

Assessment of the Healthy Life Style Behaviors and Self-Efficacy Levels of the Nursing and Midwifery Students at a University

Lect.Dr. Birgul VURAL DOGRU¹, Lect.Dr. Leyla ZENGİN², R.A.Ibrahim DAG¹

¹Mardin Artuklu University Health College, Department of Nursing

²Dicle University Ataturk Health College;

Corresponding Author: Lect.Dr. Leyla ZENGİN², **Mobile (GSM):** +90 (505) 5278502,

E-Mail: leyla_zen@hotmail.com

Abstract

Introduction and Purpose: Self efficacy is defined as the belief that individuals can begin the activities which are necessary for their life; positive results can be obtained. An increase in the status of success and well-being means a strong self-efficacy belief. The way of life is defined as all of individuals' personal decisions that affect their health positively or negatively. The concept of healthy lifestyle, which is an important component of health promotion, is defined as the control of all behaviors by individuals, which can affect their health and self regulation of their daily activities by choosing appropriate behaviors for their health. Health behavior is the basis for the development of a healthy lifestyle and protection from diseases. Health professionals' age, gender, lifestyle, beliefs and attitudes, perceptions and acceptances about the individuals they serve, play a part in the management of behavioral risk factors for the healthy lifestyle of individuals. This study was carried out to analyze the self efficacy levels and healthy lifestyle behaviors of the nursing and midwifery students studying at a university.

Method: The study was designed as a cross-sectional descriptive study and conducted between March and May 2018, with the nursing and midwifery students studying at a Health College. 366 (77.6%) students who agreed to participate in the study included in the study without any sample selection. The data were collected using the Personal Information Form prepared by the researchers, the Health-Promoting Lifestyle Profile II (HPLP-II) and the General Self Efficacy Scale (GSE). The statistical analysis of the data were performed with the SPSS 22 package program. Percentage, mean, minimum, maximum, standard deviation, Chi-square test and Pearson's correlation test were used in the analysis of the data. $p < 0.05$ was considered as statistically significant.

Results: The mean age of the students was 21.22 ± 2.06 . 72.1% of the students were female; 46.7% of them stayed in a dormitory; 81.4% of them were normal weight; 11.2% of them were smokers; 77.3% of them consumed coffee; 4.6% of them were married; 48.9% of them having illiterate mothers. It was determined that the mean score of the students on the HPLP II was 129.08 ± 20.79 while the mean score of the students on the GSE was 74.19 ± 8.76 . No significant relationship was found between the students' coffee drinking status, disease status, marital status, social security, work status, body mass index and their mean scores on the overall HPLP II, its subscales and the GSE ($p > 0.05$). In our study, there was no significant correlation between the students' scores on the HPLP II and their ages ($p < 0.05$) and between their scores on the HPLP II and GSE ($p > 0.05$).

Conclusion and Recommendations: In conclusion, it was determined that the scores of the nursing and midwifery students on the HPLP-II and GSE were moderate; there was a difference in scores between the departments and the class years. Students need to gain self-efficacy with their personal lifestyles, beliefs and attitudes in order to be professionally competent.

Keywords: Student, Nursing; Midwifery; Self-efficacy-Proficiency; Healthy Lifestyle

Introduction

The self efficacy that explains the belief of an individual in the self-judgment or awareness of organizing the processes which are necessary to reach a certain performance

and determining the level of success, was suggested by Albert Bandura's as "Cognitive Behavioral Change" in 1977 (1-4). Self efficacy is defined as the belief about the ability of an individual to begin the activities

necessary for his/her own life-related issues and the possibility of positive results. The increase in success and well-being means a strong self-efficacy perception (5-8). People with a high self efficacy perception tend to be more aggressive when they start an activity, and they overcome the problems quickly and resolutely above them when they encounter some of them (9-12). In individuals with low self-efficacy-perception, depression, anxiety and helplessness are observed together with low self-esteem and pessimistic thinking (7).

Both the experiences of the individual and others, the social and psychological factors contribute to the development of self-efficacy of the individual. In previous studies in the literature, it was stated that physical, mental and emotional situations, academic and social achievements affect self efficacy (2, 10, 11, 13, 14). It was stated that it also contribute of the individual in the directions such as being healthy and successful, participating in social environment (4, 12).

The lifestyle is defined as decisions in which the individual has control. These decisions can affect our health positively or negatively. The concept of healthy lifestyle, an important component of health promotion, is defined as the regulation of daily activities by controlling appropriate behaviors affecting health positively. Health behaviors are the basis for the development of a healthy lifestyle and the protection from diseases (15).

