Original Article

Healthy Life Style Behaviors Changes of the Nursing Students: 2004 - 2014

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Abstract

Aim: This study is planned with the purpose of studying changes in healthy life style behaviors (HLSB) of the nursing students.
Materials and Method: The study which was planned in a descriptive style was conducted in a School of Nursing / Nursing Faculty. The data was collected with a questionnaire that was prepared by the researchers and a healthy life style behaviors scale by making face to face interviews with the students in years of 2004 and 2014. The study was applied to the all students of School of Nursing / Nursing Faculty who accepted to participate in the study (n=1211) (2004 n=313; 2014 n: 898). After obtaining an approval from Faculty of Nursing Scientific Ethics Committee for the study, a written permission was obtained from the institution where the study was going to be conducted.
The analysis of the data was done in the computer environment with SPSS for Windows 15.00. Number and percentage distributions and significance test on the difference between two means were used in analyzing the data.
Results: It was seen that the HLSB point average of year 2004 was 130.05±18.19 point, the HLSB point average of year 2014 was 127.30±19.37 point. When the point averages of years 2004 and 2014 were compared, the statistical significant difference between the HLSB total points ($t=2.198$, $p<0.05$) and the sub dimensions of health responsibility ($t=3.545$, $p<0.01$), eating habits ($t=2.064$, $p<0.05$), interpersonal support ($t=2.243$, $p<0.05$) is found.
Conclusions: In the study where the changes in healthy life style behaviors of the students were analyzed, it was seen that the HLSB point average decreased within a decade. Therefore, it is recommended that the studies on HLSB in which a few institutions participate to be conducted and the requirements in this matter to be determined, and precautions to be taken.

Key Words: Healthy Life Style Behaviors, Student, Nursing

Introduction

Health holds great importance in people's lives and each person has a responsibility to protect and pursue his/her healthy status (Guner, Demir, 2006; Ozkan, Yilmaz, 2008; Bayrak et. all., 2010). World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 2018). Promotion of health includes actions directly targeting improvement of the health potential of individuals, families, society and subgroups of society as well as enhancement of well-being. It reflects maximization of an individual's existing behaviors (Guner, Demir, 2006; Yalcinkaya, Gok Ozer, Yavuz Karamanoglu, 2007). Health promotion is the process of helping individuals to make informed decisions to reach optimum level physical and mental health and to improve their physical and social environment (Yalcinkaya, et al., 2007). Health promotion can be reached when people control and mend their own health to reach maximum of their health potential. Protection and promotion of health requires avoidance from use of alcohol and drugs, smoking, acts of violence and dangerous physical activities, risky sexual behavior, unhealthy eating

habits and weight control, communication problems among family members and not suitable stress management and to improve positive health behavior (Yalcinkaya, et al., 2007; Bahar et all., 2008; Bayrak et all., 2010; Ozyazicioglu et all., 2011; Aksoy, Ucar, 2014;). An individual who turns these behaviors into his manner not only continues to keep healthy but also can carry his level of health to a better situation. Health behavior is the sum of manners an individual believes in and applies to stay healthy and to be protected from illnesses (Yalcinkaya, et al., 2007; Dagdevire, Simsek, 2013). Healthy lifestyle is defined as the control of all behaviors of an individual which can affect his status of health and an individual's ability to choose actions during regulating his daily activities which are suitable to his health status (Ozkan, Yilmaz 2008). Nurses, who are in contact with both healthy and ill individuals, are thought to have responsibility to give guidance to help them gain positive behaviors about protecting and promoting their health. The effectiveness of nurses in health protection depends on how well they comprehend the importance of health promotion and learn methods to change health behaviors of individuals' as well as themselves' for the better (Kocaakman, Aksoy, Eker, 2010). During university education important changes happen in a person's life. Most important a good number of young people who got accepted into university leave their family household for the first time. The habits they acquire during this period guide them rest of their lives (Ilhan, Batmaz, Akhan, 2010; Simsek et all., 2012). To apply activities of health promotion and personal care help nursing students to understand healthy lifestyle, to gain knowledge about their own health and to develop skills which can be useful to them afterwards in their lives (Tambag, Turan, 2012).

This study aims to investigate the change of healthy lifestyle behaviors (HLSB) of nursing students 2004 and 2014.

