RESEARCH ARTICLE

Health Promoting Lifestyle and Perceived Social Support Measure of Nursing Students in a College of Nursing

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Abstract

Background: The importance of health promotion has been underscored in preventing the existing of certain diseases, safeguarding the health of the nation. However, certain factors must be considered in ensuring that all individuals are motivated in maintaining their highest health potential. This study aims to determine if there is a difference between the profile variables of the nursing students, their perceived social support measure and the Health-promoting lifestyles they practice.

Methodology: A descriptive comparative research design was utilized in the study. Health Promoting Lifestyle Profile II (HPLP II) and Personal Resource Questionnaire (PRQ) was used to gather data to one hundred eighteen (118) nursing students. To analyze the gathered data, frequency, percentages, t-test and one-way ANOVA were used in the study.

Results: Results revealed that respondents' nutrition and stress management were significantly different with age group. It was also found that the respondents' physical activity is significantly different with gender.

Conclusion: Nutrition, physical activity, stress management and health responsibility were the lowest Health-promoting lifestyle behaviors.

Keywords: *Health promotion, nursing students, social support*

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Introduction

Over the years, health promotion has been greatly emphasized in the healthcare field. There has been a shift in prioritizing the wellness of clients rather than focusing on treatment and curing of diseases. In nursing, much priority is given in disease prevention and the promotion of wellness among individual clients, communities, and population groups. As nurses share the majority of the healthcare workforce, health promotion is one of their major responsibilities.

Today, health promotion is very relevant and is seen as a concept and tool to alleviate the burden of the many existing diseases and address public health issues (Kumar & Preetha, 2012). The Ottawa Charter for Health Promotion, a framework used to guide health programs, contends that there is a necessity for people to have an increased control and participation in the improvement of their health status (Fry, 2017). The Health promotion is proven to be an effective way to help people adopt a healthy lifestyle (Pati, Chauhan, Mahapatra, Sinha, & Pati, 2017). Healthy lifestyle provides the benefits of being less likely to encounter diseases, fewer hospitalizations and less spending on healthcare. However, before an individual is able to exercise his or her own actions toward health promotion, several factors come to interplay.

Social support is key towards a healthy lifestyle. Reblin and Uchino (2008) found that social support is related to the physical health of individuals. Given that health promotion is a shared responsibility of both the healthcare professional and the client, it is thus important to look into social support as an important factor in motivating people in seeking their highest health potential. Findings related to social support can be utilized to enhance its services directed towards improving the health of the students. This notion is supported by the study of Zamani-Alavijeh, Dehkordi, and Shahry (2017) which recognizes that social support in universities is important, particularly to students of medical sciences.

Since there is diversity in the field of nursing practice and that health promotion should be advocated within various social settings, a particular client population has been of interest to the researcher. Being in the academe, the researcher has observed that college students are some of the potential clients which are expected to have difficulty in having Health-promoting lifestyle given the rigorous academic demands and them being greatly under parental and peer influences. Their semi-independence in decision-making may contribute to a different pattern of health-seeking and Health-promoting behaviors (Tavolacci, Delay, Grigioni, Dechelotte, & Ladner, 2018).

The researcher was also interested in nursing students because, in contrast to students from other courses, they may have a unique way of living and manifesting health promoting behavior since they are expected to be familiar with the concepts of health promotion and ways of achieving it (Shriver, 2000). Furthermore, it is also interesting to investigate the perceived social support being received by nursing students. Thus, in promoting a healthy lifestyle on this particular group, the

influence of social support should be carefully considered and is a very challenging responsibility that nurses could face. The researcher is an employee of the selected university; thus it is her desire to gather enough data as a basis for providing a healthy setting for the students.

This research was conducted to determine if there is a difference between the profile variables of the nursing students, their perceived social support measure and the health promoting lifestyles they practice.

