

	ORIGINAL RESEARCH PAPER THE INFLUENCE OF OCCUPATIONAL STRESS ON COMPENSATORY HEALTH BELIEFS AND EATING PATTERNS AMONG NURSES	Psychology KEY WORDS: Occupational Stress, Compensatory Health Beliefs, Eating Patterns, Nurses
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ABSTRACT	This study investigates the critical issue of high occupational stress among nurses and its effects on their eating patterns and health beliefs. Nurses frequently experience significant stress due to long hours, emotional demands, and inadequate staffing, which can lead to unhealthy dietary behaviors driven by Compensatory Health Beliefs (CHB). By employing self-reported questionnaires and conducting statistical analyses, the study uncovers significant positive correlations among CHB, Eating Patterns (EP), and Occupational Stress (OS) among 240 nurses. Specifically, healthier CHB and EP appear to contribute to increased levels of OS, creating a paradox that may hinder nurses' well-being. This report adds to the existing literature by elucidating the complex interplay between work stress, health beliefs, and dietary habits within the nursing profession. The implications for public health research and practice are profound; targeted interventions must be developed to foster supportive work environments that mitigate occupational stress and promote healthier eating behaviors. Such strategies can enhance nurses' mental and physical health, ultimately leading to improved patient care outcomes. By prioritizing the health and well-being of nurses, healthcare organizations can ensure a more resilient workforce capable of meeting the demanding challenges of the healthcare system.	
INTRODUCTION	Healthcare professionals are a diverse group of educated and skilled individuals essential to delivering medical services, support, and guidance across numerous settings. This broad category contains various roles, including doctors, nurses, pharmacists, therapists, and allied health professionals. Each of these professionals plays a crucial role in providing quality care and ensuring the efficient operation of healthcare systems. According to the World Health Organization (WHO), the effectiveness and improvement of healthcare services and health outcomes globally hinge on these professionals, underscoring their importance in health education, prevention, and treatment. Nurses play an important part among healthcare workers and are frequently referred to as the foundation of the healthcare system. In close collaboration with patients, nurses determine their needs, plan their care, and provide emotional support. In addition to their clinical duties, nurses also serve as patient advocates and educators. Nonetheless, working conditions in the nursing profession are especially taxing and stressful. The high-stress environment created by obligations like long hours, emotional labor, and the need to care for patients in critical conditions can have a negative impact on nurses' health and well-being, so it's important to pay close attention to the stressors they deal with. Occupational stress in nursing has been recognized as a significant issue that warrants in-depth investigation. Studies indicate that nurses experience higher stress levels than professionals in many other fields, particularly due to their constant confrontation with life-and-death situations (McVicar, 2003). This stress often manifests in chronic forms, leading to burnout, anxiety, and depression (Hemiö et al., 2020). The impact of such mental health challenges can be substantial, making it difficult for nurses to maintain healthy eating patterns. The concept of compensatory health beliefs (CHBs) is one of the major psychological concepts that arise in this scenario. CHBs are the mental strategies people use to defend unhealthy habits, frequently as a stress-reduction technique (Zhao et al., 2021). These ideas may cause nurses to justify unhealthy food choices in the healthcare setting. A stressed-out nurse might, for example, overindulge in high-calorie snacks following a taxing shift because they feel entitled to such comforts due to their fatigue. A cycle of unhealthy eating habits that worsen stress and cause long-term health issues can result from this self-justification.	
	Research findings highlight the relevance of CHBs among nurses, emphasizing the need for a deeper understanding of how these beliefs interrelate with occupational stress and nutrition. For example, studies have found a strong correlation between nurses who harbor strong CHBs and high levels of stress, thereby resulting in an unhealthy dietary lifestyle (Sob et al., 2023). This cycle is detrimental, as further unhealthy eating contributes to physical health problems such as obesity and metabolic syndrome, undermining nurses' overall well-being. The impact of shift work on dietary habits among nurses is particularly significant. Research suggests that the irregular hours associated with shift work can lead to poor sleep quality, which directly impacts dietary choices. For instance, Rangel et al. (2023) found that nurses working night shifts often experienced significantly less sleep compared to those on day shifts. This lack of restorative sleep has been linked to poorer dietary choices, as sleep deprivation can affect hunger hormones and increase cravings for unhealthy foods. Such findings suggest that interventions aimed at improving both sleep quality and dietary patterns among shift workers could be beneficial. The emotional distress associated with nursing duties worsens this problem even more. Research highlights that stress-related eating patterns are common among nurses, with many turning to unhealthy foods as a coping strategy during stressful times (Dias et al., 2023). Furthermore, Sim et al. (2023) investigated how healthcare professionals frequently turn to quick but unhealthy food options that are simple to eat during breaks because they lack the time to prepare meals or have insufficient access to healthy options. These results suggest that nurses' eating habits are compromised by a combination of environmental factors and stress. Studies by Hill et al. (2024) and Coelho et al. (2023) add to the body of evidence demonstrating the connections between eating habits and occupational stress. According to Hill et al. (2024), stress management training is necessary in addition to nutrition education because healthcare professionals are more likely to make unhealthy food choices when under a lot of stress. This knowledge was reaffirmed by Coelho et al. (2023), who demonstrated how workplace health initiatives can successfully enhance nurses' dietary habits and psychological well-being.	

