University of Texas at Arlington

MavMatrix

2015 Fall Honors Capstone Projects

Honors College

12-1-2015

SCHOOL STRESS AND OTHER CONTRIBUTING FACTORS OF OBESITY IN NURSES

Jude Emego

Follow this and additional works at: https://mavmatrix.uta.edu/honors_fall2015

Recommended Citation

Emego, Jude, "SCHOOL STRESS AND OTHER CONTRIBUTING FACTORS OF OBESITY IN NURSES" (2015). 2015 Fall Honors Capstone Projects. 11. https://mavmatrix.uta.edu/honors_fall2015/11

This Honors Thesis is brought to you for free and open access by the Honors College at MavMatrix. It has been accepted for inclusion in 2015 Fall Honors Capstone Projects by an authorized administrator of MavMatrix. For more information, please contact leah.mccurdy@uta.edu, erica.rousseau@uta.edu, vanessa.garrett@uta.edu.

Copyright © by Jude E. Emego 2015

All Rights Reserved

SCHOOL STRESS AND OTHER CONTRIBUTING

FACTORS OF OBESITY

IN NURSES

By

JUDE E. EMEGO

Presented to the Faculty of the Honors College of

The University of Texas at Arlington in Partial Fulfillment

of the Requirements

for the Degree of

HONORS BACHELOR OF SCIENCE IN NURSING

THE UNIVERSITY OF TEXAS AT ARLINGTON

December 2015

ACKNOWLEDGMENTS

Special thanks to God for making this research accomplishment possible. Also, I would like to thank my mentors, Dr. Deborah Behan and Mrs. Regina Urban. Dr. Behan not only was a mentor to me, but also provided me lots of motivation, encouragement, and support to help me realize that bringing a dream to reality always comes with some ups and downs. Mrs. Urban also worked closely with me from the writing of my proposal to the analysis of my data and served as a primary resource in the production of this study.

I would also like to extend a special thank you to my family, including my father and mother, Chief Ignatius and Mrs. Patricia Emego, who have helped me tremendously in achieving my life's ambition. I thank my uncle, Benedict Obie, for his guidance and assistance to me, and brother and best friend, Anthony Emego, whose determination and enthusiasm for success set a pace of excellence for me. I would like to include my cousins, Rev. Mathew Ugwoji and Mrs. Gertrude Akanna for their great support and encouragement.

Through my journey to accomplish this research project, I have learned a lot that has greatly affected my philosophy of life.

ABSTRACT

SCHOOL STRESS AND OTHER CONTRIBUTING FACTORS OF OBESITY

IN NURSES

Jude E. Emego, B.S. Nursing

The University of Texas at Arlington, 2015

Faculty Mentor: Deborah Behan and Regina Urban

Nurses' obesity due to stress factors is a prevalent concern. This study was conducted to examine school stress and other contributing factors of obesity in nurses such as shift work, family issue and exercise habit. This descriptive study was conducted on 42 registered nurses (RN-BSN, MSN, or PhD) who are continuing their education at the University of Texas at Arlington. Subject height and weight were taken, and questionnaires were used to collect biographical data and other pertinent information on obesity, family, work schedule and health habits. IBM statistical Package for Social Science was used in the data analysis. The participants comprised mostly of females (83%), mean age ranges from 20-40 years, with majority of white (50%). All the respondents are working and continuing their education. A total of 68.3% were married and 54.7% of them had children. Seventy-two percent of the respondent work 36 or more hours per week. About 50% reported stress from work

iv

schedule, 55% reported making time to exercise while 40.5% denied taking part in an exercise activity or exercising to a maximum of 30 minutes per week. Close to half of the respondents (47.6%) stated they have gained weight since starting school. This study noted that going to school is associated with stress and weight gain, and thus about half (51.3%) of the nurses were overweight/obese. This study recommended that Fitbit and weight trainers be provided in hospitals and schools.

