Determining Healthy Lifestyle Behaviours of Nursing Students

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Abstract

Individuals who manage to transform healthy lifestyle behaviours into a life style can both maintain their state of well-being and bring their health status to a better level. For this reason, developing and maintaining healthy lifestyle behaviours is fundamental to the protection of health and against diseases. Therefore, examination of health behaviours of university students and supporting them on matters that they fail is important for public health.

This descriptive study was conducted to determine healthy lifestyle behaviours of the students studying in the Department of Nursing of Faculty of Health Sciences of the Eastern Mediterranean University.

The study was carried out by the students of the Department of Nursing of Faculty of Health Sciences of the Eastern Mediterranean University. The sample of the study consisted of 170 students who agreed to participate in the study. Data was collected using a questionnaire containing socio-demographic characteristics and the "Healthy Lifestyle Behaviour Scale (HLBS)". The number, percentage, Mann Whitney U test and Kruskal-Wallis variance analysis were used in in SPSS 18 statistical program for the analysis of data.

The total score of the HLBS was found as 131.08 ± 18.63, while the subgroup scale scores were found as follows; health responsibility as 21.19 ± 4.13, physical activity as 18.91 ± 4.64, dietary habits as 22.70 ± 3.73, interpersonal relationships as 25.88 ± 3.92 and stress management as 19.60 ± 4.27. It was determined that the average of the highest score of the nursing students was related to the interpersonal relations, while the average of the lowest score was related to the physical activity sub-scale. Healthy lifestyle behaviours of the nursing students participated in the study were found to be moderate.

It was discovered as a result of the study that certain factors, such as gender, living with family, had a positive impact on healthy lifestyle behaviours of the university students. Initiatives to increase physical activities of the students should be planned.

Keywords: Nursing, Healthy life

Introduction

Life in university is a period in which significant changes occur in individuals' lives. University education leads to changes also in personality development, personal life and health behaviours as well as vocational education. This change is particularly important in terms of attitudes and behaviours in the field of health. Because attitudes and behaviours of students related to health affect themselves personally and their families and societies in which they live in their present and future lives. The health level of a society is measured by the fact

that healthy individuals are in majority in that society (1, 3, 8).

According to the definition of the World Health Organization (WHO), health is not only the absence of any disease or disability, but a complete well-being physically, spiritually and socially (13). Health that is addressed as a concept related to all aspects of life of human, such as physical, social, emotional and spiritual conditions, today includes life satisfaction and and quality of life in this sense and represents gradual increase in self-realization. Healthy lifestyle behaviours are defined as a whole of behaviours that an individual believes and adopts to maintain staying healthy and to be protected from diseases (5, 9, 10). It is known that lifestyle factors, such as exercise, diet and smoking and stress, affect health and the risk of cardiovascular diseases and that morbidity and mortality in chronic diseases, such as cancer, heart disease, hypertension and diabetes, can be substantially reduced with changes in life styles (4, 7). Individuals who have managed to transform healthy lifestyle behaviours into a life style can both maintain their state of well-being and bring their health status to a better level. Consequently, developing and maintaining healthy lifestyle behaviours is fundamental to the protection of health and against diseases. This reveals the importance of practices towards the development of life styles that are the most important factor for the protection against diseases and the health promotion (1, 12). It is necessary to gain and maintain positive health behaviours to promote health. Therefore, examination of health behaviours of university students and supporting them on

matters that they fail is important for public health.

Material and Methods
Objective and Type of the Study
This descriptive-cross-sectional study was conducted to determine healthy lifestyle behaviours of the students studying in the Department of Nursing of Faculty of Health Sciences of the Eastern Mediterranean University.

Population and Sample of the Study
Population of the study consisted of 264 students enrolled in the Department of Nursing of Faculty of Health Sciences of the Eastern Mediterranean University in the 2013-2014 fall semester. The sample of the study consisted of the students who continued to attend classes between the dates of October 9 and 15, 2014 (N: 170). The entire population was taken as the sample instead of selecting a sample. 30 people who did not agree to participate in the study and 64 people who were absent from the school during the collection of data were not included in the scope of the study.

Data Collection Tools
Data was collected using a questionnaire containing socio-demographic characteristics and the "Healthy Lifestyle Behaviour Scale II (HLBS)". The HLBS was developed by Walker et al. (1987). The scale was revised again in 1996 and named as HLBS-II (Walker & Hill-Polerecky 1996). The validity and reliability study of the scale for Turkish language was conducted by Bahar et al. in 2008 (Bahar et al., 2008). The scale contains 52 articles and consists of six factors. These are health responsibility,

physical activity, nutrition, spiritual development, interpersonal relationships and stress management. The lowest and highest scores that can be received from the entire scale is 52 and 208, respectively. Cronbach's alpha coefficient of the HLBS-II is 92. Cronbach's alpha value of this study was found as 0.90.

Collection of Data
Data was collected by the researcher through face-to-face interviews with the students. It took about 8-10 minutes to complete the forms.

Statistical Analysis of Data
The number, percentage, Mann Whitney U test and Kruskal-Wallis variance analysis were used in in SPSS 18 statistical program for the analysis of data.

Ethics and Legal Aspects of the Study
After obtaining the necessary written permissions from the Eastern Mediterranean University, written consents of the participants were obtained by the researchers, as well.

Results

Socio-demographic characteristics of nursing students were presented by Table 1.