Health professionals' age, gender, lifestyle, beliefs and attitudes, perceptions and acceptances about the individuals they serve (16-18). Because health professionals influence individuals with their social roles, professional responsibilities and lifestyles, and improve the attitudes and behaviors of individuals they serve, by providing training and counseling services (15, 19)

Health professionals generally gain these attitudes and behaviors in university life (19-21). University education is not only a

vocational education but also a change in individual development and health behaviors (22-24). In this period, it is expected that young individuals successfully pass through the changes such as an increase in their interests and desire for independence, the development of decision-making skills, greater involvement in social life, desire to spend most of their time outside, integration with their peers and increasing worries about their future. As a result of these changes in the lives of young people, risky health behaviors such as ineffective stress management, inability to take responsibility for their own health, unbalanced and bad nutrition may be observed (22, 25). University students can also have more autonomy and control over their own lifestyles than adolescents; university life can be a period in which healthy lifestyle behaviors are popularised among young individuals (17, 26).

Nursing and midwifery education are very important to develop strategies that can contribute to the learning of students, to bring students knowledge, skills and attitudes in terms of psychomotor, cognitive and sensorial development and to determine self-efficacy levels (27, 28). It was stated that the students who are actively involved in the learning process, are able to learn more easily, succeed and increase the levels of self efficacy by studying regularly and systematically (6, 7, 17, 23).

The studies have limitedly analyzed the level of self-efficacy that is an important determinant of healthy lifestyle behaviors. For being competent nurses or midwives, the students should primarily have healthy lifestyle behaviors. Therefore this study was conducted to analyze the self efficacy levels and healthy lifestyle behaviors in the nursing and midwifery students.

Materyal and Method**Study design**

This study was conducted as a cross-sectional descriptive study to evaluate the self-efficacy- levels and healthy lifestyle behaviors of the nursing and midwifery students.

Participants

The universe of the study consisted of 472 students who were students in the nursing and midwifery departments of a Health College between the dates of March-May 2018 while the sample of the study consisted of 366 students (77.5%). The students with perfect attendance during the period of data collection, who filled the forms completely and who voluntarily agreed to participate in the study were included.

Data Collection Forms

The data were collected with the Personal Information Form, GSE and HPLP-II.

Personal Information Form: This form prepared by the researchers in the light of the literature, to collect the data on the introductory characteristics of nursing and midwifery students such as age, gender, class year, working year.

General Self Efficacy Scale (GSE): The scale was developed by Sherer and Maddux in 1982 and adapted to Turkish by Gözümlü and Aksayan in 1999. The scale evaluating the overall SE perception, consists of 23 items and structured as a 5-point Likert type scale. Each question on the scale scored from 1 to 5 points; the 2nd, 4th, 5th, 6th, 7th, 10th, 11th, 12th, 14th, 16th, 17th items on the scale are scored in the opposite direction. The total score can be obtained from the scale, is ranged between 23-115. A higher score indicates better self-efficacy. The internal consistency coefficient (Cronbach' Alpha) of the scale was found as 0.81 (29). In our study, Cronbach's Alpha value was found as 0.79.

Health Lifestyle Behaviors Scale II (HPLP-II): The Health-Promoting Lifestyle Profile II was developed by Walker et al. In 1987 and revised in 1996, the revised scale was named as the HPLP-II scale. Turkish validity and reliability study was conducted in 2008 by Bahar et al.; the Cronbach alpha internal consistency coefficient was found as 0.92 (30). The scale consists of a total of 52 items and includes 6 subscales including spiritual growth, health responsibility, physical activity, nutrition, interpersonal relations and stress management. The total score can be obtained from the 4-point Likert type scale, is ranged between 52-208. In our study, Cronbach Alpha was found as 0.91.

Analysis of the Data

The statistical analysis of the data was performed with the SPSS 22 (Statistical Package for the Social Sciences) package program. Percentage, mean, minimum, maximum, standard deviation, Chi-square test and Pearson's correlation test were used in the analysis of the data. $p < 0.05$ was considered as statistically significant.

Ethical Statement

The ethics committee approval of the study was obtained from the Ethics Committee of Mardin Artuklu University (Mardin/Turkey) on 18.04.2018 (Number: 2018 / 1-8). A written institutional permission was obtained from the Atatürk Health School Directorate in Mardin Artuklu University; verbal and written approvals were obtained from the students who participated in the study.

Results**Sociodemographic and Personal Characteristics of the Students**

The mean age of the students participating in the study was 21.22 ± 2.06 . 72.1% of the students were female; 46.7% of them stayed in a dormitory, and 21% of them

International Journal of Basic and Clinical Studies (IJBCS)
2018; 7(1): 36-47, Vural Dogru B., Zengin L. and Dag I

stayed with their friends at home. 81.4% of them were normal weight while only 0.8% of them were obese. 11.2% of the students were smokers; 77.3% of the students consumed coffee, 5.5% of them used alcohol; 6.8% of

them worked in a job at the time of the study. 4.6% of them were married; 79.8% of them had social security. 48.9% of their mothers and 14.5% of their fathers were illiterate (Table-1).

