Health-Promoting Factors related to lifestyle among nursing students in University of Hail

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ABSTRACT:

Health promotion is an important determinant of individual health status which held the individual responsible for his own health. Health promotion behaviors are directed toward achieving a higher level of wellness, personal fulfillment, and self actualization. Health related behaviors in young age are important factor that affects the individual risk for non-communicable diseases and other disorders later in life. It is evident that promoting healthy lifestyle behaviors among university students is essential to decrease disease risk later in adulthood, thus it is important to investigate their health promoting behaviors. Therefore, this research was conducted to determine the level of nursing university student's engagement in health promoting behaviors and its association with socio-demographic factors.

KEYWORDS:Health promotion, healthy lifestyle, quality of life, health outcome.

INTRODUCTION:

A health-promoting lifestyle is a pattern of self-initiated actions which individuals take to control, maintain, or enhance their own health. Lifestyle patterns have significant effects on long-term morbidity and mortality that is becoming increasingly evident [1]. Many studies have demonstrated that healthy lifestyles not only promote health but also can mitigate the negative effects of chronic disease and decrease the incidence of various health conditions. Consequently, encouraging a healthy lifestyle is crucial in terms of potentially preventing the development of chronic diseases, reducing morbidity, improving the quality of life (QOL), and decreasing medical costs and the healthcare burden on society [2].

The WHO defines QOL as "individuals' perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns".

It is a broad-ranging concept which encompasses a person's physical and psychological state, level of independence, and social relationships. However, the association between healthy lifestyles and QOL has been the subject of relatively few studies, and these have focused mainly on disease populations [3]. In one earlier study on the relationship between healthy lifestyle and QOL, the authors found that positive psychosocial behavior, positive health practices, and exercise and physical recreation were all significantly related to perceived health and well-

being. Health outcome appraisals is a vital part of QOL, and an understanding of the relationship between healthy lifestyle and QOL would have important implications for the design of health promotion programs to improve the overall QOL of the general public [4].

University students are going through transitional period from childhood to adulthood characterized by physical, psychological, social, and sexual development [5]. Promoting healthy behaviors during this period increase their chance to be healthy adults in the future. Although the benefits of health promoting behaviors are well known, many studies revealed that university students have unhealthy lifestyle, such as physical inactivity, which needs further attention [6].

METHODS:

Design and sample:

The target population for the study is Nursing University students in Hail. A cross-sectional descriptive design was used to examine health promoting behaviors of students. Using G power soft program utilizing Z test indicating descriptive study using = 0.05 two tail level of significance, effect size = 0.2 (low medium), power = 0.8 at least 369 students are needed for this study. A convenience sample of 525 nursing students participated in the study. Students agreed to participate, and not disabled or have acute medical conditions that affect their participation in health-promoting activities.

Procedure:

Data were collected using self-administered questionnaires. The questionnaire was distributed to the nursing students in the class at the beginning of the lecture. Students filled the questionnaire and returned it to the research assistants in the same lecture in a sealed envelope. The researcher provided the research assistants with identical instructions and brief description about the study to explain it to the students before distributing the questionnaire. Prior to data collection, ethical approval was obtained from the Research Committee at the researcher faculty and the Research Ethical Committee at the Deanship of Academic Research at the University where the researcher work. A written informed consent was obtained from each student prior to data collection.

RESULTS:

A total of 525 students participated in the study. The mean age of the students was 20.65 2.42 (range 17 - 35) years and 71.8% (n = 525) of the students were female. The mean family income per month was 820.19 981.25 (100 - 10,000) JD. Table 1 presents distribution of demographic characteristics.

Table 1. Distribution of demographic characteristics

Characteristics	Students (N)	%
Gender		
Male	139	26.5
Female	377	71.8
Grade		
1st yr	77	14.7
2nd yr	166	31.6
3rd yr	141	26.9
4th yr	126	24.0
5th yr	7	1.4
Marital status		
Single	481	91.

		6
Married	33	6.3
Divorced	2	0.4
Employment status		
Employed	68	13.0
Unemployed	436	83.0

The mean item score for the total HPLP (Health Promoting Lifestyle Profile) 127.87 19.91 (range: 53 - 189). The lowest mean in the subscales was for physical activity (16.43 4.98) and the highest for spiritual growth (25.28 4.84). Table 2 presents students HPLP (Health Promoting Lifestyle Profile) total and subscale mean scores.