Methodology

The study planned in a descriptive style was conducted in a School of Nursing / Nursing Faculty. In the study, the data was collected with a questionnaire that was prepared by the researchers and a healthy life style behaviors scale by making face to face interviews with the students in years of 2004 and 2014. The study was applied to the all student School of Nursing /Faculty of Nursing students who accepted to participate in the study (n=1211) (2004 n=313; 2014 n: 898). During data collection a questionnaire of 23 questions which covers the sociodemographic data which may affect HLSB of students and HLSB Scale (consisting 48 questions) was used. Healty Life Style Behavior Scale (HLSB) was developed in 1987 by Walker, Sechrist and Pender. Esin done investigated (1997) the validity and reliability of the scale in Turkish society. The questions in the scale measure the behavior of an individual regarding the healthy life style. The scale consists of 48 items and 6 subgroups. The subgroups are as follows: self-actualization, health responsibility, exercise, eating habits, interpersonal support mechanisms and stress management. Each subgroup can be used individually. The total point of the scale makes up the HLSBS total point. All items of the scale are all affirmative. There are no regressive items. This 4-point Likert type scale has "never", "sometimes", "often" and "regularly" choices. The lowest point for whole scale is 48 and the highest point is 192. Higher the sum of the points received from the scale gets, we understand that the individual applies designated health behavior in a better way (Esin, 1997).

***Ethical Consideration*:** After obtaining an approval from the Nursing Faculty Scientific Ethics Committee for the study, a written permission was obtained from the institution where the study was going to be conducted.

Statistical Analysis: The analysis of the data was done in the computer environment with SPSS version 15.00. Number and percentage distributions and significance test on the difference between two means were used in analyzing the data.

Results

The sociodemographic of the students participating to the study have shown in table 1. The medium age of the students taking part in the study are 20.76±1.77 ages. Most students had monthly income equal to their monthly expenses (Table 2). When we look at the smoking and alcohol consumption of the students, we see that 14.4% had a smoking habit and 23.4% of them consumed alcohol (Table 3). A statistically significant difference was found between total sum points and subgroup points of students between years of 2004 and 2014, when healthy life style behavior total points ($t=2.198$, $p<0.05$),

health responsibility (t=3.545, p<0.01), eating habits (t=2.064, p<0.05), interpersonal support mechanisms (t=2.243, p<0.05) were investigated (Table 4, Graphic I).

Table 1: Sociodemographic of the students

Sociodemographic		Number (n)	Percentage (%)
Marital status	Single	1173	96.9
	Engaged	22	1.8
	Married	13	1.1
	Divorced	3	0.2
Type of high school graduated	Vocational school of health	83	6.9
	Other	1128	93.1
Current place of inhabitance	With family	264	21.8
	In dormitory	555	45.8
	With friends	329	27.2
	With sibling	24	2.0
	Single	25	2.1
	With other relatives	6	0.5
	Other	8	0.7
Total		**1211**	**100**

