & Ismail Keshk, L. (2013). Effects of job stress on health of Saudi nurses working in ministry of health hospitals in Qassim region in KSA. *Life Science Journal*, 10(1), 1036–1044.
5. American Nurses Association. (2020). ANA Health and Safety Survey. <https://www.nursingworld.org/practice-policy/workenvironment/health-safety/health-safety-survey>
6. Anbazhagan, A. & Rajan, L.J.S., 2013. A conceptual framework of occupational stress and coping strategies. *ZENITH International Journal of Business Economics & Management Research*, 3(5), pp.154–172.
7. Anshel (2017). *Global health promotion: A cross-cultural perspective*. Ashgate Publishing Company.
8. Arabi, A., Rafii, F., Cheraghi, M. A., & Ghiyasvandian, S. (2014). Nurses' policy influence: A concept analysis. *Iranian journal of nursing and midwifery research*, Vol 19.No 3, 315–322.
9. Benzeval, M., Bond, L., Campbell, M., Egan, M., Lorenc, T., Petticrew, M., & Popham, F. (2014). How does money influence health? Joseph Rowntree Foundation. Online <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/incomehealth-poverty-full.pdf>.
10. Bratianu, P. 2015. Why Workplace Stress Impacts Nurses. Ausmed. <https://www.ausmed.com/cpd/articles/stress-in-nursing>
11. Byrne (2018). *The interface between a core business and public health*. Southern Illinois University.
12. Canady, K.E, & Allen, D. (2015). Stressors in the Working Environment of Registered Nurses. *International Journal of Nursing & Clinical Practise* 2: 157.
13. Cheragi, M.A., Manoocheri, H., Mohammadnejad, E. and Ehsani, S.R., 2013. Types and causes of medication errors from nurse's viewpoint. *journal of nursing and midwifery research*, 18(3), 228–31.
14. Chilton, L.2015. Nurse Practitioners Have an Essential Role in Health Policy. *The Journal for Nurse practitioners Vol.11 Issue 2*
15. Co (2019). *The science of educational health*. New Delhi: Oscar Publications
16. Colbert et al., (2017). Stress among law enforcement officers and Its Association with their health. *Journal of Psychiatry*. Vol. 21 Issue 3.
17. Cooper (2015). Health affects work, and work affects health. *People Management and Mental Health*. Vol. 16. pp. 18-22
18. Costa, G., Lacerda, A., & Marques, J. (2013). Noise on the hospital context: impact on nursing professionals' health. *Revista CEFAC*, 15(3), 642-652.
19. Cutilli, A. (2019). Seeking health information: What sources do your patients use?. *Orthopaedic nursing / National Association of Orthopaedic Nurses*. Vol. 29 pg. 9.
20. Dagget ,T. , Molla, A. & Belachew, T.2016.Job related stress among nurses working in Jimma zone public hospitals, South West Ethiopia : a cross sectional study. *BMC Nursing Vol .15 No 39*, 1-10.
21. Department for Work and Pensions. (2013). Employing older workers: an employer's guide to today's multi-generational workforce. London: Department for Work and Pensions. Retrieved from: <https://www.gov.uk/government/publications/employing-older-workers-anemployer-s-guide-to-today-s-multi-generational-workforce>
22. Embriaco, E. et al. (2017), Sharps injuries amongst healthcare workers: review of incidence, transmissions and costs. *Journal of Renal Care*, 40(3), 150-156.
23. Eslami Akbar, R., Elahi, N., Mohammadi, E., & Fallahi Khoshknab, M. 2015. What Strategies Do the Nurses Apply to Cope with Job Stress? A Qualitative Study. *Global journal of health science Vol .8 No 6*, 55–64.
24. Ferrie, J. E., Shipley, M. J., Smith, G. D., Stansfeld, S. A., & Marmot, M. G. (2002). Change in health inequalities among British civil servants: the Whitehall II study. *Journal of Epidemiology and Community Health*, 56(12), 922-926

25. Fielden, A. & Peckar, S. (2019). *Discovering statistics using SPSS: (and sex, drugs and rock 'n' roll)*. (2nd ed.) London: SAGE Publications
26. Finn (2018). Personal Responsibility for Health: Personal Responsibility for Health. A Review of the Arguments. *Research Journal on Public Health*. Vol. 6. pp. 28-32
27. Fit for Work. (2016). Benefits of a healthy workforce. London: Department for Work and Pensions. Retrieved from: <http://fitforwork.org/employer/benefits-of-ahealthy-workforce/>.
