



**A QUANTITATIVE AND QUALITATIVE  
ANALYSIS OF NURSES' LIFESTYLES AND  
COMMUNITY HEALTH PRACTICE IN  
DENPASAR, BALI**

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## **Declaration of Originality**

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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## List of Abbreviations

ANOVA	Analysis of Variance
BMI	Body Mass Index
CINAHL	Cumulative Index to Nursing and Allied Health Literature
HP	Health Promotion
HPL	Health-promoting Lifestyle
HPLP	Health-promoting Lifestyle Profile
HR	Health Responsibility
HREC	Human Research Ethics Committee
HSD	Honestly Significant Different
IR	Interpersonal Relation
MM	Mixed-methods
NCD	Non-communicable Diseases
Nu	Nutrition
PA	Physical Activity
PCNA	Preventive Cardiovascular Nurses Association
SG	Spiritual Growth
SM	Stress Management
SPSS	Statistical Package for Social Science
UofA	University of Adelaide
WHO	World Health Organization



# Abstract

## Background

Health promotion (HP) provision is regarded as an integral component of the health professional's role, particularly for nurses working in a primary healthcare (PHC) context. In Indonesia, community health centres called *Puskesmas* serve as the main functional healthcare organisation unit. In all *Puskesmas*, nurses are considered to have a pivotal role in maximising the health of the general population, having sufficient knowledge, skills, positive attitudes and behaviours towards health-promoting lifestyles (HPLs).

## Purpose

The purposes of this study were:

- to describe the personal health-promoting lifestyles among nurses working across all *Puskesmas* in the Denpasar area, Bali, Indonesia
- to determine any significant differences between selected socio-demographic variables and the health-promoting lifestyles of nurses working in *Puskesmas*
- to obtain an understanding of how nurses view, experience and integrate their personal and professional health promotion practice.

## Methods

This study employed a parallel mixed-methods design using self-administered questionnaires and telephone interviews. The questionnaire was adapted from an existing instrument (Health-Promoting Lifestyle Profile II/HPLP-II), while the semi-structured telephone interview was guided by a list of questions developed through reviewing the literature pertinent to the chosen topic. Quantitative data were analysed using SPSS version 20 for Windows, while qualitative data from eight telephone interviews were subject to in-depth thematic analysis. To generate final conclusions, inferences from each strand were linked, combined and integrated.

## Results

It was found that based on particular socio-demographic characteristics of the participants, the means of several HPLP-II subscales were significantly different, namely, in spiritual growth (working experience, employment status, income, general health status), nutrition (employment status, income), stress management (income), and in total scale, health responsibility and interpersonal relations (general health status). Six key themes were yielded from the thematic analysis and included how the nurses view, experience and integrate their personal and professional HP practice.

## Conclusions

Three major conclusions can be drawn from this study. First, the *Puskesmas* nurses showed sufficiently positive HPL patterns, except in the physical activity domain. Second, there were significant differences found in several HPLP-II subscales based on the participants' particular socio-demographic characteristics. Finally, by integrating, combining or linking findings from the quantitative and qualitative strands, it can be concluded that there is a connection between the *Puskesmas* nurses' personal and professional HP practice. More precisely, it was characterised by the notion of being imperfect role models and a blurred boundary between the nurses' personal and professional identity.