Graphic I: Healthy life style behavior point averages of students

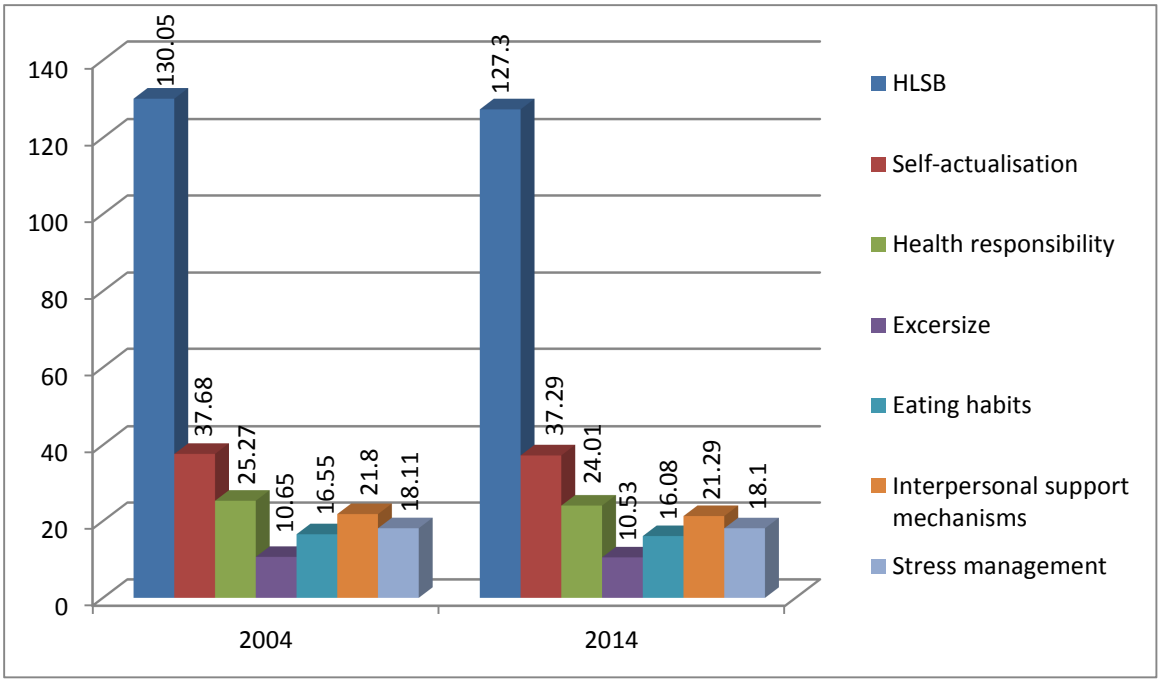


Table 2: Distribution of students according to their financial status

Financial status	2004 Number	%	2014 Number	%	2004/2014 Number	%
Income less than expenses	59	18.8	234	26.1	**293**	**24.2**
Income equal to expenses	236	75.4	615	68.5	**851**	**70.3**
Income more than expenses	18	5.8	49	5.5	**67**	**5.5**
Total	**313**	**100**	**898**	**100**	**1211**	**100**

Table 3: Distribution of students according to their smoking, alcohol consumption

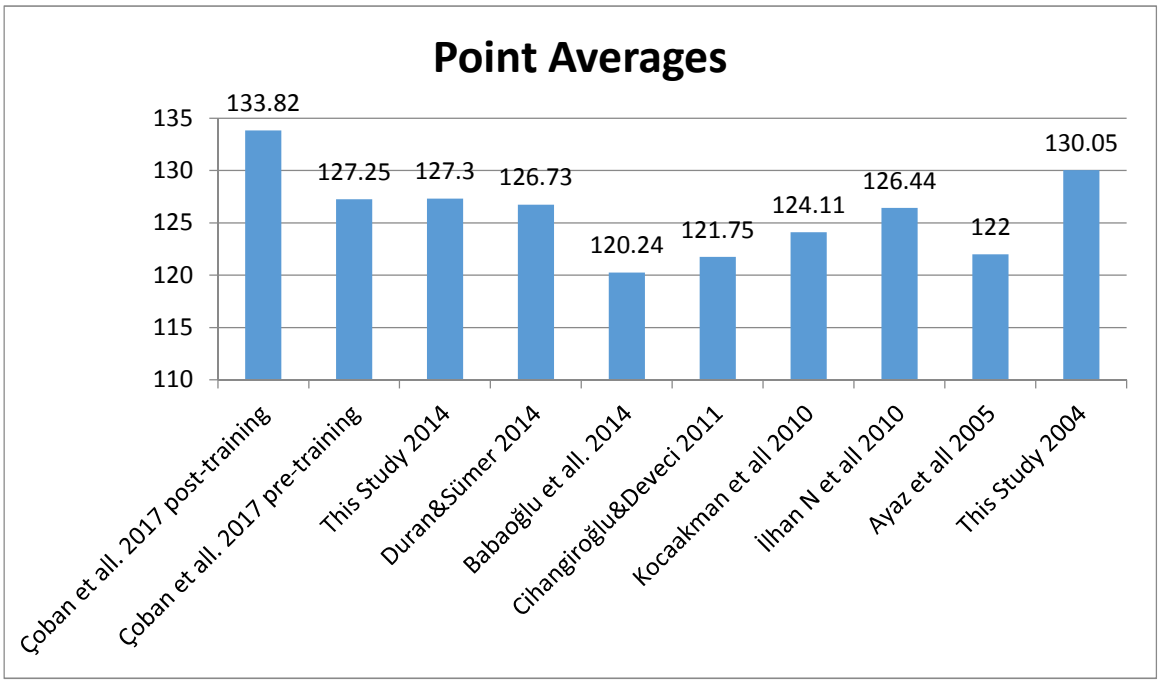
Smoking- alcohol consumption status		2004 Number	%	2014 Number	%	2004/2014 Number	%
Smoking	**Yes**	67	21.4	107	11.9	**174**	**14.4**
	No	246	78.6	791	88.1	**1037**	**85.6**
Alcohol consumption	**Yes**	75	24.0	208	23.2	**283**	**23.4**
	No	238	76.0	690	76.8	**928**	**76.6**
Total		**313**	**100**	**898**	**100**	**1211**	**100**

Table 4: Healthy life style behavior point averages of students

Scale and subgroups	2004 X ± SD	2014 X ± SD	Test
Healthy life style behavior	130.05±18.19	127.30±19.37	t=2.198 *p=0.028
Self-actualization	37.68±5.43	37.29±5.99	t=1.014 p=0.311
Health responsibility	25.27±5.10	24.01±5.54	t=3.545 **p=0.000
Exercise	10.65±3.25	10.53±3.20	t=0.566 p=0.571
Eating habits	16.55±3.31	16.08±3.44	t=2.064 *p=0.039
Interpersonal support mechanisms	21.80±3.33	21.29±3.44	t=2.243 *p=0.025
Stress management	18.11±3.39	18.10±3.46	t=0.066 p=0.947

