

## RESEARCH ARTICLE



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# Health Promotion Lifestyle Profile of Augustinian Recollect Sisters: Basis for a Health Program

## Abstract

Studies on health promotion lifestyle of religious communities have relatively received little attention. This study aimed to determine the health promoting lifestyle of the Augustinian Recollect Sisters and to develop a program that will direct them to attain optimal health.

Health Promotion Lifestyle Profile II was used to determine the health promotion lifestyle profile of 88 Augustinian Recollect Sisters. Descriptive statistics featured the profile of the respondents and Pearson  $r$  determined the significant relationship between the respondents' demographic profiles and their level/degree of engagement in health promotion lifestyle. Findings revealed no significant relationship between the respondents' demographic profile and their level of health promotion lifestyle.

**Key words:** *Health Promotion, Augustinian Recollect Sisters, Education Apostolate, Health Promotion Lifestyle, Health Promotion Program*

## Introduction

Health promotion is the process of enabling people to increase control over and to improve their health (WHO, 2009). Health promotion prevents illness, enhances well-being, and creates healthy lifestyle at all stages of life (Teng et al. 2010). A recent study reported that engaging in health-promoting behaviours and lifestyle may help to improve not only on an individual's physical health but also on a physical health-related quality of life (Erci 2011).

Health promotion is seen as an approach to attain a positive state of high-level wellness rather than just avoiding diseases and is geared towards improving the well-being of an individual thereby leading the person to become self-actualized (Pender et al. 2011).

Health Promotion lifestyle is essential in reducing premature morbidity and mortality (Allen, 2014) and can effectively delay or prevent many chronic medical conditions in life (Meihan & Chung-Ngok 2010). A lot of diseases could be prevented if people adopt healthy habits such as eating a balanced diet, not overeating, doing exercises, avoiding smoking, getting enough sleep, laughing more, and avoiding too much stress (Alano 2014).

Researches pertaining to the life of religious are relatively few. Before Vatican II, studies examining the life of religious have concentrated mainly on identity, sexual abuse, stress and adaptation of lifestyle (Brock 2013). A study on clergy leadership revealed that the task of clergy as leaders are focused on transforming not just one's own health or even of one's congregation but that of the community as well (Cutts et.al., 2011).

Women as one vulnerable group in society will significantly profit from the practice of a health promotion lifestyle. The current study group comprises of women who may share the same vulnerability due to several effects of technological advances and environmental hazards. Their communities are also not spared from the effects of technological advances and environmental progress affecting personal, community, and apostolic endeavours.

Along with the demands of the education apostolate of the Augustinian Recollect Sisters (ARS) lies the challenge to develop more rigorous and consistent behaviour that will improve individual health and boost communities to take more actively the path towards improved health and well-being.

Health promotion impacts the lives of religious women working in education apostolate as it significantly affects their capacity to respond to the demands of their daily duties and responsibilities. Factors to consider are the present study group's increased risk to mortality, chronic illnesses and conditions like diabetes mellitus, hypertension, heart disease and eye disorders that would possibly debilitate their capacity to work as educators or may lead them to accomplish little because of illness.

Moreover, life expectancy which accounts for an individual's quantity and quality of life may be shorter and of poor quality for those who are constantly and greatly exposed to multiple stressors. The present study group involving religious women serving the Holy Mother Church through their apostolate of education may actually manifest the same concern since the demands of the present educational system heavily burden them on the physical and psychological level. This study would particularly become an important step in contributing to the development of the main apostolate of the congregation and other services that these women do both within their individual and collective capacity.

The relevance of reduced health costs on the part of the congregation is also a factor to consider for the significance of this study. It is a fact that there is a personal, economic, and environmental burden when people do not engage in healthy practices and lifestyle. For this study group, the encouragement and support to pursue health -enhancing behaviors would greatly influence their lives, as firstly, religious workers in education and in other services which the Church may call them for.

Changes in the pattern of life, work, and environment of the ARS will have significant effects on their lives as educators. This would not only affect their personal, emotional, and psychological well-being but also their own religious communities. The researcher's personal interest on health promotion and its potential contribution to the physical and psycho-spiritual formation of the Augustinian Recollect Sisters motivated her to conduct this study. This study will also help the researcher to determine the potential contribution of health promotion among them as they engage actively in their educational mission and endeavours.

Age and years in religious life of the ARS have significant bearing on this study. On the context of the health promotion model, which was used in this study, both variables are part of individual characteristics and experiences. The age and years in the religious life of respondents vary and this may account for their differences in health behavior and practice. These variables may also reveal descriptions as to respondents' competence, strengths, or weaknesses.