Methods

Population and Design

The Descriptive-comparative research method was used to determine if there is a difference between the profile variables, perceived social support measure and health promoting lifestyles of nursing students in a selected university. The survey questionnaires were answered by one hundred eighteen (118) regular nursing students currently enrolled in the college at the time of the Research. The total enumeration was achieved due to the relatively small number of students.

Instruments

The researcher adapted and used two standardized instruments with permission from the original authors. These are the Health-promoting Lifestyle Profile II (HPLP II) which measures health promoting lifestyle and Personal Resource Questionnaire (PRQ 2000) designed to measure social support. The survey questionnaire consisted of three parts: 1) Demographic Profile, 2) Health Promoting Lifestyle Profile II (HPLP II), and 3) PRQ 2000.

Developed by Walker, Sechrist, and Pender in 1987, HPLP II was conceptualized to measure health promoting lifestyle using a 52-item, 4-point Likert scale questionnaire composed of a total scale and six subscales. The six subscales and corresponding item number in the tool are as follows: Health Responsibility (items 1 to 9), Physical Activity (items 10 to 17), Nutrition (items 18 to 26, Spiritual Growth (items 27 to 35), Interpersonal Relations (items 36 to 44), and Stress Management (items 45 to 52).

The PRQ2000, developed by Brandt and Weinert in 2000, measures social support. It is a 15-item, 7-point Likert scale questionnaire. The item responses range from 1 (strongly disagree) to 7 (strongly agree). The score for each item was added to come up with a total score. The total score can possibly range from 15 to 105 (Weinert, 2003). The higher the score means a higher perceived social support. The internal consistency of PRQ2000 ranges from 0.87-0.93.

Since the tools were adapted for local use, these were again tested for validity and reliability. Pre-testing with 20 nursing students from another school were randomly selected. With the aid of three experts, a psychometrician, a nurse-researcher and a linguist, content validity index of 1.00 was measured which indicates the validity of the tools and Cronbach alpha results were 0.834 and 0.891 for the HPLP II and PRQ 2000, respectively, signifying their reliability. The tool was printed in English.

Data Analysis

In order to analyze the gathered data, descriptive statistics such as mean, frequency and percentage were used. T-test and one-wat ANOVA was also used to compare the variables and see if there are significant differences between their values

Results

Out of one hundred eighteen (118) regular nursing students who were asked to participate in this study, majority of the respondents' age ranges from 19 to 21 years old (70.3%). More than half of them were female (51.7%) and mostly are from the third year (39%) and fourth year (38.1%).

Table 1. Profile of the Respondents

A. Age of Respondents	Frequency	Percent (%)
<= 18	29	24.6
19 - 21	83	70.3
22+	6	5.1
Total	**118**	**100**
B. Gender		
Male	57	48.3
Female	61	51.7
Total	**118**	**100**
C. Year Level		
First year	8	6.8
Second year	19	16.1
Third year	46	39.0
Fourth year	45	38.1
Total	**118**	**100**

Table 2 suggests that overall mean scores were highest in the subscales of spiritual growth (Mean=3.21) and interpersonal relations (Mean=3.12) whereas nutrition garnered the lowest mean score for the subscales (Mean=2.45).

Table 2. Health Promoting Lifestyle

Subscales	Mean	Description
Health Responsibility	2.51	Often
Physical Activity	2.50	Often
Nutrition	2.45	Sometimes
Spiritual Growth	3.21	Often
Interpersonal Relations	3.12	Often
Stress Management	2.68	Often

Legend: 3.50-4.00 = Routinely; 2.50-3.49 = Often; 1.50-2.49 = Sometimes; 1.00-1.49 = Never

Perceived social support was highest in terms of the respondents' having someone who loves and cares for them (Mean=6.20) as shown in Table 3. It can also be seen that the respondents' overall level of social support is positive as most of the scores fall between "somewhat agree" to "agree". Meanwhile, the respondents felt that the lowest social support they got were in terms of acknowledgment of their achievements or progress in their school work and other things they do (Mean=5.36).