28. Fraenkel, B., & Wallen, A. (2003). *How to design and evaluate research in education*. Seventh Edition. New York: McGraw-Hill Companies, Inc.
29. Francis, R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office. Retrieved from: <https://www.gov.uk/government/publications/report-of-the-midstaffordshire-nhs-foundation-trust-public-inquiry>.
30. Gallagher, V. (2012). Managing resources and need for cognition: Impact on depressed mood at work. *Personality and Individual Differences*, 53(1), 534-537.
31. Gershon et al. (2018). Health promoting practices and personal lifestyle behaviors of Brazilian health professionals. *BMC Public Health*. Vol. 6. pp. 28-32
32. Glasser, A. (2015). Prevalence and correlates of substance use among clinical nurses in Kaohsiung city. *The Kaohsiung Journal of Medical Sciences*, 17(5), 261-269.
33. Goudarzi, A. & Sharifirad, P. (2012). Lifestyle, harassment at work and self-assessed health of female flight attendants, nurses and nurses. *Work*, 27(2), 165-172.
34. Greenberg E. (2016). Challenges in Nursing profession. Retrieved from <https://www.yumpu.com/en/document/view/27782519/difficulties-encountering-unrwa-in-109>
35. Gueorguieva, R., Sindelar, J. L., Falba, T. A., Fletcher, J. M., Keenan, P., Wu, R., & Gallo, W. T. (2019). The impact of occupation on self-rated health: cross-sectional and longitudinal evidence from the health and retirement survey. *The Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, 64(1), 118-124.
36. Hanna, T. & Mona, E., 2014. Psychosocial work environment, stress factors and individual characteristics among nursing staff in psychiatric in-patient care. *International journal of environmental research and public health*, 11(1), pp.1161-75.
37. Health and Safety Executive [HSE]. (2016). Working days lost. London: HSE. Retrieved from: <http://www.hse.gov.uk/statistics/dayslost.htm>.
38. Heaney, D. & Price, A. (2015). A cross-sectional study of drinking patterns, prelicensure nursing education, and professional identity formation. *Nurse Education Today*, 34(5), 719-723
39. Hidalgo H. (2016). Health promoting practices and personal lifestyle behaviors of Brazilian health professionals *BMC Public Health*. Vol. 6. pp. 28-32
40. Hunter, A. (2015). Health practices and lifestyle. *European Journal of Public Health* Vol. 7. pp. 28.
41. Jacelon D. (2012). Maintaining the Balance: Older Adults with Health Problems Manage Life in the Community. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1002/j.2048-7940.2011.tb00026.x>
42. Jaradat, Y., Nielsen, M. B., Kristensen, P., Nijem, K., Bjertness, E., Stigum, H., & BastPettersen, R. (2016). Workplace aggression, psychological distress, and job satisfaction among Palestinian nurses: A cross-sectional study. *Applied Nursing Research*, 32, 190- 198. <http://doi.org/10.1016/j.apnr.2016.07.014>
43. Jeffery, R. W., & French, S. A. (2016). Socioeconomic status and weight control practices among 20-to 45-year-old women. *American Journal of Public Health*, 86(7), 1005-1010
44. Jones (2017). Age and Health condition. *The Journal of Higher Education*. Vol. 63, No. 3. pp. 282
45. Jourdan A. (2019). Practices and Representations of Health Education Among Nurses. *Scandinavian Journal of Public Health* Vol 38, Issue 1.
46. Karaffa & Koch (2016). Motivation and perceived competence for healthy eating and exercise among overweight/obese nurses in comparison to normal weight. *Global Science Research Journal*. Vol. 21 pg 3.
47. Karaman Özlü, Z., Çay Yayla, A., Gümüş, K., & Khaghanyrad, E. (2016). Comparison of Nurses in Two Different Cultures: Who Experiences More Burnout. *Journal of Perianesthesia Nursing*, 1-7. <http://doi.org/10.1016/j.jopan.2015.09.012>
48. Koinis, A., Giannou, V., Drantaki, V., Angelaina, S., Stratou, E. and Saridi, M., 2015. The impact of healthcare workers job environment on their mental-emotional health. Coping strategies: the case of a local general hospital. *Health Psychology Research*, 3(1).
49. Leedy, J. & Ormrod, L. (2011). *Practical research: Planning and design*. Upper Saddle River, NJ: Prentice Hall.
50. Leger I. (2011), *The interface between a school's core business of education and public health*. Southern Illinois University.