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The absence of supportive workplace environments amplifies these issues. Many nurses indicate that they encounter significant barriers to maintaining healthy eating habits due to time constraints, lack of supportive workplace policies, and limited access to nutritious food options during shifts. The detrimental effects of a non-conducive work environment were documented by Sim et al. (2023), revealing that when nurses do not feel supported, their mental health declines, which negatively impacts their eating habits and job satisfaction.

Therefore, healthcare organizations have a vital responsibility to promote a healthier work environment for nurses. According to research by Hartmann et al. (2023), healthcare settings should adopt comprehensive wellness programs that include mental health resources and nutritional education. In addition to encouraging a general wellness culture among nursing staff, such programs may help mitigate the adverse effects linked to unhealthy eating patterns and occupational stress.

The relationship among nurses' dietary habits, compensatory health beliefs, and occupational stress creates a complex interaction of variables that needs to be methodically investigated. Even though these factors have been examined separately in previous research, there is still a great deal to learn about their interactions. The findings of Utter et al. (2023) and Rangel et al. (2023) both offer a crucial starting point, but they also highlight the need for more research into these relationships within the particular stresses that nurses face in their work settings. Less than 40% of healthcare workers in Southeast Queensland rated their diet as very good, according to Utter et al. (2023). They also found an inverse relationship between burnout and good nutrition, indicating that lower levels of work-related stress are linked to healthier eating habits. This is consistent with the study by Rangel et al. (2023) that found nurses who worked nights slept much less than those who worked days, which resulted in worse food choices. It is critical to implement interventions that address stress management and nutritional education for nurses because the combined effects of high occupational stress and sleep deprivation can lead to a vicious cycle in which stress-induced unhealthy eating worsens their general health and well-being.

In conclusion, building resilience in the healthcare workforce requires putting nurses' health and wellbeing first. Healthcare organizations can improve the mental and physical health of their nurses and, consequently, the quality of patient care by creating focused interventions that address the particular stressors that nurses encounter. By ensuring that nurses are able to handle the ever-increasing challenges that come with providing healthcare services, investments in their well-being are investments in the future of healthcare systems.

Theoretical Background

Compensatory Health Beliefs Model

The Compensatory Health Belief Model (CHBM) is a psychological framework that seeks to explain how individuals manage their health behaviors by balancing unhealthy and healthy actions. At its core, the model suggests that people often engage in unhealthy behaviors, such as overeating or smoking, while simultaneously believing that they can offset these negative actions through compensatory healthy behaviors, like exercising or consuming nutritious foods. This belief system allows individuals to maintain a sense of control over their health, even when they indulge in behaviors that are typically considered detrimental.

One of the key components of the CHBM is the concept of health beliefs. Individuals develop personal beliefs about their health and the potential consequences of their behaviors. For instance, a person might believe that indulging in a high-calorie dessert can be balanced out by a subsequent

workout. This rationalization leads to the phenomenon of compensatory behaviors, where individuals justify unhealthy choices by planning to engage in healthier actions later. For example, someone might skip a workout after consuming junk food, convinced that they will make up for it by exercising more intensely the following day.