Table 3. Distribution of the Respondents' Perceived Social Support Measure

Personal Resource Questionnaire	Mean	Description	Ranking
There is someone I feel close to who makes me feel secure.	5.95	Agree	3
I belong to a group in which I feel important.	5.80	Agree	10
People let me know how I do well at my work (job, homemaking).	5.36	Somewhat Agree	15
I have enough contact with the person who makes me feel special.	5.76	Agree	11
I spend time with others who have the same interest that I do.	5.89	Agree	7
Others let me know that they enjoy working with me (job, committees, projects).	5.56	Agree	14
There are people who are available if I need help over an extended period of time.	5.66	Agree	13
Among my group of friends we do favors for each other.	5.83	Agree	9
I have the opportunity to encourage other to develop their interest and skill.	5.68	Agree	12
I have relatives or friends that will help me out even if I can't pay them back.	5.93	Agree	5
When I am upset, there is someone I can be with who lets me by myself.	5.85	Agree	8
I know that others appreciate me as a person.	5.94	Agree	4
There is someone who loves and cares about me.	6.20	Agree	1
I have people to share social events and fun activities with.	6.19	Agree	2
I have a sense of being needed by another person.	5.92	Agree	6

Legend: 6.50-7.00= Strongly Agree; 5.50-6.49=Agree; 4.50-5.49= Somewhat Agree; 3.50-4.49 =Neutral; 2.50-3.49= Somewhat Disagree; 1.50-2.49= Disagree; 1.00-1.49= Strongly Disagree

Based on the ANOVA results, there is a significant difference between age and the respondents' health promoting behavior in terms of nutrition ($p<0.042$) and stress management ($p<0.008$) as illustrated in Table 4. However, the health promoting lifestyle of the different age groups has no significant difference. On the other hand, a significant difference between the respondents' gender and physical activity ($p<0.004$) was found while other health promoting lifestyle showed no significant difference.

In terms of year level, no significant difference was found with their health promoting lifestyle. Between the respondents' year level and their health promoting lifestyle.

Table 4. Difference Between the Profile Variables and the Health Promoting Lifestyle of the Respondents

Profile Variables	Groups	Mean	Subscales	F value/t value	P value	Description
Age	<18	2.45	Health Responsibility	1.033	0.359	Not Significant
	19-21	2.51				
	>22	2.76				
	<18	2.41	Physical Activity	0.848	0.431	Not Significant
	19-21	2.51				
	>22	2.80				
	<18	2.44	Nutrition	3.266	0.042	Significant
	19-21	2.41				
	>22	2.98				
	<18	3.23	Spiritual Growth	0.082	0.921	Not Significant
	19-21	3.20				
	>22	3.30				
	<18	3.17	Interpersonal Relations	0.248	0.781	Not Significant
	19-21	3.09				
	>22	3.15				
	<18	2.54	Stress Management	5.037	0.008	Significant
	19-21	2.69				
	>22	3.23				
Gender	Male	2.51	Health Responsibility	0.084	0.933	Not Significant
	Female	2.51				
	Male	2.68	Physical Activity	2.902	0.004	Significant
	Female	2.33				
	Male	2.50	Nutrition	1.087	0.279	Not Significant
	Female	2.40				
	Male	3.14	Spiritual Growth	-1.241	0.217	Not Significant
	Female	3.28				
	Male	3.06	Interpersonal Relations	-1.138	0.258	Not Significant
	Female	3.17				
	Male	2.71	Stress Management	0.545	0.587	Not Significant
	Female	2.66				

