



Perceived Barriers and Benefits of Exercise among Psychiatric Nurses

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ABSTRACT

Background: Physical inactivity is believed to negatively impact both mortality and morbidity. To address this issue, it is essential to analyze the perceived benefits and barriers to physical activity and work toward overcoming these challenges.

Objectives: The objective of this study was to assess nurses' perceptions of the advantages and barriers to exercise in primary healthcare facilities in Baghdad City.

Methodology: An observational study carried out between December 12th, 2022, and January 3, 2023, at psychiatric settings. The information was gathered from five hospitals that include psychiatric wards in Baghdad City. The study's tools were divided into three categories: Part One: Demographic characteristics that include (ages, gender, marital status, educational level, exercise, body mass index, Smoking and intension to exercise). Part Two: To Assess nurses Perceived benefits of exercise and subscale scores for exercise. Part Three: To Assess nurses' perceived barriers and subscale scores in terms of exercise.

Results: This study finding that the sample participating in the study amounted to 150 nurses, that most of the study sample was from 31 to 40 years old, at a rate of 46.67%, and that the sample of men was higher than that of women by (78%), 85.33% of the sample whose marital status was married, as well The sample was distributed in terms of certificate between graduates of the Medical Institute and graduates of the College of Nursing with a bachelor's degree.

Conclusion: The study's findings suggest that exercise frequency will increase as perceived benefits of exercise increase and decrease as perceived barriers to exercise increase.

Keywords: Exercise, Perceived Barriers, Perceived Benefits, Psychiatric Nurses.

INTRODUCTION

It's crucial to maintain good health in a world when healthcare prices are always rising. The healthcare system as a whole has shifted its focus from illness treatment to health. The current emphasis is on restore a high degree of health and personal well-being, or quality of life. To educate and

inspire people to adopt improved health habits, including exercise, primary care practitioners can be the first line of defense (World Health Organization [WHO], 2021).

A benefit of exercising Regular exercise is crucial as a strategy for promoting health since it both

prevents and treats many of the major causes of morbidity and mortality in the United States (Cromble, 2004). Acute respiratory infections, osteoporosis, diabetes, heart disease, high blood pressure, low back pain, and numerous mental conditions are all adversely affected (Sas-Nowosielski, 2017). It is possible to improve quality of life and gradually reduce health care costs by promoting health by stopping certain disease processes before they start. As a result, less money would be spent on diagnosing diseases, treating them, providing therapies, and paying for hospital stays.

"Action or activity involving physical and mental exertion" is what exercise is defined as. "Muscular strength, muscular endurance, flexibility, and cardiopulmonary" (aerobic) endurance are all necessary for the body to sustain such physical exercise (WHO, 2010). There are numerous recommendations for exercise. One goal is to create or maintain a healthy cardiovascular system. To boost heart rate to 60-90% of maximum heart rate, the American College of Sports Medicine (as described in Allan, 1992) advises engaging in continuous aerobic activity for 20 to 60 minutes, three to five days a week. Any action that involves a lot of major muscle groups qualifies as aerobic exercise. For the best whole body conditioning, resistance training is also k2strongly advised.

All people should exercise regularly, according to WHO, which defines exercise as "any planned physical activity (e.g., brisk walking, aerobics, jogging, bicycling, swimming, or rowing) performed to increase physical fitness." According to Sharifad (2011), this exercise should be done three to five times a week for a total of 20 to 60 minutes every session. Although the community is generally aware of these facts, this awareness does not translate into increased exercise participation because exercise is a complex behavior that depends on a variety of factors, including personality "cognitive, emotional, and motivational domains and others in the environment, both physically and socially" (Dobbs,

2014). Although the explanation of the factors that prevent people from exercising is complex and diverse, persuading people to spend time and money on an activity is thought to be of high priority. Exercise participation is influenced by perceived barriers and advantages. A behavior's perceived benefits serve as a sustaining or reinforcing effect. They could be extrinsic (like social approval or money rewards) or intrinsic (like increased attentiveness or decreased weariness). Based on outcomes from previous personal experiences or outcomes that others have experienced, perceived benefits have a motivational value. The difficulties that come with engaging in a certain behavior, such as lack of availability, annoyance, money, difficulty, time, or personal cost, are known as perceived barriers to action. Perceived obstacles may make it difficult to begin or initiate a new activity or they may make it harder to stick with and commit to an existing one. Participation will increase as various barriers are reduced and people perceive the benefits as being greater (McEwen, 2013). Counseling healthy health behaviors, including physical activity, is the job of healthcare professionals. As role models for their patients and the community, physicians and nurses' personal physical activity and how it affects their body image have some bearing on the exercise advice they give (Lobelo et al., 2008). Therefore, if healthcare professionals implement their own health promotion advice, patients may view them as being more truthful (Blake, 2009, Fie, 2012).