TABLE OF CONTENTS

ACKNOWLEDGMENTS	iii
ABSTRACT	iv
LIST OF ILLUSTRATIONS	vii
Chapter	
1. INTRODUCTION	1
2. METHODS	4
3. RESULTS	6
4. DISCUSSION	9
Appendix	
A. DEMOGRAPHY QUESTIONNAIRE	13
B. SURVEY QUESTIONS	15
REFERENCES	18
BIOGRAPHICAL INFORMATION	20

LIST OF ILLUSTRATIONS

Figure	Page
1.1 Chi Square Showing BMI of RNs	8

CHAPTER 1

INTRODUCTION

Obesity is a current concern that is prevalent within the world populace. Obesity nearly doubled between 1980 and 2008 across the world (Pérez –Rodrigo, 2013). According to Pérez –Rodrigo (2013), more than 50% of women are overweight in regions including Europe, the Eastern Mediterranean and the Americas. China and the United States are the countries that experienced the largest absolute increase in the number of overweight and obese people between 1980 and 2008(Pérez-Rodrigo, 2013).Obesity is a concern as it is associated with many disease comorbidities. Cardiovascular disease is one of the major disorders that results from obesity and is classified as the number one killer in the U.S. by the Centers for Disease Control and Prevention (Hoyer &Xu, 2011).Obesity is also associated with an increase in type 2 diabetes (Ganz et al., 2014).

Obesity is a concern not only to the general population but to nurses as well. Since nurses are well trained on the facts of obesity, it is important to identify the reasons nurses are obese, given that they have access to information about the merits of staying within a normal BMI. Due to increased demand for BSN-prepared registered nurses in healthcare facilities, many non-BSN-prepared RNs work and attend school at the same time in order to further their education and stabilize their careers.

Therefore, school-related stress must not be overlooked as a possible contributing factor of increased obesity in practicing nurses. The purpose of this study is to determine

contributing factor in the RN-to-BSN, MSN, and BSN-to-PhD students at the University of Texas at Arlington, and its association with family, shift work, school stress and exercise habits.

A study conducted in 2009 by Zapka, Lemon, Magner and Hale on 194 nurses confirmed that 68% are either overweight or obese. Additionally, they identified that many of the nurses who were overweight were not involved in weight management behaviors such as dieting and good physical activities. They also discovered that nurses who work more than 36 hours per week consume a higher amount of calories from fats. Further, Min-Ju et al. (2013) studied 287 nurses and found that obesity increases significantly as shift work duration increases. Therefore, nurses who are more likely to work shifts of longer duration are more likely to be overweight or obese compared to nurses whose shifts are shorter in length. In the same note, Han et al. (2012) in their study stated that obesity is related to long hours of work and lack of exercise and sleep. Another study conducted by Zhao, Bogossian, and Turner (2012) pointed out that low physical activity was higher in shift workers, and this leads to increased obesity. They concluded that changing shift work has an impact on the BMI; thus the participants who rotated their shifts from days to nights or from nights to days had increases in BMI over time.

Another study of 2,624 RNs conducted by Han, Trinkoff, Storr, and Geiger-Brown (2011) found that nurses who are underweight and normal weight reported taking part in significant recreational exercise more frequently than the RNs who reported being overweight or obese. Miller, Alpert, and Cross (2011), in their nationwide survey of 760 nurses, found that 93% of nurses acknowledged that they were overweight, obese or had a diagnosis requiring intervention; however, half of the nurses identified exhibited a lack of

discipline to make lifestyle changes. Correspondingly, a study conducted on registered nurses working in Australia, New Zealand and the United Kingdom indicated that nurses and midwives have a higher prevalence of obesity and higher chances of becoming overweight than the general population. (Bogossian et al., 2012). These studies help us to understand the prevalence of obesity in nursing and some of the causative factors, but they do not look at the role of attending school to obtain an additional degree while working as a nurse.

One of the significant duties of nurses in the field of healthcare is teaching patients. To reduce the number of deaths caused by cardiovascular disease and type 2 diabetes, obesity needs to be addressed in the society. Nursing should be a great avenue to inform the public about potential diseases and risk factors associated with being overweight. It is therefore essential to understand the factors that lead to nurses' stress, which gives rise to increased BMI.

Currently, a large number of practicing nurses are continuing their education, which is an additional stress factor. It is important to study the stress related to school as this maybe a contributing factor to obesity among nurses. Identifying these factors that cause stress will help to determine ways to decrease obesity in society. When nurses find the contributing factors to their development of obesity and address them, the obesity in nurses will reduce dramatically. Since nurses can act as role models of health, nurses who are closer to a normal body weight will be more effective in patient education.

CHAPTER 2

METHODS

This research was conducted at the University of Texas at Arlington, and the participants were on-campus RN-BSN and BSN / MSN Program at the University of Texas at Arlington. With permission received from the faculty members, information about the research study and informed consent form were provided to the subjects. The consent form contained detailed information about the study, the protection of confidentiality, and the right of the participants to withdraw from the study at no penalty.