***p<0.05 **p<0.01**

Graphic II: Healthy life style behavior point averages of studies



Discussion

As the lowest point that can be received from the scale is 48 and the highest point that can be received is 192, the mean of the points of the healthy life style behavior scale founded in medium. The mean points of students in other similar studies done in Turkey were in medium scale (Ayaz, Tezcan, Akinci, 2005; Kocaakman, Aksoy, Eker, 2010; Ilhan, Batmaz, Akhan, 2010; Cihangiroglu, Deveci, 2011; Duran, Sumer, 2014; Babaoglu, Cevizci, Ozdenk, 2014; Coban et all., 2017) (Graphic II). In another study which included high school students also found a medium (118.4±20.0) point sum for HSLB points (Dagdevire, Simsek, 2013).

HSLB average point is 130.05±18.19 in 2004 whereas it was 127.30±19.37 in 2014; HSLB average point and subgroup point means are decreasing through years. When we compare the mean points in 2004 and 2014 (Table 4) a statistically significant difference was found between healthy life style behavior total points ($t=2.198$, $p<0.05$), and subgroup points of health responsibility ($t=3.545$, $p<0.01$), eating habits ($t=2.064$, $p<0.05$), interpersonal support mechanisms ($t=2.243$, $p<0.05$). There is a significant decrease in the subgroup of health responsibility which was defined as a person's active feel of responsibility towards his own status of well-being (Yalcinkaya, et al., 2007; Bahar, et all., 2008; Bozlar, Arslanoglu, 2016) and it indicates that the students' elaborateness for their own health has fallen throughout years.

Eating habits describes the values a person uses when choosing and regulating their meals (Yalcinkaya, et al., 2007; Bahar, et all., 2008; Bozlar, Arslanoglu, 2016). The detoriation in this subgroup was attributed to increased use of fast food in nowadays, increased availability of the fast food chains and to the fact that students tend to skip their meals because they are too busy. Ermis et all (2015) has conducted a study about the eating habits of students which has shown that 43.4% or students skipped a meal during day, most of which is lunch. They stated shortness of time, hardship to wake up and loss of appetite for the reasons of skipping respectively (Ermis et all., 2015).

Interpersonal support mechanism point shows how is the communication of the person is within his close circle and the level of continuity of it (Yalcinkaya, Gok Ozer, Yavuz Karamanoglu, 2007; Bahar, et all., 2008; Bozlar, Arslanoglu, 2016). The reason for decrease of average of the points students received in this category through the years are thought to be caused by

technological advances and that young people choose to interact with technological devices instead of social encounters. The studies showed that the lectures on HLSB increased HLSB point averages (Tambag, Turan, 2012; Coban et all., 2017).

When other studies which were not conducted on nursing students were considered, it is seen that their average points for total sum points of scale and for health responsibility subgroup were lower than what found in this study. Their average point for self-actualization were higher and for other subgroups the averages were similar (Karadeniz et all., 2008). A study which was conducted on students of physical education was similar results with this study (Bozlar, Arslanoglu, 2016). In another study conducted on operation room nurses were found lower points (Guner, Demir, 2006).

When the two categories which are top evaluation criteria when it comes to health behavior, smoking and alcohol consumption were considered most of the students do not use neither cigarettes nor alcohol and the rate of smoking has fallen between 2004 and 2014. These results are promising for protection of health. Related the similar literature can be seen that most students do not smoke or use alcohol (Ayaz, Tezcan, Akinci, 2005; Yalcinkaya, et al., 2007; Cihangiroglu, Deveci, 2011; Tambag, Turan, 2012; Babaoglu, Cevizci, Ozdenk, 2014; Ermis et all. 2015). When the studies which investigate smoking and alcohol consumption, smoking seems to be more frequent than alcohol use (Ayaz, Tezcan, Akinci, 2005; Yalcinkaya, et al, 2007; Cihangiroglu, Deveci, 2011; Babaoglu, Cevizci, Ozdenk, 2014; Ermis et all. 2015).

Conclusions and Recommendations

In conclusion it is found out that the average sum of total points received from the scale were decreased through years. For more detail explanation for this is a need for further studies to be conducted with participation of different institutions preferably from different regions, identification of requirements, updating the education curriculums to improve HLSB points of students, further tutorials to help students gain the habit of regular exercise and consuming healthy nutrition, and it is suggested that we should increase awareness of students about HLSB with lectures and further studies.

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