Several studies have reported that nurses' occupational physical activity levels were found to be of light to moderate intensity and not meeting the moderate-to-vigorous physical activity-level recommendations (Chappel et al. 2017; Lee et al. 2005). The literature pertinent to physical activity among registered mental health nurses' (MHNs) is scarce. Nonetheless, there have been many studies delving into the physical activity levels of registered nurses worldwide.

AIMS OF THE STUDY

The objective of this study was to assess nurses' perceptions of the advantages and barriers to exercise in primary healthcare facilities in Baghdad City.

METHODOLOGY

A descriptive cross-sectional study that was carried out at psychiatric hospitals in Baghdad City. The study was carried out from December 1st, 2022 to January 3rd, 2023, at psychiatric wards in Baghdad City. A convenience sample was chosen that composed of 150 nurses that work in psychiatric wards in Baghdad who were recruited from five hospitals in Baghdad that have a psychiatric ward namely Ibn-Rushed Psychiatric Teaching Hospitals for Psychiatry, Al-Rashad Psychiatric Teaching Hospitals (the main specialized psychiatric institution), Baghdad Teaching Hospitals, Al-Imamain Al-Kadhimian Teaching Hospital, and Al-Yarmuk Teaching Hospital. Participants' acceptance to enroll in the study was through a specialized consent form. The interview was conducted to fill out the questionnaire with nurses the worker in psychiatric hospitals in Baghdad City; each of them needed approximately (15-20) minutes to complete answering the questionnaire. The study instrument includes sociodemographic characteristics (ages, gender, marital status, educational level), exercise, BMI, smoking and intension to exercise). It also includes items to assess nurses' Perceived Benefits of Exercise that consist of (28) multiple choice items that are distributed into five subscales, each one consists of (5) items: First subscale is psychological subscale, the second one focuses on preventive health, the third one focuses on the physical functioning, the fourth one focuses on the social interaction, and the fifth one focuses on improvement of life. The study instrument includes also assessing nurses' perceived barriers to exercise that consists of (14) multiple choice questions that are distributed into four subscales, each one consists of (4) items. The first subscale is the time spent, the second one is results

of exercise, the third one is the results of sub-physical effort, and the fourth one is the family encouragement inhibition. Exercise subscale scores and perceived benefits of exercise items are rated on 4-point Likert scale, (4) for the correct answer and (0) for the incorrect response. The score ranged from 0 to 4, with 4 being the highest possible. The study instrument includes also assessing nurses' perceived barriers that consists of four categories. The exercise subscale items are rated on 5-point Likert scale of 0 for the incorrect answer and (4) for the correct one. The score ranged from 0 to 4, with 4 being the highest possible. Data were analyzed using Statistical Package for Social Sciences, version 26. The descriptive statistical measures include frequency and percent. Arithmetic mean and standard deviation (SD) were also used.

RESULTS

The study results display that most of the sample participating in the study amounted to 150 nurses, that most of the study sample was from 31 to 40 years old, at a rate of 46.7%, and that the sample of men was higher than that of women by (78%), 85.33% were married. More than two-fifths hold associate degree ($n = 66$; 44.0%), followed by those who hold bachelor's degree ($n = 62$; 41.3%), those who are nursing high school graduates ($n = 17$; 11.3%), and those who hold master's degree ($n = 5$; 3.3%). (Table 1)

According to Kuppuswamy, the total score is distributed as follows: upper class (26-29); upper middle class (16-25); lower middle class (11-15); higher lower class (5-10); lower class less than 5.

