

Assessment of Nursing Students' Lifestyles: A descriptive Study

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Abstract:

Background: Lifestyles, its enabling of individuals to improve of health and control of disease. Health has therefore been described as a positive pattern of action and not merely a pattern of disease avoidance (physiological, emotional, spiritual and social).

Objectives: The aim of the research was to assess of nursing students' lifestyles in Mosul City.

Materials and Method: A descriptive research in January – February 2020, Mosul/Iraq was performed. The tools use in this study consisted of (2) parts: Part I: demographic variables (age, gender, BMI, marital status and family income) and Part II: questions from (HPLP).

Results: The study participants (280) nursing students, of which (40%) were male, while (60%) were female. The total mean of the Health Promoting Lifestyle was (123.2 ± 19.9). Consequence of the study demonstrate the health promotion behavior differed by gender, especially regarding social relationships, physical activity.

Conclusion: The consequences of the study indicated that the health lifestyle promotion differed by gender, especially in terms of interpersonal relationships and physical activity, and the researcher found that many nursing students had a serious problem with their health behavior and lifestyle.

Keywords: Assessment, Nursing Students', Lifestyles.

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Introduction

A health-promoting lifestyle "a multidimensional pattern of self-initiated behavior, attitudes and knowledge helping in improving the individual's level of well-being, self-actualization and fulfillment" (1) (p. 77). National, World Health Organization (WHO) has pointed out that (62%) of the morbidity and mortality in developing countries, are dependent on behavior healthy risk and lifestyle of individual do not communicable diseases(2). Health promotion, its enabling of individuals to improve of health and control of disease (3). Health has therefore been described as a positive pattern of action and not merely a pattern of disease avoidance (physiological, emotional, spiritual and social)(4) (5).

Individuals should be responsible for their personal wellbeing while they are young because it is difficult for behavior habits change for adults or elderly unhealthy ,so must be adopted them during their young(6). Insert the health promotion concepts in the curricula of nursing colleges to provide students with awareness, knowledge and skills to teach students about strategies for improving health and behavior change. Therefore, students become after graduation for aware to understand the importance of their personal healthy (7). Increasing knowledge of healthy lifestyle behavior is essential considering the fact that lifestyle behavior are difficult especially in adolescents (8). Colleges have been recognized as appropriate settings for health promoting lifestyle among peoples and the period of studying as the big chance for development and improve of lifestyle of students(9) . Based on Walker and others , the individual's health promoting lifestyle behavior involved 6 dimensions; Responsible for wellbeing, diet, social relations, exercise, spiritual growth, and stress management. The aim of the research was to assessment of nursing students' lifestyles in Mosul City.

Methodology:

This study is based on descriptive design and includes randomly selected nursing students from the first and last classes from all nursing students in Mosul University. The sample size was (280) students, were (112) Male and (168) Female. Data were gathered in January -February2020 using a questionnaire method. The researcher using (HPLP) by Walker in (1987).The instrument was translated into Arabic language. The tools consists of (2) parts. part I, demonstrate demographic variables e.g (age, gender, marital status, family income, height, and weight).Part II, demonstrated (HPLP) scale had (6) dimensions: responsibility for fitness, exercises , diet, spiritual development , social relations, and stress management. The researchers focused on health promotion activities (52). The items are categorized into six items :(diet = 9), which assesses meal patterns, while (exercises =8) focuses on exercise patterns, (responsibility for fitness = 9) focuses on the individual's health concerns, while (spiritual development = 9) refers to the process of becoming conscious of the being and self-confidence,(Stress management=8) focuses on reduction of tension and reduce perceived stress. The last item is (interpersonal relations = 9) which concerns deals with social relationship. This instrument tests HPLP, With higher scores suggesting more frequent health-promoting activities on a Likert scale of 4 points, with the following choices: 4 = Routinely, 3 = Often, 2 = Some time, 1= Never . Program-based data obtained and analysed:SPSS; Version 23.The socio-demographic variables, total HPLP scores, and subscales were defined using percentages, number, mean, SD, minimum, maximum and (ANOVA) tests to compare the mean health scores promoting lifestyle benefit and variables with factors such as gender, age, study year, family income, and marital status.