The present study also addresses the gap in literature concerning the depth of information about the health promotion lifestyle of a group of religious women vis-à-vis other groups or individuals.

## Methodology

This descriptive study was designed to determine the level of health promotion lifestyle of the Augustinian Recollect Sisters (ARS) and to develop a program that will help them strive for optimal health and well-being. A letter of request addressed to Dr. Karen Sechrist to use the Health Promotion Lifestyle Profile II (HPLP II) and Exercise Benefits/Barriers Scale (EBBS) were sent through electronic mail. The approval to use the said instruments was also received through electronic mail on August 19, 2014 and October 23, 2014 respectively. The researcher has also complied with research guidelines and protocol set by the Research and Evaluation Office of Centro Escolar University in Manila.

The HPLP II provides significant data about individuals' pattern of living or lifestyle. The six dimensions of HPLP II namely, health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management are important in assessing or evaluating an individual lifestyle and in providing a baseline against which other health assessments can be compared. Recent studies (Teng et.al, 2010; Raj et.al, 2012; and Seguin et.al, 2012) have indicated the validity of the Health Promotion Lifestyle Profile II to measure the health promotion lifestyle of a particular population group such as adolescents, middle-aged women, and older people.

Health responsibility in the context of health promotion allows the person to adhere to a healthy lifestyle and to become aware of accountabilities in keeping doctor's appointments and heeding medical advices given on how to work towards improved health. Physical activity, on the other hand, as an important aspect of personal health is the ability of the person to perform activities or exercises essential for healthy and more dynamic living. Nutrition involves healthy eating to avoid diseases and chronic problems of overweight and obesity.

Spiritual growth is the person's ability to improve and cultivate oneself to the fullest potential leading one to be self-actualized (Pender et. al. 2011). Interpersonal relations include individuals or significant others who may influence or affect and provide a person with social or emotional support. Stress management is the capacity of a person to cope and to handle one's self in the presence of stressful events and practice interventions that will help diminish the stress one undergoes.

The six dimensions of HPLP II are significant to the present study group because becoming attentive and responsible over these dimensions will help the ARS pursue decisions and actions congruent to health promotion lifestyle. These mentioned dimensions have crucial roles in developing and maintaining healthy behaviors among this group of women.

The complete set of instruments was pilot tested to evaluate and to refine the instrument and to also determine how much time it takes to administer the entire instrument package and whether or not respondents find this burdensome. Modifications or changes were noted after the pilot testing. The survey questionnaire consisting of HPLP II and EBBS were then sent to a number of ARS ( 88 School Administrators) who agreed to become respondents of this study with a representative number drawn from the AR communities in the Philippines and in California, USA.

Dimensions of HPLP II, as well as, the exercise benefit and barriers scale were scored separately to obtain group mean scores. High response rate was obtained since all respondents returned the completed questionnaire on time. Descriptive statistics (mean, standard deviation, and percentage) were tabulated for the variables of age and the number of years in religious life. The variable area of assignment was used as an additional description of the respondents. Pearson's *r* was used to test the relationship between the respondents' demographic profile and their level/degree of engagement in health promotion lifestyle, in terms of, health responsibility, physical activity, nutrition, spiritual growth, interpersonal relationship, and stress management. The level of significance was set at 0.01.

## Results

**Table 1.** Demographic Profile of the Respondents

Age	<i>f</i>	%
31-35	4	4.5
36-40	11	12.5
41-45	15	17.0
46-50	14	15.9
51-55	10	11.4
56-60	11	12.5
61-65	10	11.4
66-70	13	14.8
<b>Total</b>	<b>88</b>	<b>100 %</b>
Number of Years in Religious Life	<i>f</i>	%
10 years & below	5	5.7
11-20	24	27.3
21-30	30	34.1
31-40	16	18.2
41-50	11	12.5
51 & above	2	2.3
<b>Total</b>	<b>88</b>	<b>100%</b>
Area of Assignment	<i>f</i>	%
Luzon	53	60.2
Visayas	27	30.7
Mindanao	5	5.7
California, USA	3	3.4
<b>Total</b>	<b>88</b>	<b>100%</b>

Table 1 represents the demographic profile of the respondents in terms of age, number of years in religious life, and area of assignment. For the variable age, 17% of the respondents belong to age bracket 41-45, 15.9% under age bracket 46-50, and 12.5% to both 36-40 and 56-60 age brackets. This data showed that most of the respondents are classified as middle aged and as older adult. This same data is in consonance with the trend in the congregation's education apostolate which commends middle-aged administrators and educators who can respond more easily and more effectively to the demands of the present Philippine Educational System and ARS Education Apostolate.