Questionnaires were distributed and the subjects completed the questionnaire by circling the choices and filling in the blanks with short responses. The questionnaires was divided into two sections: demography questions and survey questions. The demography questions are as follows:1) What is your gender? 2) What is your ethnicity? 3) What is the highest degree you have obtained? 4) Which program are you in at UTA? 5) Indicate your age range. 6) What is your current marital status? The survey questions are 1) Are you currently working? 2) How many hours do you work per week? 3) What shift do you work? 4) Stressful factors I deal with include. 5) What age range are your children? 6) How many children do you have? 7) Do you intentionally make time to exercise outside of work hours during the week? 8) How many minutes do you exercise a week on average? 9) What kind of exercise do you engage mostly during these minutes? 10) Do you think you have gained weight since you started back to school? 11) Do you consider yourself to be overweight?

12) What do you think has contributed most to your weight gain? 13) As an RN, do you feel confident in your ability to provide education to clients on the importance of maintaining a healthy weight to prevent diseases such as cardiovascular disease, diabetes type 2, etc.? 14) Did you feel any change in your stress level since you returned to school to further your education?

The physiological data that was collected in this subjects included weight and height. The data collectors were trained in how to take the weight and height measurement. The procedure included zeroing out the scale before measuring the subject's weight and measuring the subject's height and measuring height with shoes off standing with heels and shoulders to the wall. The subject's BMI was calculated using a BMI calculator. To protect the identity of the subjects, two digit numbers were created and placed on the subjects' questionnaires and consent forms. This study did not use any identifiable information. IBM Statistical Package for the Social Sciences (SPSS) version 22 was used to analyze the data. Descriptive statistics were used to describe the sample and analyze the responses from the subjects.

CHAPTER 3

RESULTS

A total of 75 registered nurses, RN-BSN, BSN, MSN, were targeted in this study. Of these, 42 RNs consented to participate in the study. An evaluation of the demographic data showed that 83.3% were female, 50% described themselves as White/Caucasian, 13% described themselves as Black/African American, and 14.3% described themselves as either Asian/Pacific Islander or other. Out of all the RNs who participated in the study, 66.7% had a bachelor's degree as their highest level of education. Just over half, or 54.8%, were currently enrolled in the Master's program. The majority of subjects (69%) were between the ages of 20-40 years, and 64.3% of the total sample was married. One hundred percent of the respondents reported that they were working and going to school, with 76.2% reporting that they work 36 hours or more per week. Nurses in the sample were most likely to work the day shift (50%), with only 20% of respondents reporting working night shift, rotating shift and/or "on call"/call back time.

Nurses in the study identified several key stressors that are currently affecting their personal and professional lives. The analysis shows that 45.3% reported moderate to severe increase in stress to extreme increase in their level of stress since returning to school to further education. A substantial proportion of the respondents (78.6%) reported their work schedule as being a significant stress factor. A majority of the subjects (54.7%) had children, with 33.19% reporting having one to two children. Of those nurses with children,

83% have children between the ages of 0-3 years, 42.8% have children between the ages of 4 -12 years, 21.4% have children between the ages of 13 - 18, and 16.7% have children aged 18 and greater. Thirty-three percent of respondents reported stress from providing care to their children and 31% of respondents reported changes in their children's schedules as a contributing factor to stress. In addition, 40.5% of the respondents reported more general "family issues" as a significant factor of stress.

The respondents who reported making time intentionally to exercise outside of work hours during the week were 55%. With regards to frequency of exercise each week, 40.5% of the sample reported not exercising at all or exercising only to a maximum of 30 minutes every week. Thirty-eight percent of respondents reported an average exercise of 31minutes to 90 minutes every week. Nurses participating in this study were more likely to report engaging in the following types of exercise: walking (38.4%), running or jogging (21.6%), and non-specific cardio (19.2%). When questioned regarding whether the subjects had observed any weight changes since starting school, 47.6% indicated that they had gained weight.

A total of 50% of the RNs identified themselves as overweight. When asked to identify the contributing factors for their weight gain, half of these respondents (52.4%) failed to respond to the question. Of all the RNs who participated in the study, 97.6% reported feeling confident in their ability to educate clients on the importance of maintaining a healthy weight to prevent cardiovascular disease, diabetes type 2, and so on. The BMI of the RNs were classified as follows: 4.8% of RNs showed a BMI below 18.5; 47.8% of RNs showed a BMI between 18.5 and 24.9; 21.4% of RNs showed a BMI between a BMI between 25 and 29.9 and 26.2% of RNs showed a BMI of 30 or greater. Collected data

showed that 9.8% of the registered nurses who reported to be within normal weight were actually overweight and 4.8% who reported to be within normal weight were Obese. Thus 14.3% of the subjects claimed to be within normal weight but were not (see copy of SPSS Chi-Square).