Profile Variables	Groups	Mean	Subscales	F value/t value	P value	Description
Year Level	First Year	2.28	Health Responsibility	1.966	0.123	Not Significant
	Second Year	2.67				
	Third Year	2.56				
	Fourth Year	2.43				
	First Year	2.33	Physical Activity	0.336	0.800	Not Significant
	Second Year	2.42				
	Third Year	2.55				
	Fourth Year	2.50				
	First Year	2.38	Nutrition	1.052	0.373	Not Significant
	Second Year	2.61				
	Third Year	2.37				
	Fourth Year	2.47				
	First Year	3.24	Spiritual Growth	0.809	0.491	Not Significant
	Second Year	3.39				
	Third Year	3.14				
	Fourth Year	3.21				
	First Year	3.17	Interpersonal Relations	0.985	0.403	Not Significant
	Second Year	3.28				
	Third Year	3.13				
	Fourth Year	3.03				
	First Year	2.57	Stress Management	0.377	0.770	Not Significant
	Second Year	2.62				
	Third Year	2.68				
	Fourth Year	2.73				

Using one-way ANOVA, it was found that there was no significant difference between the respondents' age ($p>0.756$) and year level ($p>0.708$) and perceived social support as seen in Table 5. On the other hand, there was a significant difference found between gender and perceived social support ($p<0.010$).

Table 5. Difference Between the Profile and Perceived Social Support Measure of the Respondents

Subscales	Groups	Mean	Test Statistics	P value	Description
Age Group	<18	5.79	*F: 0.281	0.756	Not Significant
	19-21	5.98			
	>22	5.83			
Gender	Male	5.61	**t: -2.606	0.01	Significant
	Female	6.05			
Year level	First Year	6.13	*F: 0.465	0.708	Not Significant
	Second Year	6.11			
	Third Year	5.78			
	Fourth Year	5.96			

*F- ANOVA
**t-t-test

Discussion

The researcher noted that though female respondents were more than males as nursing is a course which is generally dominated by females it is however presumed that the difference in number between male and female respondents was not that large because the selected college is still popularly known to be an all-boys school even if it now accepts female students. On the other hand, it can be seen that most respondents were from the upper year levels.

In terms of health promoting lifestyle, the respondents rated the subscale of spiritual growth. This could be attributed to the fact that respondents in the study are homogenously from a Catholic educational institution which offers a wide range of spiritual formation (i.e. retreats, regular masses, recollections, etc.), perhaps this being a sign of its effectiveness, and that student nurses are being trained to be experts in communications and interpersonal relations as part of the nursing curriculum. In addition, interpersonal relations were also rated high by the respondents. Often, students spend their time with close friends and regard friends as the most important interpersonal relationships especially for those whose ages are 16 to 18 (Bokhorst, Sumter & Westenberg, 2009). This may be because the respondents' time are mostly spent and shared with their classmates who are also their friends in school. Aside from that, the school offers a variety of activities that enhance cohesiveness among its students such as the General Assembly, Integration Week, Sophomores' Team Building and Peace Retreat. This finding was also supported by the study of Hui (2002) who concluded that nursing students in Hongkong have good interpersonal relations, however, it was also revealed that spiritual growth was found to be their lowest area.

Nutrition, on the other hand, garnered the lowest mean score for the subscales, possible due to the fact that being busy students who are always in a hurry, it is indeed easier for them to choose fast food stores around the school which are convenient and cheap. According to Ayranci, Erenoglu and Son (2010), students tend to opt for fast food meals because of its convenience, taste and availability.

In terms of perceived social support, having someone who loves and cares for the respondents was ranked highest. It can also be seen that the respondents' overall level of social support is positive as most of the scores fall between "somewhat agree" to "agree", as shown in table 3. Meanwhile, the respondents felt that the lowest social support they got were in terms of acknowledgment of their achievements or progress in their school work and other things they do. Indeed, the support of family and friends, as well as neighborhood social cohesion, was regarded to be positively influential (Mulvaney-Day, Alegria & Sribney, 2006). In fact, knowing that these support sources are available can lead to healthy lifestyle beliefs (Kelly, Melnyk & Jacobson, 2011). Meanwhile, lack of recognition from these sources of social support can result to a higher level of stresses and poor psychological well-being (Laurence, Williams & Eiland, 2009; Lin, 2009; Weber; Wilks & Spivey, 2010; Hirsch & Barton, 2011). In the school, social support for nursing students is