Table 1. Socio-Demographic Characteristics of Nursing Students		
Demographic Characteristics	Number	(%)
Gender		
Male	64	(37.6)
Female	106	(62.4)
Place of Birth		
TRNC	79	(146.5)
TR	91	(53.5)
Body Mass Index		
Normal	120	(70.6)
Slim	13	(7.6)
Slightly overweighed	12	(7.1)
Obese	25	(14.7)
Living Together with Family		
Yes	111	(65.3)
No	59	(34.7)
Presence of Chronic Diseases		
Yes	8	(4.7)
No	62	(95.3)
Health Status Perception		
Excellent	35	(20.6)
Very good	55	(32.4)
Good	41	(24.1)
Moderate	35	(20.6)
Poor	4	(2.4)
Smoking		
Yes	59	(34.7)
No	111	(65.3)

37.6% of the students participated in the study were male and 62.4% were women, and 46% were TRNC and 53.5% were Turkish citizens. When their body mass indexes are examined, 70.6% of them are within the normal ranges. It was determined that 95.3% of them did not have any chronic illness and 65.3% were non-smokers. Score averages of the healthy lifestyle behaviour scale were presented in Table 2.

Table 2. Score Averages of the Healthy Lifestyle Behaviour Scale	
Scale	Score Averages
Scale's Sub-Scales	
Health Responsibility	21.19 ± 4.13 (min. 10 - max. 34)
Physical Activity	18.91± 4.64 (min. 9 – max. 31)
Nutrition	22.70 ± 3.73 (min. 14 – max. 33)
Spiritual Development	25.34 ± 4.42 (min. 14 – max. 35)
Interpersonal Relations	25.88 ± 3.92 (min. 17 – max. 34)
Stress Management	19.60 ± 4.27 (min. 10 – max. 36)
Grand Total	131.08 ± 18.65 (min. 86 – max. 191)

The score averages of the HLBS sub-scales are 25.88, the highest score, for interpersonal relationships, then 25.34 for spiritual development and with 18.91, the lowest score, for physical activity.

Score averages of the healthy lifestyle behaviour scale by demographic characteristics of the students presented by Table 3.

Table 3. Table 3. Score Averages of the Healthy Lifestyle Behaviour Scale by Demographic Characteristics of the Students							
Demographic Data	Health Responsibility	Physical Activity	Nutrition	Interpersonal Relations	Stress Management	Spiritual Development	TOTAL AVG.
Living Together with Family							
Yes (n: 111)	21.6±4.20	19.2±4.78	22.9±3.92	26.5±3.93	19.9±4.0	25.9±4.22	133.5±18.81
No (n: 59)	20.3±3.87 p=0.04	18.2±4.31 p=0.194	22.2±3.29 p=0.260	24.6±3.62 p=0.004	19.0±4.70 p=0.116	24.2±4.6 p=0.018	126.4±4.60 p=0.013
Presence of Hepatitis B Vaccine							
Yes (n: 104)	21.5±4.17	19.3±4.70	23.0±3.74	26.5±3.74	20.0±4.02	25.9±4.35	133.9±18.07
No (n: 21)	21.4±3.98	18.6±3.47	22.5±4.03	24.6±3.92	18.3±3.03	24.0±3.68	127.0±17.75
Not known (n: 45)	20.2±3.99 p=0.176	17.9±4.87 p=0.247	22.0±3.50 p=0.337	24.8±4.02 p=0.009	19.1±5.15 p=0.099	24.5±4.71 p=0.093	126.2±19.30 p=0.066

A statistically significant difference was found among the students living with their families in health responsibility, interpersonal relationships and spiritual development (p<0.05).

A statistically significant difference was found among the students who had hepatitis B vaccine in the sub-scale of interpersonal relationships (p<0.05).

Discussion

The total score average of the students for health lifestyle behaviours was found as 131.08 ± 18.63 (min.72 - max. 176) (Table II). The total score of the HLBS-II in the study performed by Özyağcıoğl et al. (2011) with nursing students is 128.97 ± 16.40 (11). The results are similar to our study. The total score in the study performed by Hui Chou (2002) was found lower (116) than the score in this study (7).

It was interpersonal relations that received the highest score (25.88 ± 3.92) from the HLBS-II sub-scales (Table II). Interpersonal relationships ranked second (24.96 ± 3.93) in the study performed by Bözhüyük (2010) (4). Unlike our study, it was health responsibility that received the highest score from the HLBS-II sub-scales in the study performed by Haddad et al., 2004; Tambağ 2011; Özyağcıoğlu et al., 2011 (6, 11).

It was physical activity that received the lowest score (18.91 ± 4.64) from the HLBS-II sub-scales (Table II). Some studies performed have shown similar findings with our study. It was physical activity that received the lowest score in the study performed by Ayaz et al., 2005; Choi Hui 2002; Özkan ve Yılmaz 2008; Özyağcıoğlu et al., 2011 (1, 7, 10, 11). Initiatives to increase physical activities in universities should be planned in this regard. It is considered necessary to direct students to such activities.

A statistically significant difference was found among the students living with their families in health responsibility, interpersonal relationships and spiritual development when the students sub-scales were examined based on the situation to live with family (p<0.05) (Table III). The study performed by Bözhüyük (2010) also found a statistically significant difference between the groups in the health responsibility sub-scale (p<0.05).

Conclusion and Recommendations

Healthy lifestyle behaviours of nursing students were found to be moderate in the study. It was discovered as a result of the study that certain factors, such living with family, had a positive impact on healthy lifestyle behaviours of the university students. Initiatives to increase physical activities of the students should be planned.

Based on these results, it is recommended to increase the levels of nursing students to realize healthy lifestyle behaviours with

the establishment of training programs related to healthy lifestyle behaviours on physical activity and stress management that they fall down on knowledge and behaviour and with the implementation of these programs in order to protect and promote health of nursing students.

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