



Research Article

Predictors of Health Behaviors in Turkish Female Nursing Students

Belgüzar Kara, PhD, RN,^{1,*} Bahar İşcan, MS, RN²¹ Department of Internal Medicine Nursing, School of Nursing, Gulhane Military Medical Academy, Ankara, Turkey² Infirmary, Turkish Naval Forces Headquarter, Ankara, Turkey

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SUMMARY

Purpose: This study was conducted to determine the health behaviors of Turkish female baccalaureate nursing students and to examine the impact of sociodemographic and health-related factors and their mothers' health behaviors on the health behaviors of nursing students.

Methods: This cross-sectional study included 337 nursing students and 337 mothers. Data were collected using self-administered questionnaires that included a personal information form, the Perception of Health Scale and the Health-Promoting Lifestyle Profile-II (HPLP-II). Descriptive statistics, one-way analysis of variance, Student's *t* test, Pearson's correlation coefficients and linear regression analysis were used for data analysis.

Results: The total HPLP-II mean score of the students was 131.98 ± 17.15 (item $M = 2.61$, $SD = 0.33$). Among the subscales of the HPLP-II, the spiritual growth had the highest mean subscale score, followed by the interpersonal relations subscale, while the physical activity had the lowest mean subscale score. Significant predictors of health behaviors of the students were school year (unstandardized $\beta = .09$, $p = .012$), total score for the Perception of Health Scale (unstandardized $\beta = .02$, $p < .001$), and the mothers' total HPLP-II score (unstandardized $\beta = .33$, $p < .001$), after controlling for specific variables.

Conclusions: This study demonstrated that the students who were attending the first-year program, those with higher levels of perceptions of health and those whose mothers had better health behaviors were more likely to have better health behaviors. The results of this study emphasize the importance of making culturally appropriate interventions by taking into account the factors contributing to the health behaviors of nursing students.

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Introduction

The World Health Organization reports that noncommunicable diseases are the leading cause of death. In 2008, they accounted for 63.0% of deaths worldwide [1]. They were also the predominant cause of death (85.0%) in Turkey in 2008, mainly including cardiovascular diseases (49.0%), cancers (18.0%), chronic respiratory diseases (9.0%) and diabetes (2.0%) [2]. Turkey is a developing country and has a young population. The Republic of Turkey Ministry of Health [3] has prepared a strategic plan that includes health promotion interventions in order to control the major non-communicable diseases and related risk factors. Health promotion is “the process of enabling people to increase control over, and to

improve, their health” [4, p. 1]. Health behaviors are also activities that are performed to promote and maintain health [4].

Nurses as role models and health educators are charged with the role of protecting and promoting the health of their patients and communities. Nurses' health promotion activities need to combine multidisciplinary knowledge, skill-related competence, appropriate attitudes and personal characteristics. These competencies should be acquired during nursing education [5]. However, many baccalaureate nursing students go through some major changes in their life mentally, physically and socially, while attending a university. This period between adolescence and young-adulthood (18–25 yr) is called “emerging adulthood” [6]. Emerging adulthood is characterized by a tendency to engage in a variety of unhealthy and risky health behaviors such as smoking, alcohol use, drug abuse, poor diet and lack of physical activity. These behavioral tendencies may also lead to increased disease risk for the young population [7]. The process of individual development is not completed during emerging adulthood and young people remain at

* Correspondence to: Belgüzar Kara, PhD, RN, Department of Internal Medicine Nursing, School of Nursing, Gulhane Military Medical Academy, 06013 Ankara, Turkey.

E-mail address: sb.kara@mynet.com

least partially dependent on emotional, functional and financial parental support [8]. This phenomenon would be more pronounced in collectivist cultures such as those in Asia, the Middle East, Africa and South America where familial interdependence throughout the lifespan is more valued than in individualistic cultures such as those in North America, Australia and Western Europe where autonomy and independence are encouraged [9,10]. Daughters tend to be more connected to their parents and probably more in need of parental emotional support than sons are. On the other hand, emerging adults generally perceive their mothers as being more accessible and closer than their fathers [8]. In the Turkish culture, where traditional values are dominant, the mother-daughter relationships are very intimate [11]. Therefore, health behaviors of female nursing students are likely affected by their mothers.