continuously being enhanced in cooperation mainly with their parents. The school provides parents' orientation annually and regular semestral feedback most especially to problematic students. However, lack of acknowledgment coming from the students' significant others may be due to existing conflicts within their families or parents who are either abroad or busy with their careers that they spend little time guiding and seeing through their children's progress in school.

It was analyzed that there is a significant difference between age and the respondents' health promoting behavior in terms of nutrition and stress management as illustrated in Table 4. However, the health promoting lifestyle of the different age groups has no significant difference, which means that each age group has its own health promoting lifestyle. With the results, it could be inferred that age can be a determinant of the respondents' nutrition and stress management as mean scores for these two subscales increase as age increases. Thus, maturity can be a factor for one to adequately make healthier food choices and cope with life's stresses. As Can and colleagues (2008) found, those taking a health-related course such as nursing and are continuously being taught about healthy lifestyle choices may display a more positive health promoting behavior than those who are not. Specifically, nursing students take nutrition and diet therapy as part of the curriculum. However, it should not be disregarded that even if students in tertiary educational institutions are generally part of the healthier population groups because of their age, they still have relevant health problems which need to be addressed by health promoting activities in schools (Stock et al., 2003).

Meanwhile, results showed that there is a significant difference between the respondents' gender and physical activity as shown in Table 4. Similar to age, there is no significant difference between the respondents' gender and overall health promoting lifestyle ($p>0.60$). Being male or female can, directly and indirectly, influence the behavior of one's physical activity (Wu & Pender, 2005). In several studies, males were found to have greater physical activities and are less likely to have sedentary lifestyles than females (Chen, Haase & Fox, 2007; Guedes et al, 2009; Lee, Loprinzi & Trost, 2010; Aniza & Fairuz, 2009; Hwang & Kim, 2011; Locke et al, 2006; Mak et al, 2011).

Unlike in gender, no significant difference between the respondents' year level and their health promoting lifestyle in terms of their subscale scores and overall scores. Even if the respondents are nursing students and health promoting lifestyle were expected to increase as they move towards their senior years as found by the studies of Can et al. (2008) and Alpar et al. (2008), mean scores of the respondents vary in each subscale and this pattern was not seen. This researcher opines that the lack of difference in health promoting lifestyle according to age is due to the fact that most belong to the same age group,

Likewise, no significant difference between the respondents' age and year level and perceived social support is seen. No distinct pattern was noted. Hence, these variables cannot be said as determinants for an increase or decrease in one's overall perceived social support.

On the other hand, there was a significant difference found between gender and perceived social support. Mean score for female respondents was slightly higher than male respondents. This means that females have higher perceived social support than males. This may be due to common knowledge that females are more expressive than males and thus have groups of people they can talk to about personal problems. This is similar to the findings of Bokhorst, Sumter, and Westernberg (2009) where they found that female adolescents gain more social support from friends, teachers, parents, and classmates than males.

Conclusion

Based on the findings of the study, the least suitable Health-promoting lifestyle behaviors were seen among respondents in terms of nutrition, physical activity, stress management and health responsibility. Respondents generally suggest lack of consistent acknowledgment for their works as a display of poor social support. Lastly, no significant difference exists in the respondent's health promoting behavior but being a female was seen to significantly gain more support than a male.

Recommendation

The researcher also recommends that there be health promotion program, nutrition awareness campaign, physical awareness campaign, school-wide campaign for awareness of school services like guidance and counseling services, and that health education sessions be spearheaded by the health services department of the school with additional emphasis on male students considering that they are less likely to perceive the support provided.

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