Surprisingly, a considerable large percentage which is 14.8% falls for the 60-70 age bracket. This may be because ARS who are above 60 years old remain active in the apostolate for as long as their health permits them to serve. Also for this variable, the lowest percentage falls on the 31-35 ages. This low percentage indicates that the ARS' population comprised largely

**Table 2.** Respondents' Level/Degree of Engagement in Health Promotion Lifestyle

Dimensions	Mean	Std. Deviation	Interpretation
Health Responsibility	2.35	.610	Sometimes
Physical Activity	2.23	.710	Sometimes
Nutrition	2.81	.476	Often
Spiritual Growth	3.42	.494	Often
Interpersonal Relations	2.90	.570	Often
Stress Management	3.03	.566	Often

of middle-aged and older adults. Based on the documented history of the congregation, younger AR are fewer in number as there is a slight decrease in the number of those who enter religious life during the current year as compared to those who entered the congregation in the last five years.

The profile variable number of years in religious life shows 34.1% of the respondents have already spent 21-30 years and this is followed by 27.3% who have spent 11-20 years. Data also indicates that the present study group is dominated by those who have spent more than half of their age in the congregation. Those who have lived religious life for 31-40 years are 18.2%, those who have lived 41-50 years are 12.5%, ten years and below are 5.7%, and those within 51 years and above are just 2.3%. Finally, those who have spent more than 51 years in religious life and are still active in the education apostolate are fewer because of health considerations.

The variable area of assignment shows that 60.2% of the respondents came from Luzon region. This indicates that more ARS are assigned in Luzon since there are more educational institutions managed by the ARS in Luzon region; 30.7% of the respondents are based in the Visayas, and 5.7% are in Mindanao. Only 3.4% of the respondents are in California, USA since there are very few ARS assigned there. The ARS carry out their duties and responsibilities in the above-mentioned places mainly as educators since this is part of their participation in the teaching mission of the Church.

Table 2 represents the respondents' level/degree of engagement in Health Promotion Lifestyle. The results of the rating of dimensions of health responsibility and physical activity were interpreted as *Sometimes* indicating a moderate level/degree of engagement. These show that the ARS may not be paying more attention to their personal responsibility concerning their health and do not do exercises in as much as they may be focused on their daily duties, forgetting their need to heed their physician's advice, and to keep abreast with information and other materials regarding improving one's health.

The ratings of nutrition, spiritual growth, interpersonal relations, and stress management dimension were interpreted as

*Often* indicating a high level/degree of engagement in these dimensions of health promotion lifestyle. These show that the ARS have regarded these aspects of a healthy lifestyle as significant and relevant to their current apostolate. As religious, the respondents are wholly conscious of their purpose in life. This is illustrated in the rating obtained from each item under spiritual growth where the ARS have indicated that they always or routinely believe that their lives have a purpose.

According to Moss (2010), people who live with meaning and purpose are mindful of the future and become flexible over time. Since Moss is advocating that if an individual is future-oriented, he/she has a greater capacity for positive behavior and effects on his/her health is more beneficial. In the same manner, this study proposes that when a person takes care or pursues health promoting steps--- the future for good health is ascertained.

The idea of Moss is logically intertwined in the propositions of this study. It is the researcher's premise that if the religious look forward to a healthy future and that their lifestyle and commitments give them a sense of purpose and meaning, then the problems on health and related issues will also be diminished. As a religious Sister embraces the possibility of a healthy future, the tendency to entertain negative stimuli like stress, unhealthy eating, etc. diminishes and there is growth in resilience against temptations and backsliding inclinations.

The ratings of the dimensions of interpersonal relations and stress management were interpreted as *Often*. This may also indicate the respondents' improved relations with their collaborators in schools and effectively manage the pressures of their everyday life and their apostolate.

Table 3 represents the relationship of the age of the respondents and the level/degree of engagement in health promotion lifestyle, in terms of, health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management. The relationship of the variable age of the respondents and their level/degree of engagement in health promotion lifestyle was not significant.