Results:

Table (1): Distribution of socio-demographic features of the nursing students (N=280).

Characteristics	Number	Percentage	Mean +SD
(A):Gender			
Male	112	40%	
Female	168	60%	
(B):Stage			
First years	81	28.95%	
Second years	64	22.85%	
Third years	32	11.42%	
Fourth years	103	36.78%	
(C):Age			
21-24 Years	175	62.5%	23.5 + 1.4
24-27 Years	69	24.65%	
27-30 Years	36	12.85%	
(D):Income of family			
Low 200,000	32	11.45%	
200,000-500,000	148	52.85%	
500,000-1000000	78	27.85%	
1,000000 and above	22	7.85%	
(E):Marital status			
single	189	67.5%	
Married	71	25.35%	
Widowed	20	7.15%	

Table (2): Nursing Age Distribution and BMI (N = 280).

Variables	Minimum	maximum	Mean	SD
Age	18	28	23.5	1.4
Body Mass Index(BMI)	14.6	34.16	21.61	3.77

Table (3): Students' Health- promoting lifestyle profit scores (N = 280).

Subscales	Minimum	Maximum	Mean	SD	Highest and lowest obtainable score
Health responsibility	9	31	17.4	4.3	9–36
Physical activity	8	32	16.1	4.9	8-32
Nutrition	12	32	21.9	3.9	9–36
Spiritual growth	10	36	25.4	5.4	9–36
Interpersonal relationships	13	35	23.6	4.8	9–36
Stress management	9	30	18.7	3.6	8-32

Total(HPLP)	72	191	123.2	19.9	52–208
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Table (4): Distribution of scores (HPLP) by year of study, marital status, gender and family income (N = 280).

Variables	Health responsibility	Physical activity	Nutrition	Spiritual growth	Interpersonal relationships	Stress management	total
Years of study							
First Y	17.43 ± 3.8	17.60 ± 5.4	22.20 ± 3.8	24.17 ± 5.1	21.92 ± 3.9	17.81 ± 3.4	120.50 ± 18.8
Second Y	18.02 ± 4.6	16.40 ± 4.9	20.88 ± 3.9	24.36 ± 4.5	23.13 ± 4.3	18.93 ± 3.6	121.72 ± 19.3
Third Y	18.09 ± 4.4	17.45 ± 5.5	21.35 ± 4.4	25.45 ± 5.3	23.55 ± 5.2	19.50 ± 3.7	125.39 ± 20.3
Fourth Y	18.78 ± 4.0	16.20 ± 4.7	20.10 ± 3.8	24.20 ± 5.3	22.50 ± 4.7	17.67 ± 3.9	119.45 ± 18.4
F	0.52	1.9	0.52	0.48	1.2	3.6	1.2
P value	0.60	0.18	0.64	0.62	0.32	0.04*	0.32
Gender							
Male	18.55 ± 4.7	17.60 ± 5.4	21.42 ± 4.1	25.70 ± 4.8	23.20 ± 4.1	19.29 ± 3.5	125.76 ± 19.7
Female	17.30 ± 4.4	16.19 ± 4.8	21.09 ± 3.9	25.20 ± 4.8	23.50 ± 4.4	18.13 ± 3.7	121.41 ± 19.3
F	1.42	3.08	0.95	1.04	0.63	2.27	1.91
P value	0.11	0.003*	0.32	0.29	0.51	0.03*	0.06
Income of family							
<200,000	17.45 ± 4.1	15.30 ± 4.2	21.20 ± 3.5	24.40 ± 4.2	20.05 ± 3.6	18.25 ± 3.2	116.65 ± 16.5
200, -500,000	18.20 ± 4.5	16.52 ± 5.5	21.33 ± 4.3	25.68 ± 5.1	23.17 ± 4.6	18.41 ± 3.8	122.96 ± 19.6
500, -1000000	17.11 ± 4.1	16.60 ± 5.2	21.50 ± 4.2	25.24 ± 4.9	23.21 ± 4.4	18.06 ± 3.7	121.72 ± 19.1
>1,000000	18.46 ± 5.0	17.61 ± 5.8	21.46 ± 3.6	25.68 ± 4.8	24.29 ± 4.6	19.23 ± 3.9	126.73 ± 19.7
F	1.6	1.1	1.2	0.8	2.8	0.7	1.7
P value	0.22	0.34	0.31	0.5	0.03*	0.65	0.18
Marital status							
Signal	17.29 ± 4.2	14.27 ± 5.3	20.65 ± 2.6	23.37 ± 5.6	22.37 ± 3.8	18.35 ± 4.4	116.34 ± 20.1
Married	18.53 ± 4.8	16.65 ± 5.2	21.42 ± 4.2	25.44 ± 4.7	23.83 ± 4.6	18.92 ± 3.6	124.97 ± 19.9
Widowed	17.63 ± 3.4	15.43 ± 5.2	19.55 ± 3.7	24.97 ± 2.5	22.12 ± 2.6	18.75 ± 2.5	118.45 ± 13.2
F	0.9	0.9	1.1	0.6	1.8	0.4	1.3
P value	0.45	0.45	0.34	0.52	0.12	0.76	0.32