The model also addresses the cognitive dissonance that arises when individuals engage in behaviors that conflict with their health beliefs. When people act in ways that contradict their understanding of healthy living, they experience discomfort, which can lead to a need for justification. To alleviate this dissonance, individuals may rationalize their unhealthy choices by emphasizing their commitment to healthy behaviors. This cognitive balancing act can create a cycle where unhealthy and compensatory behaviors coexist, potentially impacting overall health outcomes.

Method

Hypotheses

H01: There will not be a relationship between compensatory health beliefs and occupational stress

H02: There will not be a relationship between compensatory health beliefs and eating patterns

H03: There will not be a relationship between occupational stress and eating patterns

H04: There will not be any influence of occupational stress on compensatory health beliefs, work stress, and eating patterns

Sample

The sampling technique used is purposive sampling. A sample of 240 participants consisting of working nurses were taken for the study.

Inclusion Criteria

- People who have at least 1 year work experience and do shift work for more than 3 days in a week.
- Participants from all over India

Exclusion Criteria

- People outside India were not considered.
- People with Intellectual Disabilities were not included
- People below the age of 18

Procedure

For the purpose of the study three questionnaires were used. (The compensatory health belief scale, Three Factor Eating Questionnaire- Revised and The Nurses Occupational stressor scale). The data was collected from nurses who do shift work. After establishing the rapport and ensuring the confidentiality of the test, clear instructions regarding the test to be administered were provided. After obtaining the consent from our sample population, the sociodemographic details were collected before beginning the test administration.

Assessment Tools

Compensatory Health Belief Scale (CHBS):

Developed by Knauper et al. (2003), this 17-item scale measures the extent to which individuals believe unhealthy behaviors can be compensated by healthy ones. It includes four subscales (Motivation, Use on Special Occasions, General Use, and Compensatory Health Beliefs) and demonstrates high reliability (Cronbach's alpha = 0.88) using a Likert-type response format.

Three-Factor Eating Questionnaire-Revised (TFEQ-R18):

This 18-item instrument assesses three dimensions of eating behavior: cognitive restraint, uncontrolled eating, and emotional eating. Originally developed by Karlsson et al. (2000), each subscale exhibits strong reliability (Cronbach's alpha > 0.80) with respondents using a four-point Likert scale to express agreement with various statements.

Nurses Occupational Stressor Scale (NOSS):

This validated tool measures various stressors that nurses encounter, encompassing nine subscales such as work demands and workplace violence. The shorter version includes 21 items and has shown reliable test-retest coefficients (0.71 to 0.83) and internal consistency (Cronbach's alpha ranging from 0.35 to 0.77). Participants rate their stress levels on a Likert scale, with higher scores indicating greater perceived stress.

Statistical Analysis

The statistical tests used were Spearman rank correlation and regression. The statistical analysis was done using the Jamovi software.

Ethical Considerations

The consent form was obtained from all the participants before they filled out the questionnaire. All the instructions were provided clearly.

RESULTS

Table 1: Correlations for Compensatory Health Beliefs, Eating Patterns, and Occupational Stress

	Variables	N	1	2	3
1.	Compensatory health beliefs	240	-	-	-
2.	Eating Patterns	240	0.418 ***	-	-
3.	Occupational Stress	240	0.374 ***	0.328***	-

Note. *** p < .001

Table A reveals the correlations among compensatory health beliefs, eating patterns, and occupational stress among nurses. It indicates a significant positive correlation between Compensatory Health Beliefs (CHB) and Eating Patterns (EP), with a Spearman's rho of 0.418 (p < .001). Additionally, a significant positive correlation is observed between Eating Patterns (EP) and Occupational Stress (OS), with a Spearman's rho of 0.328 (p < .01). Furthermore, the correlation between Compensatory Health Beliefs (CHB) and Occupational Stress (OS) is also significant, with a Spearman's rho of 0.374 (p < .001).