Figure 1.1: Chi Square showing the BMI of the RN's

CHAPTER 4

DISCUSSION

The aim of this study is to determine contributing factors of obesity in the RN-to-BSN, MSN, and BSN-to-PhD with family, shift work, school stress and exercise habits. A better understanding of stress and the development of obesity in RNs is important for several reasons, including increasing an RN's knowledge of their personal health, bringing awareness to the association between schools, weight gain, understanding stress in the workplace and family responsibilities. The study collected data from a diverse population. The majority were middle age adults, with a significant number of those in the sample (64.3%) stating that they are married. Seventy-six percent of the RNs reported working long hours per week thus this study was in line with the work of Trinkoff et al (2012), which expressed concern about long hour shifts and stressful conditions associated with unfavorable work schedules. Similarly, a study of 287 nurses found that obesity increases significantly as shift work duration increases (Min-Ju et al, 2013).

A substantial proportion of those surveyed reported their work schedule as a significant stress factor. The analysis of this study shows that 45.3% reported a moderate to extreme increase in their level of stress since returning to school to further their education. Information gathered from this study indicated 40.5% of the sample reporting not exercising at all or exercising only a maximum of 30 minutes every week. Our findings are supported by another study, which reported low physical activity as higher in shift

workers, which leads to the development of obesity (Begossian, Turner&Zhao,2012). A majority of these nurses (79.2%) who exercise perform cardio-related activities, which include walking, running, jogging, and non-specific cardio. Information gathered from this study shows that 47.6% reported that they had gained weight since starting school and half all the RNs who participated in this study identified themselves to be overweight. The physiological data collected from this study indicated that more than half (51.3%) of the respondents were overweight or obese with a BMI of 25 or greater. This result is similar to Hale, Lemon, Zapka and Manger's (2009) study of 194 nurses which confirmed that over half (68%) of the nurses are either overweight or obese. Of all the RNs that participated in the study, 97.6% report feeling confident in their ability to educate clients on the importance of maintaining a healthy weight to prevent diseases such as cardiovascular disease and diabetes type 2. A portion of respondents (14.3%) claimed to be a healthy weight, but were not (χ^2 = 19.341, df = 3, p < .001).

When considering the clinical importance from this finding, it was noted that attending school and or working at same is associated with an increase in stress. Furthermore, a significant proportion of RNs who attend school in this study reported low exercise rate. Low levels of physical activities have been associated with weight gain. A study of 2,624 RNs found that those who are of normal weight reported taking part in recreational exercises more frequently than the overweight or obese counterparts, which supports our findings (Geiger-Brown, Han & Store, 2011) There are several limitations to this study. There is lack of diversity in the subject population, as the majority of the subjects (50%) identified themselves as Caucasians, and a significant portion of them were females (83%). Additionally, this study is limited to a small sample size with a convenience sample.

A strength of this research study is that the BMI was calculated from physiological data obtained by the researcher, and not self-reported. This removed inaccurate reports and underestimation of obesity that may have occurred from self-report.

A replication of this study, with a larger sample size, is recommended. The sample size could be expanded by including online students who also face the stress of working and taking classes at the same time. The study could be expanded to explore the RN's knowledge of stress, perceptions of weight gain, and attitude towards healthy living. Additionally, it would provide more information about the factors that contribute to obesity in the RN population. A longitudinal research design to study these factors with an established tool to measure stress and weight gain over a period of time would also provide more information about RNs and weight gain. A future study may also wish to include questions regarding female reproductive factors as a potential stress factor, as several respondents from this study identified stress from menopause and pregnancy as a contributing factor to their stress.

Hospitals and colleges should offer resources to help healthcare professionals stay within a healthy weight. For example, they should made provision for wearable wireless tracking devices, commonly known as fitbits, to measure physical activities and calories burned by staff and students. The pedometers in the fitbits are linked to software that makes it possible for physicians to track how many steps are taken by their clients and determine whether the client met the exercise goals. Dwoskin and Walker (2014) stated that wireless tracking devices can help motivate obese clients to accomplish what they have not been able to do on their own. In addition, hospitals and schools can provide free consultations for weight trainers. A trainer will assist in setting realistic goals for losing weight, help guide tracking of their activities, and modify goals set by clients. Certainly, a modified lifestyle change could have long-term effects in helping RNs keep an eye on their individual health. Modified lifestyle involves motivation and goal setting such as planning a diet around a well-balanced meal with low calories and high nutrient intake, and incorporating physical activity. This provides an effective way of maintaining a healthy lifestyle and appropriate weight.