Discussion:

The importance of students to take responsibility of their own health is clear, the goal is to increase awareness about improve health and achieve of goal, it is necessary to inform students about protecting their own health. During the study of nursing students obtain this type of information (10) . (Nacar, et.al., 2014) In Turkey, the health-promoting lifestyle evaluation results were similar to those found in this report, the overall average health-promoting lifestyle score was (127.9 ± 18.2) and the highest degree were recorded in social relationships and spiritual development. Table (1) demonstrated that the age range was 21–30 years, with a mean and standard deviation was (23.5 ± 1.4), half or more (60%) were females. The majority of the students were single (67.5%), and (52.85%) of the family's income is moderate. Table (2) shows the body mass index (BMI) for nursing students the mean score and standard deviation of participants was 21.61 ± 3.77 (range 14.6–34.16), where (43%) is underweight, (8.8%) overweight, (26.2%) and (22%) obese. The results clarify a substantial difference for (BMI) among male and female students with the male having a highest degree (BMI) than the female students (male: 24.4 ± 4.7) (female: 23.3 ± 4.1) at (p value < 0.005). Therefore, nursing students do not have a balanced between nutrition regularly and physical activity and appear to be obesity at them. This result has been supported by descriptive study of nursing students that most participants had bad dietary habits. Table (3): demonstrated that the (HPLP) total mean score was (123.2 ± 19.9) normal range was (72–191), and the lowest mean for physical activity was (16.1 ± 4.9) and the highest was (25.4 ± 5.4) for spiritual growth. (Karadağ and, Yıldırım, 2010) ,in Turkey ,concluded in study among Turkish university students the average score for healthy lifestyle between students was lower than the present study. The association of a bad diet and lack of exercise as common habits among nursing students in present study. S'anchez and De Luna (2015) in

Korea, found the same results about bad nutrition and lack of exercise. Table (4): demonstrated that males had higher degree than females the especially management of stress and physical activity. In addition, no substantial difference in total lifestyle scores and the mean scores of items related to family and marital income. Other factors were found to be linked to the between (HPLP), including year of study in college and family income. This study agreement with (Wei, et al., 2018) in Japan state no significant correlation between health promotion lifestyle and year of study, also but no correlation with age. (Nasir, 2014), in Iraq, mentioned that the study findings to assessment of healthy lifestyle behavior among Mosul university students have a low score in the total healthy lifestyle behavior, also low in the physical activity reasons for students not exercising include heavy load at period of study. Finally, study in Japan by (Wei et al. 2018) found mean scores for the items of (HPLP) among university students in Japan was same to the findings of the present study.

Conclusion:

The consequences of the study indicated that the health lifestyle promotion differed by gender, especially in terms of interpersonal relationships and physical activity, and the researcher found that many nursing students had a serious problem with their health behavior and lifestyle.