In this study, the theoretical framework was provided by Pender's Health Promotion Model (HPM) [12,13]. Based on the HPM, health promotion is an action that increases the level of well-being and improves health [14]. Health promoting behavior is also "the desired behavioral endpoint or outcome of health decision-making and preparation for action" [15, p. 4]. The three components of the model are as follows: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. All of these components influence health behaviors. The individual factors include biological, psychological (self-esteem, self-motivation, personal competence, perceived health status) and sociocultural factors. The behavior-specific cognitions and affect component includes factors such as perceived benefits of action, perceived barriers to action, perceived self-efficacy and interpersonal influences [15]. Interpersonal influences are defined as "perceptions concerning the behaviors, beliefs, or attitudes of relevant others in regard to engaging in a specific health behavior" [15, p. 4]. In this study, we focused on individual factors along with interpersonal influences in the HPM and evaluated their effects on health behaviors.

Consistent with the HPM, previous studies have demonstrated that health behaviors of nursing students are influenced by factors such as age, gender [16,17], place of residence, academic performance, relations with family and friends, income level, perceived health status (as assessed with a visual analog scale) [16], nationality, marital status, body mass index (BMI) [17], employment status, school year [18], nursing program [19] and spiritual health [20]. In a cross-cultural study, the health behaviors of Canadian and Jordanian first-year female nursing students were compared. Even though both groups had similarly low to moderate levels of health behaviors, Canadian students' health responsibility, physical activity and interpersonal relations were significantly better than those of Jordanian students. The results of that study showed similarities and differences of nursing students' health behaviors across cultures [21].

Only a limited number of studies performed on different populations have reported that both the structure and content of social ties influence health behaviors and health outcomes cumulatively over the entire life course [22,23]. For instance, a Portuguese study [24] suggested the influence of social support from parents and peers on youth participation in physical activity. In a recent study, Kara and Açikel [25] found interactions between the health beliefs of Turkish female nursing students and their mothers about breast self-examination practice. However, to our knowledge, it is not yet known whether the mothers' health behaviors will have an impact on the health behaviors of baccalaureate female nursing students. A better understanding of nursing students' health behaviors could facilitate culturally appropriate interventions that improve these behaviors. Therefore, the aim of this study was to determine the health behaviors of Turkish female baccalaureate nursing students and examine the impact of sociodemographic and health-related factors, and their mothers' health behaviors on the health behaviors of nursing students.

Methods

Study design

This study used a cross-sectional design.

Setting and samples

The participants were a convenience sample of baccalaureate female students attending a school of nursing in a large Turkish city and their mothers. The nursing school accepts only female students from all over Turkey through a centralized exam; an integrated education system has been implemented in the school. The inclusion criteria were students whose mothers were alive and who agreed to participate in the study. Of the 391 eligible students, 25 were excluded because of refusal to participate; 18 had missing data, and 2 students' mothers were not alive. We included 346 students (response rate: 88.5%) for the analyses. The inclusion criteria for mothers were being able to read and write Turkish and agreeing to participate in the study. Of the 346 eligible mothers, 9 mothers were excluded because of refusal to participate, missing data, or lack of literacy. A total of 337 mothers (response rate: 97.4%) were included. Finally, 674 participants were enrolled in this study, consisting of 337 nursing students (age: $M = 20.58$, $SD = 1.17$ yr, range: 18–23) and 337 mothers (age: $M = 45.49$, $SD = 5.19$ yr, range: 34–69; Figure 1).

Ethical considerations

Following approval by the Hospital Ethics Committee (no. 1648.4-5234), the purpose and procedure of the study were explained to all nursing students and their mothers. The students were informed that their identities would be kept confidential and their participation would not affect their grades in any way. All participants were free to withdraw from the study at any time. Written informed consent was obtained from all participants before enrollment.

Instruments

Participant characteristics

A personal information form was generated by a literature search of relevant sources [16–18]. The content validity of the form was assessed by an expert panel of three independent

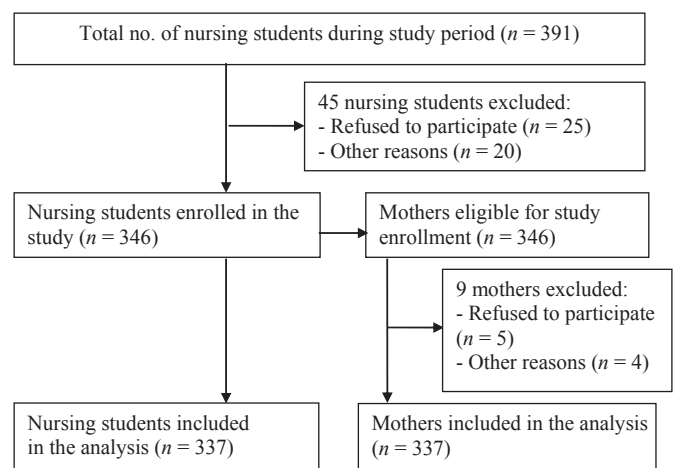


Figure 1. Flow chart of sample selection.

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