Table 2: Model Summary for linear regression of Compensatory Health Beliefs, Eating Patterns, and Occupational Stress

Predictor Variables	Standardized beta value	t	Model summary
Compensatory health beliefs	0.0751	4.05	R = 0.445 R ² = 0.198
Eating patterns	0.0657	4.29	Adjusted R ² = 0.192; F = 29.3 p < .001

1 = Predictors: (constant), Occupational Stress

Table B presents the results of a linear regression analysis examining the relationship between compensatory health beliefs, eating patterns, and occupational stress. The model summary indicates that the combination of these predictors explains approximately 19.8% of the variance in occupational stress (R² = 0.198), and the overall model is statistically significant with an F-statistic of 29.3 (p < .001).

In terms of individual predictors, Compensatory Health Beliefs (CHB) shows a standardized beta value of 0.0751 (t = 4.05, p < .001), suggesting that each unit increase in compensatory health beliefs correlates with a 0.304 unit increase in occupational stress when controlling for eating patterns. Similarly, Eating Patterns (EP) has a standardized beta value of 0.0657 (t = 4.29, p < .001), indicating that each unit increase in eating patterns is also associated with an increase in occupational stress.

DISCUSSION

The study aimed to investigate the influence of occupational

stress on compensatory health beliefs and eating patterns among nurses. Occupational stress is a significant concern in the nursing profession, often leading to adverse health outcomes and influencing health-related behaviors, particularly dietary choices. High levels of stress may foster Compensatory Health Beliefs (CHB), where nurses rationalize unhealthy eating by believing that their healthy actions can offset negative effects. This interplay between occupational stress, CHB, and Eating Patterns (EP) is crucial for understanding how nurses cope with the demands of their profession.

The correlation matrix reveals significant positive relationships among the variables of compensatory health beliefs (CHB), eating patterns (EP), and occupational stress (OS). The moderate positive correlation between CHB and EP (Spearman's rho = 0.418, p < .001) suggests that individuals who hold stronger compensatory health beliefs are likely to exhibit healthier eating patterns. This relationship highlights the potential influence of health beliefs on dietary choices, indicating that fostering positive health beliefs could lead to improved eating patterns.

Similarly, the correlation between CHB and OS (Spearman's rho = 0.374, p < .001) indicates that individuals with stronger compensatory health beliefs may experience lower levels of occupational stress. This could be explained by the idea that those who actively engage in health-promoting behaviors, such as maintaining a balanced diet, may also develop better coping mechanisms for stress. By believing that they can manage their health through positive behaviors, individuals may feel more empowered and less stressed in their occupational roles. This relationship underscores the importance of health beliefs in shaping not only dietary behaviors but also stress management in the workplace.

The relationship between compensatory health beliefs (CHB) and occupational stress (OS) can be understood through the Health Belief Model (HBM) and self-efficacy. The HBM suggests that health-related behaviors are influenced by beliefs about health risks and benefits. Individuals with strong CHB perceive significant benefits in engaging in health-promoting behaviors, such as exercising or eating healthily, which can reduce stress by enhancing their sense of control over health outcomes. They also perceive fewer barriers to healthy behaviors, motivating participation in activities that further mitigate stress. Self-efficacy, or the belief in one's ability to perform necessary behaviors, is crucial; those with strong CHB often exhibit higher self-efficacy, leading to effective coping strategies in stressful environments. This confidence helps them manage stress and fosters resilience, as they view challenges as growth opportunities. Overall, strong CHB and high self-efficacy promote proactive health behaviors and enhance confidence in managing health, offering insights for interventions aimed at improving employee well-being.