This study showed that RNs who are continuing their education report moderate to extreme stress from the beginning of their educational programs. Furthermore, there is limited exercise or recreational activity reported by RNs. This study confirms the large number of nurses who were overweight or obese require some lifestyle changes to become healthy. Given the position of nurses in the healthcare profession as a role model, and client educator, it is important that nurses, who often are subjected to significant stress factors, make some health modifications to their lifestyle. This is needed in order to decrease the prevalence of obesity that is found within the population overall. Since this study noted that almost all the nurses reported confidence in their ability to educate clients on the importance of maintaining a healthy weight, and disease prevention, there is a need to decrease obesity in the healthcare professionals. Having nurses present a model of health may motivate clients to imitate nurses and learn from their example of maintaining a healthy lifestyle.

APPENDIX A

DEMOGRAPHY QUESTIONNAIRE

Demographic Questions (please circle your options and kindly fill-in-the blank if applicable")

What is your gender?

- o Male
- o Female

What is your ethnicity?

- o White/Caucasian
- o Black /African American
- o Hispanic/Latino
- o Native American /American Indian
- Asian/Pacific Islander
- Other

What is the highest degree you have obtained?

- o Associate's Degree
- Bachelor's Degree
- Master's Degree
- o Other

Which program are you in at UTA?

- o RN to BSN
- BSN to PHD
- Other

Indicate your age range?

- \circ 20 to 30 years old
- \circ 31 to 40 years old
- \circ 41 to 50 years old
- \circ 51 to 60 years old
- \circ 61 to 70 years old
- o 70 years and older

What is your current marital status?

- o Single
- o Married
- Domestic partnership
- o Widowed
- o Divorced
- o Separated

APPENDIX B

SURVEY QUESTIONS

- 1. Are you currently working?
 - o Yes
 - o No
- 2. How many hours do you work per week?
 - \circ 0 to 12 hours
 - \circ 12 to 24 hours
 - \circ 21 to 36 hours
 - 36 hours or more
- 3. What shift do you work?
 - Day shift only
 - Night shift only
 - Rotating shifts
 - My position includes "on call"/call back time
- 4. Stressful factors I deal with includes (*Choose all that apply*)
 - Caregiver to children
 - o Caregiver to parents/grandparents
 - o Work Schedule
 - Family issues
 - Children Schedules
- 5. What age range are your children (*Choose all that apply*)
 - Newborn to 3 years old
 - \circ 4 to 6 years old
 - \circ 7 to 12 years old
 - \circ 13 to 18 years old
 - Greater than 18 years old
- 6. How many children do you have
 - o None
 - o 1
 - o 2
 - o 3
- 7. Do you intentionally make time to exercise outside of work hours during the week?
 - o Yes
 - o No

- 8. How many minutes do you exercise a week on average?
 - \circ 0 to 30 minutes
 - \circ 31 to 60 minutes
 - \circ 61 to 90 minutes
 - \circ 91 to 120 minutes
 - o 121 minutes or more
- 9. What kind of exercise do you engage mostly during these minutes? (specify in the blank)
 - A _____
- 10. Do you think you have gained weight since you started back to school?
 - o Yes
 - o No
- 11. Do you consider yourself to be overweight?
 - o Yes
 - o No
- 12. If you answered "Yes" to question 11, what do you think has contributed most to your weight gain (Specify in the blank)
 - >
- 13. As an RN, do you feel confident in your ability to provide education to clients on the importance of maintaining a healthy weight to prevent diseases such as cardiovascular disease, diabetes type 2, etc.?
 - o Yes
 - o No
- 14. Did you feel any change in your stress level since you returned to school to further your education?
 - Little to no change in my stress level
 - Mild to moderate increase in my level of stress
 - Moderate to severe increase in my level of stress
 - Extreme increase in my levels of stress