Recommendation:

This study recommended designing and building of education programs and application on the students in all universities concerning healthy promoting lifestyle behavior and health education course should contain topics of lifestyle of individuals e.g. physical activity, nutrition habits, interpersonal relationship and general health concerns and planning of system related to health promoting behavior for nursing students, do not only improve their lifestyles and health but also to support population health as a whole.

Reference:

1. Walker SN, Sechrist KR and Pender NJ. (1987) the health-promoting lifestyle profile: development and psychometric characteristics. *Nurs Res*; 36(2): 76–81.
2. Alzahrani, S. H., Malik, A. A., Bashawri, J., Shaheen, S. A., Shaheen, M. M., Alsaib, A. A., Abdulwassi, H. K. (2019). Health-promoting lifestyle profile and associated factors among medical students in a Saudi university. *SAGE Open Medicine*, 7, 205031211983842. Doi: 10.1177/2050312119838426.
3. Savarese, G., Carpinelli, L., Cavallo, P. and Vitale, M.P. (2018) Italian Psychometric Validation of the Multidimensional Students' Health-Promoting Lifestyle Profile Scale. *Health*, 10, 1554–1575. <https://doi.org/10.4236/health.2018.1011118>.
4. Pender, N.J. (1984) Health Promotion and Illness Prevention. *Annual Review of Nursing Research*, 2, 83-105. <https://doi.org/10.1891/0739-6686.2.1.83>
5. Pender, N.J., Walker, S.N., Sechrist, K.R. and Stromborg, M.F. (1990) Predicting Health-Promoting Lifestyles in the Workplace. *Nursing Research*, 39, 326-332. <https://doi.org/10.1097/00006199-199011000-00002>
6. Lee, R.L., Loke, A.Y., Wu, C.S. and Ho, A.P. (2010) The Lifestyle Behaviors and Psychosocial Well-Being of Primary School Students in Hong Kong. *Journal of Clinical Nursing*, 19, 1462-1472. <https://doi.org/10.1111/j.1365-2702.2009.03057.x>.
7. Bryer, J., Cherkis, F., & Raman, J. (2013). Health-Promotion Behaviors of Undergraduate Nursing Students: A Survey Analysis. *Nursing Education Perspectives*, 34(6), 410–415. Doi: 10.5480/11-614.
8. Prochaska JJ, Prochaska JO. (2011). A review of multiple health behavior change interventions for primary prevention. *Am J Lifestyle Med.*; 5 (3). Doi: 10.1177/1559827610391883.

9. Jones JT, Furner M. (1998). WHO's Global School Health Initiative – Health Promoting Schools Available at: http://www.who.int/school_youth_health/media/en/92.pdf. Accessed 28.7.2016.
10. Promthet S, Wiangnon S, Senarak W, (2012). Evaluation of health education in the multi-professional intervention and training for ongoing volunteer-based community health programme in the north-east of Thailand. *Asian Pac J Cancer Prev*, 13, 1753-5.
11. Nacar M, Baykan Z, Cetinkaya F, (2014). Health promoting lifestyle behaviour in medical students: a multicentre study from Turkey. *Asian Pac J Cancer Prev*; 15(20): 8969–8974.
12. Karadağ M, Yıldırım N. (2010). Health Behaviors in Health Sciences University Students in Turkey. *Social Behavior and Personality: Int J.*; 38(1): 43–51, doi: 10.2224/sbp.2010.38.1.43.
13. Sánchez-Ojeda M and De Luna-Bertos E. (2015) .Healthy lifestyles of the university population. *Nutr Hosp* 2015; 31(5): 1910–1919.
14. Wei, C.-N., Harada, K., Ueda, K., Fukumoto, K., Minamoto, K., & Ueda, A. (2011). A ssessment of health-promoting lifestyle profile in Japanese university students. *Environmental Health and Preventive Medicine*, 17(3), 222–227. doi:10.1007/s12199-011-0244-8
15. Younis, N. (2014). Assessment of healthy lifestyle habits among Mosul university students. *International Journal of Advanced Nursing Studies*, 3(2). doi:10.14419/ijans.v3i2.2593.