The correlation between EP and OS (Spearman's rho = 0.328, p < .001) suggests that eating patterns are also related to levels of occupational stress. Poor eating patterns, such as high consumption of unhealthy foods or irregular eating habits, can contribute to increased stress levels. Stressful work environments may lead individuals to engage in unhealthy eating behaviors as a coping mechanism, creating a cycle of poor dietary choices and heightened stress. Conversely, healthier eating patterns may serve as a protective factor against occupational stress, promoting better overall well-being. For instance, Utter et al. (2023) found that less than 40% of healthcare workers in Southeast Queensland rated their diet as very good, revealing an inverse relationship between good nutrition and burnout. This suggests that healthier eating habits are associated with lower levels of work-related stress, reinforcing the notion that stress negatively impacts dietary choices. Similarly, Rangel et

al. (2023) highlighted that nurses working night shifts experienced significantly less sleep compared to their day-shift counterparts, which led to poorer dietary choices. This compounded effect of high occupational stress and inadequate sleep creates a vicious cycle, where stress-induced unhealthy eating further exacerbates overall health and well-being.

The positive coefficients for CHB and EP imply that as nurses' beliefs in compensatory health behaviors and their adherence to healthy eating patterns increase, their levels of occupational stress also rise. This counterintuitive outcome challenges the conventional understanding that healthier behaviors and beliefs should lead to reduced stress. Instead, it highlights the psychological burden associated with maintaining these beliefs in a high-stress work environment. Nurses may feel pressured to justify their eating habits and adhere to health standards, which can create additional stressors rather than alleviating them.

This finding aligns with existing literature that suggests the psychological aspects of health behaviors can significantly impact stress levels. The pressure to conform to societal and professional expectations regarding health can lead to feelings of inadequacy and stress, particularly in a demanding field like nursing. The need to balance personal health beliefs with the realities of a high-pressure job may exacerbate feelings of stress, leading to a cycle where the pursuit of health becomes a source of additional strain.

Moreover, the R-squared value indicates that while CHB and EP explain a notable portion of the variance in occupational stress, there are likely other factors at play. Variables such as workload, emotional exhaustion, and workplace support systems may also contribute to the overall stress experienced by nurses. Future research should aim to incorporate these additional factors to provide a more comprehensive understanding of occupational stress in the nursing profession.

In conclusion, the linear regression analysis reveals a nuanced relationship between CHB, EP, and OS among nurses. While promoting healthy behaviors is essential, it is equally important to recognize and address the psychological burdens that accompany these beliefs in a high-stress work environment. By doing so, we can better support nursing professionals in achieving both their health goals and overall well-being.

CONCLUSION

Limitations

The study includes a potentially limited and non-diverse sample size, reliance on self-reported data that may introduce biases, and the use of a cross-sectional design that may not effectively establish causal relationships. Additionally, the variability in work environments across healthcare settings may not be accounted for, and the study might overlook other stressors outside of work that impact eating behaviors.

Implications

The implications of the study on the influence of work stress on compensatory health beliefs and eating patterns among nurses are crucial for enhancing healthcare practice and policy. Firstly, the findings suggest that healthcare organizations should develop targeted interventions to reduce work-related stress and promote healthier eating habits among nurses. This could involve implementing wellness programs focused on stress management techniques, such as mindfulness training and resilience-building workshops, which can help nurses cope more effectively with the demands of their roles. Additionally, revising workplace policies to create a supportive environment—such as ensuring adequate staffing, providing regular meal breaks, and offering access to healthy food

options—can mitigate the negative impacts of stress on dietary choices and overall health.

Furthermore, the study highlights the importance of educating nurses about the relationship between their health beliefs and eating behaviors. Training programs that raise awareness of compensatory health beliefs and their potential consequences can empower nurses to make healthier dietary choices, even in high-stress situations. The research findings can also inform future studies exploring the complex interplay between work stress, health beliefs, and eating patterns in various healthcare settings. By understanding these dynamics, healthcare organizations can foster a healthier workforce, ultimately leading to improved patient care and outcomes. Prioritizing the health and well-being of nurses is essential for maintaining a high-quality healthcare system.

Directions for Further Research

Further research on the influence of work stress on compensatory health beliefs and eating patterns among nurses should prioritize longitudinal studies to establish causal relationships over time. Such studies would provide valuable insights into how chronic work-related stress affects dietary choices and health outcomes, allowing researchers to understand the long-term implications of stress on nurses' health. Additionally, exploring the role of demographic factors—such as age, gender, and cultural background—can help identify specific subgroups that may be more susceptible to the adverse effects of work stress, thereby informing tailored interventions that address the unique needs of these populations.

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