51. Leitão, J., Pereira, D., & Gonçalves, Â. (2019). Quality of Work Life and Organizational Performance: Workers' Feelings of Contributing, or Not, to the Organization's Productivity. *International journal of environmental research and public health*, Vol 16 No 20, 3803

52. Lemerle A. (2015). Evaluating the Impact of the Workplace Environment for Nurses' Health and Job Commitment. Retrieved from file:///C:/Users/User/Desktop/PELAYO/Kate_Anne_Lemerle_Thesis.pdf
53. Levi S. (2018). Personal Responsibility for Health: Personal Responsibility for Health. A Review of the Arguments. *Research Journal on Public Health*. Vol. 6. pp. 28-32
54. Lockley, F. et al. (2017). The evidence in support of physicians and health care providers as physical activity role models. *American Journal of Lifestyle Medicine*, 10(1), 36-52.
55. Magno E. (2014). Nurses Health Literacy: Understanding, Development, Significance Aspects. Retrieved from https://www.academia.edu/38174640/PRE-SERVICE_HEALTH_LITERACY_UNDERSTANDING_DEVELOPMNT_SIGNIFICANCE_ASPECTS
56. Marmar (2019). Protecting workers' health. *Journal for Public Health*. Vol. 6. pp. 28-32
57. Martin (2015). *Health rights in the government: Nurses' perspectives*. Southern Illinois University.
58. Martinussen et al., (2017). *Health and Fitness Awareness in the Workplace: A Quantitative Study*. Chicago University Press.
59. Maslach (2015). Stress and coping of Nurses. *Quarterly*, 3, 438-450
60. McDonald, E. W. (2013). Spatial-temporal analysis of endocrine disruptor pollution, neighbourhood stress, maternal age and related factors as potential determinants of birth sex ratio in Scotland. (PhD thesis). Stirling: University of Stirling. Retrieved from: https://dspace.stir.ac.uk/bitstream/1893/16044/1/FINALTHESIS_EMcDonald_310713.pdf.
61. Moradi, Y., Jafarizadeh, H., Zhiyani, E., Aghakhani, N & Alinejad, V. 2017. Effect of resilience-based intervention on occupational stress among nurses. *World Family Medicine* Vol. 15 No 9, 159-163.
62. Morisky O. (2017) traditional health beliefs and practices. Retrieved from <http://lib.dr.iastate.edu/cgi/viewcontent.cgi?article=1280&context=rted>
63. Mulan R. (2017) Health Literacy amongst Health Professional University Students: A Study Using the Health Literacy Questionnaire. Retrieved from file:///Reference/education-07-00054-v2.pdf
64. Nazarian (2015). The relationship between coping and personality among Nurses in Singapore. *Journal of Research in Personality*, 35, 353-374.
65. Neall, R. (2018). *The effect of work on the health of health workers and the impact on early workforce exit*. Edinburgh Napier University.
66. NHS Improvement. (2016). Evidence from NHS Improvement on clinical staff shortages: a workforce analysis. London: NHS Improvement. Retrieved from: <https://www.gov.uk/government/publications/evidence-from-nhsimprovement-on-clinical-staff-shortages>.
67. Nurses association (2017). The NMC register 2012/13 – 2016/17. Retrieved from: <https://www.nmc.org.uk/globalassets/sitedocuments/otherpublications/nmc-register-2013-2017.pdf>.
68. Pampel, F. C., Krueger, P. M., & Denney, J. T. (2011). Socioeconomic disparities in health behaviors. *Annual review of sociology*, 36, 349-370.
69. Perez S. (2016). Risk factors for work-related stress and health of nurses. Retrieved from <https://academic.oup.com/occmed/article/58/8/584/1465658>
70. Pirie, K., Peto, R., Reeves, G. K., Green, J., Beral, V., & Million Women Study Collaborators. (2013). The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. *The Lancet*, 381(9861), 133-141.
71. Rijn, R. M., Robroek, S. J., Brouwer, S., & Burdorf, A. (2014). Influence of poor health on exit from paid employment: a systematic review. *Occupational & Environmental Medicine*, 71(4), 295-301.
72. Roberts, L. (2016). An examination of some elements of the personality of Nurses and their implications. *Journal of Science and Administration*, 13, 58-69.
73. Roberts, R.K. & Grubb, P.L. 2014. The Consequences of Nursing Stress and Need for Integrated Solutions. *Rehabil Nurs* Vol. 39 No 2, 62-69.