DISCUSSION:

Exercise was common among the 150 healthcare professionals polled (40.67%). In terms of future exercise plans, 52.66% of the physically inactive had the intention to begin, compared to 20.67% of non-exercisers who had no such plans. According to various research, physical activity levels

were higher. Table (1) displays that most of respondents amounted to 150 nurses, that most of the study sample was from 31 to 40 years old, at a rate of 46.67%, and that the sample of men was higher than that of women by (78%), 85.33% of the sample whose marital status was married, as well. The sample was distributed in terms of certificate between graduates of the Medical Institute and graduates of the College of Nursing with a bachelor's degree. For instance, Australia has 70% doctors and medical students (Gnanendran et al., 2011), Saudi Arabia has 65.2% doctors (Banday et al., 2015), South India has 64% doctors (Patra et al., 2013), Northern Ireland has 56.6% general practitioners (McGrady et al., 2007), and Ain Shams University in Egypt has 75% medical students (Bakr et al., 2002).

Our research showed that the male gender was strongly connected with engaging in physical activity when it came to the elements that influence this behavior. These findings conflict with earlier research that found no significant difference between genders in terms of physical activity (Biernat et al., 2012). There was a substantial difference in our investigation in the amount of activity that participants in the underweight and normal weight BMI groups engaged in compared to those in the overweight and obese categories. This goes against the findings of a Saudi Arabian study on family medicine residents, which found that physical activity levels were unaffected by the doctors' BMI (Iwuala et al., 2015).

The top benefits of exercise included increased physical strength, improved body composition, and improved mental wellness. Exercise was loved, stress levels dropped, mental health improved, relaxation was felt, heart attacks were prevented, people lived longer, had better physical endurance, enjoyed themselves more, felt less weary, and produced better work. These advantages, however, do not line up with earlier findings that were published, according to which nurses most frequently cited improved cardiovascular health, more stamina, and less stress as advantages. The new study shows that

participants who exercised reported higher benefits and less barriers to doing so, which is consistent with other studies' findings. Additionally, compared to physicians, nurses experienced greater hurdles and less benefits (Blake et al., 2011). According to this study, exercise as a leisure activity did not become widespread until recent decades. This might be because daily tasks needed greater physical effort in past times than they do now. There is a rising requirement for exercise as a leisure activity due to the rise in motorized transportation and sedentary work activities.

CONCLUSIONS:

The major findings of this study are that as perceived barriers to exercise rise, exercise will occur less frequently, and as perceived advantages of exercise rise, exercise will occur more frequently. Regular exercise involvement is "rare, negatively correlated with BMI, physical effort, and exercise environment barriers subscale scores", and positively correlated with life improvement benefit subscale scores for females.

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TABLES:

Table (1): Participants' sociodemographic characteristics (N = 150)

Variables	Frequency	Percent	Mean +SD
(A):Age	20 – 30	43	28.7%
	31 – 40	70	46.7%
	41- 50	22	14.6%
	51-60	15	10%
(B):Sex	Male	117	78%
	Female	33	22%
(C): marital status	Married	128	85.33%
	Single	16	10.67%
	Widow	2	1.33%
	Divorced	4	2.67%
(D): Educational Qualification*	Nursing high school	17	11.3%
	Associate degree	66	44%
	Bachelor's degree	62	41.3%
	Master	5	3.3%
(E): Exercise	Yes	61	40.67%
	No	89	59.33%
(F):Smoking	Yes	33	22%
	No	117	78%
(J):Intension of Exercise	Yes after 30 day	79	52.66%
	No after 30 day	31	20.67%
	Yes after 6 month	28	18.66%
	No after 6 month	12	8%

* Percent is not exactly 100.0%.

Table (2): Socioeconomic classes are categorized using Kuppaswamy's Score

Class	Total Score	Frequency	Percent
"Upper class"	26-29	21	14
"Upper middle class"	16-25	64	42.67
"Lower middle class"	11-15	50	33.33
"Upper lower class"	5-10	13	8.67
"Lower class"	Less than 5	2	1.33

Table (3): Total Scores for Scales

Total Scores	Mean	SD	Range	R-Possible
Perceived Benefits	81.03	10.53	28-112	56-112
Perceived Barriers	28.87	6.43	14-56	28-56
Exercise	2.88	0.87	1-4	2-4

Higher score of Perceived Benefits reflects participants' inclination to physical activity. On the other hand, lower score of Perceived Barriers to physical activity reflects that participants encounter less barriers that impede them to engage in physical activity.