Table 2. Students health promoting lifestyle profile total and subscale mean scores

Rank order	HPLP and subscales	()	(SD)	(Min)	(Max)	Highest and lowest obtainable score
1	Spiritual growth	25.28	4.84	9	36	9-36
3	Health responsibility	21.49	4.66	9	36	9-36
6	Physical activity	16.43	4.98	8	32	8-32
4	Nutrition	20.66	4.37	9	36	9-36
2	Interpersonal relations	24.41	4.51	9	36	9-36
5	Stress management	19.56	3.87	8	32	8-32
	Total HPLP score	127.87	19.91	53	189	52-208

The demographic characteristics associated with health promoting behaviors were age, gender, family income, university and school type, and employment status. A statistical significant negative correlation was found between students' age and HPLP Scale total score and interpersonal relations subscale. The spiritual growth and stress management subscales were positively correlated with students' age. Family income was positively correlated with score average of all subscales. Table 3 presents associations and differences of healthy HPLP total and sub scale score with demographic variables.

Table 3. Associations and differences of healthy HPLP total and sub scale score with demographic variables

Descriptive Feature	Spiritual Growth	Health Responsibility	Physical Activity	Nutrition	Interpersonal Relations	Stress Management	HPLP Total
Age							
r	0.095	-0.044	-0.061	-0.029	-0.123	0.160	-0.133
p	0.036	0.327	0.177	0.177	0.006	0.000	0.012
Family income							
r	0.777	0.800	0.646	0.726	0.722	0.708	-0.035
p	0.000	0.000	0.000	0.000	0.000	0.000	0.478
Gender							
Male	25.10 4.91	20.50 4.89	16.96 4.78	20.15 4.10	23.66 4.66	19.20 3.79	125.58 19.04
Female	25.38 4.82	21.88 4.56	16.24 5.08	20.84 4.48	24.70 4.44	19.74 3.91	128.82 20.28
t	0.569	3.00	1.44	1.56	2.309	1.411	1.630
p	0.569	0.003*	0.149	0.11	0.021*	0.151	0.104

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Employment status								
Employed	25.01 4.76	21.61	4.97	17.55 6.27	20.83 4.01	24.07	4.44	18.33 3.58	127.52 20.71
Unemployed	25.45 4.80	21.55	4.64	16.22 4.79	20.69 4.42	24.62	4.39	19.83 3.90	128.38 19.70
t	0.707	0.099		1.676	0.250	0.955		2.964	0.331
p	0.480	0.122		0.098	0.802	0.340		0.003*	0.741
University type									
Governmental	25.43 4.79	21.52	4.60	16.31 4.94	20.58 4.35	24.60	4.53	19.75 3.84	128.24 19.53
Private	23.84 5.04	21.21	5.30	17.52 5.23	21.42 4.62	22.58	3.96	17.78 3.78	124.42 23.15
t	2.245	0.450		1.65	1.275	3.058		3.490	1.291
p	0.025*	0.649		0.099	0.203	0.002*		0.001**	0.197
School type									
Health	25.01 4.89	22.05	4.92	16.32 5.25	21.02 4.51	24.27	4.63	19.13 4.01	127.84 21.70
Scientific and humanistic	25.45 4.83	21.15	4.52	16.47 4.84	20.42 4.31	24.49	4.45	19.84 3.78	127.84 18.90
t	1.011	2.130		0.334	1.503	0.551		2.015	0.003
p	0.313	0.034*		0.739	0.134	0.582		0.044*	0.998

The results of T test analysis revealed that there were significant differences between males and females on health responsibility and interpersonal relations subscales. The means for health responsibility and interpersonal relations subscales were higher for females than males. Employed students had significantly lower means on stress management subscale than unemployed students. Students from governmental universities had higher means on spiritual growth, interpersonal relations, and stress management subscales than students from private universities. Students from health faculties had higher means on health responsibility subscale but lower means on stress management subscale than students from humanities or scientific faculties. No statistical significant difference was found between HPLP Scale total score and the subscales and marital status, past medical history, and place of residence.

CONCLUSION:

This study evaluated health promoting behaviors of nursing students and identified the association between health promoting behaviors and selected socio-demographic variables. Based on study findings, it seems that there is a problem in health promoting behaviors of the University students in Hail. Particularly in physical activity, and stress management sub domains. Furthermore, the health promoting behaviors of the students were determined by age, monthly income, gender, university and school type, and employment status. In the line of the study results, more emphasis should be directed toward encouraging the student to practice better and healthy life style by continuous integration of health promotion courses in the curriculum of all faculties of the universities. This may help the students to understand the importance of practicing healthy lifestyle behaviors and eventually improve their health

practices. Universities should consider the establishment of on-campus exercise facilities in attainable prices to encourage students to exercise regularly because they spent a substantial part of their time in the university.

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