74. Salisi S. (2015). Health knowledge, attitude and practices of nurses in Metro Manila.
75. Salvador R. (2016). Protecting workers' health. *Journal for Public Health*. Vol. 6. pp. 28-32
76. Sarafis, P., Rousaki, E., Tsounis, A., Malliarou, M., Lahana, L., Bamidis, P., Niakas, D., & Papastavrou, E. (2016). The impact of occupational stress on nurses' caring behaviors and their health-related quality of life. *BMC nursing*, 15, 56.
77. Saskatchewan E. (2013) Health promotion programs. *Global Science Research Journal*.
78. Sharma, M. et al. (2018). Do moderate-intensity and vigorous-intensity physical activities reduce mortality rates to the same extent? *Journal of the American Heart Association*, 3(5), e000802.
79. Shield, K. D., Parry, C., & Rehm, J. (2014). Chronic diseases and conditions related to alcohol use. *Alcohol Research: Current Reviews*, 35(2), 155-171.
80. Tanigoshi, K., Kontos, P. & Remley, L. (2018). Smoking behaviour and attitudes among German nursing students. *Nurse Education in Practice*, 13(5), 407-412.
81. Tariq Mosleh Al Marashi, and Muneeb Mohammad Al Zghool, "Factors Influencing Job Performance among Nurses Who are Working in Saudi Mental Health Hospitals." *American Journal of Nursing Research*, vol. 6, no. 2 (2018): 67-81. doi: 10.12691/ajnr-6-2-5

82. The Royal Society for Public Health (2019) Promoting Safety: International Experience and Action, International Centre for the Prevention of Crime. US Department of Justice <http://www.ncjrs.gov/pdffiles1/bja/186937.pdf>
83. Topper (2017). Stressors facing Australian Nurses. *Nursing Studies*, 14,153-65.
84. Tuazon (2016) Health Education of Nurses Metro Manila: A Cross-Sectional Survey. *The Journal of Nursing Administration*, 42(5), 273-281.
85. van der Noordt, M., IJzelenberg, H., Droomers, M., & Proper, K.I. (2014). Health effects of employment: a systematic review of prospective studies. *Occupational & Environmental Medicine*, 71, 730-736.
86. van Rijn, R. M., Robroek, S. J., Brouwer, S., & Burdorf, A. (2014). Influence of poor health on exit from paid employment: a systematic review. *Occupational and environmental medicine*, 71(4), 295-301.
87. von Bonsdorff, M. B., Kuh, D., von Bonsdorff, M. E., & Cooper, R. (2016). Mid-career work patterns and physical and mental functioning at age 60-64: evidence from the 1946 British birth cohort. *European Journal of Public Health*, 26(3), 486-491.
88. Wald, S. (2019). Stress and coping styles in Japanese nursing students. *International Journal of Nursing Practice*, 18(5), 489-496.
89. Walsh P. (2015). *Use of Online Health Information to Manage Children's Health Care: A Prospective Study Investigating Parental Decisions*. Chicago University Press.
90. Wang, X. S., Armstrong, M. E. G., Cairns, B. J., Key, T. J., & Travis, R. C. (2011). Shift work and chronic disease: the epidemiological evidence. *Occupational Medicine*, 61(2), 78-89.
91. Webber, D. J., Page, D., Veliziotis, M., & Johnson, S. (2015). Does poor health affect employment transitions? York: Joseph Rowntree Foundation. Retrieved from: <https://www.jrf.org.uk/file/47491/download?token=ijU9TbQy&filetype=fullreport>.
92. WHO (2015). Global status report on alcohol and health 2014. Retrieved from: http://www.who.int/substance_abuse/publications/global_alcohol_report/m_sb_gsr_2014_1.pdf.
93. Williams (2017). The impact of social supports on medical personnel's stress. *Nursing Management*, 23, 503-522.
94. Woodrow, C., & Guest, D. E. (2012). Public violence, staff harassment and the wellbeing of nursing staff: an analysis of national survey data. *Health Services Management Research*, 25(1), 24-30.
95. Xu et al. (2018). Factors Affecting Smoking Status of Nursing Students and Their Addiction Levels. *Thoracic Journal*, 16(3), 121-127.
96. Zhang L. (2017) *Stress Management in Work Situations: A Comprehensive Examination of the Health Effects*. Global health promotion: A cross-cultural perspective. Ashgate Publishing Company.
97. Zhao et al. (2019). *Stress and coping: An Anthology*. New York: Columbia University Press.
98. Zheng, H. (2013). Marital status, self-rated health, and mortality: overestimation of health or diminishing protection of marriage? *Journal of Health and Social Behavior*, 54(1), 128-143