REFERENCES

- Alas, V.,Ganz, M. L., Hammer, M., Langer, J., Qian, L., &Wintfeld, N. (2014). The association of body mass index with the risk of type 2 diabetes: A case—control study nested in an electronic health records system in the United
 States. *Diabetology & Metabolic Syndrome*, 6(1), 1-17. doi:10.1186/1758-5996-6-50.
- Alpert, P. T., Cross, C. L. & Miller, S. K (2008). Overweight and obesity in nurses, advanced practice nurses, and nurse educators. *Journal of the American Academy* of Nurse Practitioners, 20(5), 259-265. doi:10.1111/j.1745-7599.2008.00319.x
- Benefer, C. A., Bogossian, F. E., Flaws, D. F., Gibbons, K. S., Hepworth, J., Leong, G. M., & Turner, C. T. (2012). A cross-sectional analysis of patterns of obesity in a cohort of working nurses and midwives in Australia, New Zealand, and the United Kingdom. *International Journal of Nursing Studies*, 49(6), 727-738. doi:10.1016/j.ijnurstu.2012.01.003
- Bogossian, F., Turner, C. & Zhao, I., (2012). Does maintaining or changing shift types affect BMI? *Journal of Occupational & Environmental Medicine*, *54*(5), 525-531. doi:10.1097/JOM.0b013e31824e1073
- Chang-Hwan, Y., Dong-Ju, C., Hea-Young., Hyun-Young, P., Kuk-Hui, S., Min-Ju, K., L., & Myeong-Chan, C. (2013). Association between shift work and obesity among female nurses: Korean Nurses' Survey. *BMC Public Health*, 13(1), 1-15. doi:10.1186/1471-2458-13-1204

- Dwoskin, E., & Walker, J. (2014, June 24). Can Data From Your Fitbit Transform Medicine?. Wall Street Journal (Online). p. 1.
- Geiger-Brown, J., Han, K., Johnson, K. J., Storr, C. L., Sungae, P. & Trinkoff, A. M (2012).Comparison of Job Stress and Obesity in Nurses with Favorable and Unfavorable Work Schedules. *Journal of Occupational & Environmental Medicine*, 54(8), 928-932. doi:10.1097/JOM.0b013e31825blbfc
- Geiger-Brown, J., Han, K., & Storr, C. L. (2011). Job stress and work schedules in relation to nurse obesity. *Journal of Nursing Administration*, 41(11), 488-495. doi:10.1097/NNA.0b013e3182346fff
- Hale, J., Lemon, S. C., Magner, R. P., & Zapka, J. M., (2009).Lifestyle behaviors and weight among hospital-based nurses. *Journal of Nursing Management*, 17(7), 853-860. doi:10.1111/j.1365-2834.2008.00923.x
- Hoyert, D.L., and Xu, J.Q., (2012). Deaths: Preliminary data for 2011, National vital statistics reports, 61(6), 3-5. Retrieved from: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf
- Pérez Rodrigo, C. (2013). Current mapping of obesity. *Nutricion Hospitalaria*, 2821-31. doi:10.3305/nh.2013.28.sup5.686

BIOGRAPHICAL INFORMATION

Jude Emego was born in Nigeria, West Africa. At an early age, Jude started to see college education as a pathway to be successful in life. During Jude's years in secondary school (high school), he developed an interest in science. He later found his passion in healthcare. Knowing that the United States is noted for excellence in healthcare, he moved to the United States to pursue his career. He attended McLennan Community College (MCC) in Waco, Texas, where he obtained an Associate of Science and an Associate of Arts, and later transferred to the University of Texas at Arlington for his Bachelor's degree in Nursing.

During high school and college, he was involved in numerous school activities and community outreach programs. In his high school, Jude represented his school in numerous science quiz competitions, and was a member of Student Parliament where he was elected the minority leader of the House. Upon graduation from high school, Jude was recognized as an outstanding student for his excellent performance in academics and leadership. Jude continues this trend of hard work and involvement throughout his years in college. Jude chaired and represented many organizations in his college: Vice President of Student Government Association at McLennan Community College, Nursing Senator at UTA Student Congress, UTA Transfer Ambassador, and member of UTA Parking Appeal Committee, Chair and Co-chair at UTA Volunteer, UTA Host Student Mentor, and Resident's Assistant, and many more. He was also a member of UTA Leadership Honors program, National Association of Leadership and Success (NALS), the Society of Collegiate Leadership Achievement (SCLA), and Phi Theta Kappa Honor Society.

The journey of this research study, obesity in registered nurses, started after Jude joined the Honors College during his junior year in the Nursing program. This research project resulted in a thesis presentation at the end of the Fall 2015 semester, and has helped Jude earn the award of Honors Bachelors of Science in Nursing. Jude plans to further his education and explore additional aspects of healthcare in future.