**Table 3.** Relationship of Age of the Respondents and their Level/Degree of Engagement in Health Promotion Lifestyle

Dimensions	r	p-value	Interpretation
Health Responsibility	0.0601	0.5782	Not Significant
Physical Activity	0.0961	0.3731	Not Significant
Nutrition	0.0364	0.7363	Not Significant
Spiritual Growth	0.0531	0.623	Not Significant
Interpersonal relations	0.0693	0.5212	Not Significant
Stress Management	0.1223	0.2561	Not Significant

**Table 4.** Relationship of the Number of Years in Religious Life of the Respondents and their Level/Degree of Engagement in Health Promotion Lifestyle

Dimensions	r	p-value	Interpretation
Health Responsibility	0.0902	0.403	Not Significant
Physical Activity	0.1781	0.097	Not Significant
Nutrition	0.0377	0.7275	Not Significant
Spiritual Growth	0.0628	0.5608	Not Significant
Interpersonal relations	0.0142	0.8959	Not Significant
Stress Management	0.1618	0.1319	Not Significant

Table 4 represents the correlation or relationship of the variable number of years in religious life of the respondents and their level/degree of engagement in health promotion lifestyle, in terms of, health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management. This finding revealed that for this particular study group, the variable number of years in religious life of the respondents has no significant correlation or relationship with their level/degree of engagement in health promotion lifestyle.

### Analysis

This study conducted on health promotion lifestyle involving Catholic religious women revealed that this group of women engaged in education apostolate whether young, middle aged or older, in terms of, the six dimensions, have different ways of practice which are not determined by their age. The younger religious may be more conscious of health promotion lifestyle than the older ones, or it may also be the other way around wherein the older religious may be more discerning or more aware of practicing a health promotion lifestyle as compared to the younger religious.

As most of the respondents are in their midlife and older adult stage, different perceptions or interests regarding physical activity may arise from the varied biological or psychological changes and

lifestyle-related factors they experience. Moreover, promoting physical activity early in adulthood to promote better physical function later in life is also more advantageous (Cooper, Mishrah & Kuh, 2013).

Physical activity tends to decline as people age (Davies 2011). Decline in physical activity among elderly Augustinian Recollect Sisters (ARS) may be obvious as it may overstress them and put them at risk for other unfortunate effect or conditions. Very often, ARS do the much simpler exercise but they are not considered inactive since they also do the medium and high levels of physical activity as proper and recommended for their age. This decline in physical activity among them may also be the reason for the shift of interest in doing things other than physical activity.

The findings of the relationship between years in religious life and the dimensions of HPLP II indicated that years in religious life of the respondents do not play a significant role in their practice of health promotion lifestyle. This shows that Sisters who may have spent more years in living religious life maybe more mindful of healthy practices than those who have spent fewer years or vice versa. It shows that their health practices are not determined by the length of years spent in religious life.

## Discussions

This study aimed to determine the level/engagement in health promotion lifestyle of the ARS. The findings showed that the respondents practice a moderate level of engagement in terms of health promotion lifestyle. These Augustinian Recollects Sisters need to become more conscious of their responsibilities and accountability to improve health. The ARS have a structured life but somehow also experience burnout in their missions and ministries and tend not to prioritize self-care and health promoting behaviors. Consistent with the findings of Doubova et al. (2012), the current group study comprising mostly of women experience midlife transitions and climacteric changes also need more information about their physical, psychological, as well as, social needs and the possible effect of health during this stage and later in life.

In addition, the ARS, known for their spirituality and charism of fraternal charity, and community life, present a more conscious regard for social relationships as part of health promoting lifestyle. Maintaining social support is associated with more inspiration and encouragement to guard one's self against occurrence of diseases or illnesses and injury (Umberson & Montez, 2013). This is further supported by the findings of Watt (2014) that people have better physical health and well-being as a result of strong and healthier social support or network of caring people and that strengthening and developing social relationships should be highly considered in the promotion and enhancement of health.

Lastly, the ARS need to strengthen or intensify their practice of health promotion lifestyle since as educators this can influence the effectiveness of their apostolates or other ministries they engage in. They need to prioritize health responsibility and physical activity to commit to a healthy lifestyle across their life stages.

Despite the study's limitation to bridge the previous knowledge with the current study in order to yield a new knowledge, this study contributes to nursing practice by providing information on health promoting lifestyle of individuals which may be significant clinically in supporting and educating them and in motivating them to attain personal health. This study may also deliver information on developing knowledge to improve the health of particular population like religious people and clergy. More extensive research may be conducted on self-efficacy and religious' capacity to commit to a plan of action or to commit to a health promoting behavior. This study further recommends that the Superior General together with her council give consideration for the approval and rigorous implementation of the proposed ARHPP (Augustinian Recollect Health Promotion Program) which greatly considers the incorporation of the six dimensions of a health promotion lifestyle. The said program may be implemented parallel to the existing formation plan of the congregation with the goal of forming healthy religious women, as well as, healthy workers in God's mission.

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## About the Author

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