Tablo 1. Sociodemographic Characteristics of the Students and Some Characteristics Related with Their Daily Life Habits

Characteristics	N= 366 (%)
Age (year, mean)	21,22 ± 2,06
Department, n (%)	
Nursing	198 (54,1)
Midwifery	168 (45,9)
Class year, n (%)	
1st Year	94 (25,7)
2nd Year	82 (22,4)
3rd Year	100 (27,3)
4th Year	90 (24,6)
Body Mass Index, n (%)	
<18,5 = underweight	24 (6,6)
18,5-24,9 = normal weight	298 (81,4)
25-29,9 = overweight	42 (11,2)
30 and above = obese	3 (0,8)
Gender, n (%)	
Female	264 (72,1)
Male	102 (27,9)
Maritalstatus, n (%)	
Married	17 (4,6)
Single	349 (95,4)
Areyouemployed? n (%)	
No	345 (94,3)
Yes	21 (5,7)
Do youhaveanysocialsecurity?, n (%)	
No	74 (20,2)
Yes	292 (79,8)
Where do youlive? n (%)	
Withyourfamily	105 (28,7)
Withyourrelatives	13 (3,6)
Dormitory (State)	160 (43,7)
Dormitory (Private)	11 (3,0)
Withyourfriends (Residence)	77 (21,0)
Maternaleducationstatus, n (%)	
Illiterate	179 (48,9)
Literate	85 (23,2)
Primaryschoolgraduate	78 (21,3)
High schoolgraduate+ Bachelor + Master orDoctor	24 (6,6)
Paternaleducationstatus, n (%)	
Illiterate	53 (14,5)
Literate	85 (23,2)
Primaryschoolgraduate	147 (40,2)
High schoolgraduate + Bachelor + Master orDoctor	81 (22,1)
Areyousmoker? n (%)	
Neverused	302 (82,5)
Stopped	23 (6,3)
Yes, I am a smoker	41 (11,2)
Do youdrinkalcohol? n (%)	
Neverused	336 (91,8)
Stopped	10 (2,7)
Yes, I drink	20 (5,5)
Do youdrinkcoffee? n (%)	
No	83 (22,7)
Yes	283 (77,3)
Do youhaveanynchronicdisease? n (%)	
No	309 (84,4)
Yes	57 (15,6)

Scores of the Students on the HPLP-II and GSE

129.08 ± 20.79; their mean total score on the GSE was 74.19 ± 8.76 (Table 2).

It was determined that the mean total score of the participant students on the HPLP-II was

Table 2. Mean Scores on the HPLP-II, Subscales and the GSE

Characteristics	Mean	±SD
HealthResponsibility	21.35	5.1
Physical Activity	18.13	4.93
Nutrition	20.85	4.49
SpiritualGrowth	25.21	4.52
InterpersonalRelations	23.79	4.37
Stress Management	19.66	4.07
HPLP (overall)	129.08	20.79
GSE (overall)	74.19	8.76

No significant difference was found between the students in terms of coffee drinking, having a chronic disease, employment status, marital status, social security, body mass index and mean scores on the HPLP-II and it's subscales and the GSE ($p > 0,05$). It was found that there were significant differences between the scores of the students on the physical activity subscale according to gender, between the scores of the students on the health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, stress management subscales, HLBS II and GSE scales

according to class, between the scores of the students on the health responsibility subscales according to department, between the scores of the students on the interpersonal relations subscale and GSE scale according to place of residence, between the scores of the students on the health responsibility, physical activity subscales and HLBS II according to maternal education level, between the scores of the students on the health responsibility, physical activity, nutrition, stress management subscales and the HPLP-II and GSE scales ($p < 0.05$) (Table 3).

International Journal of Basic and Clinical Studies (IJBCS)
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Table 3. Comparison of Descriptive Characteristics with the Mean Scores on the HPLP-II and the GSE

Descriptive Characteristics	N	Health Responsibility	Physical Activity	Nutrition	Spiritual Growth	Interpersonal Relations	Stress Management	Overall HPLP II Score	Overall GSE Score
		\bar{X} (Min±Max)	\bar{X} (Min±Max)	\bar{X} (Min±Max)	\bar{X} (Min±Max)	\bar{X} (Min±Max)	\bar{X} (Min±Max)	\bar{X} (Min±Max)	\bar{X} (Min±Max)
Class Year									
1st Year	94	19,50 (9±29)	16,00 (8±29)	19,00 (9±34)	26,00 (9±36)	24,00 (9±36)	19,00 (9±28)	123,50 (56±177)	75,00 (55±102)
2nd Year	82	24,00 (10±32)	20,50 (10±29)	23,00 (15±30)	25,00 (16±36)	24,00 (11±31)	21,00 (13±27)	136,00 (95±172)	69,00 (59±94)
3rd Year	100	21,00 (12±51)	18,00 (8±30)	21,00 (12±32)	24,50 (13±35)	23,00 (16±34)	19,00 (11±29)	126,50 (79±169)	73,50 (54±99)
4th Year	90	20,00 (9±36)	17,00 (8±32)	20,00 (12±36)	27,00 (14±36)	24,00 (14±36)	18,00 (9±32)	127,00 (70±208)	74,00 (54±98)
Test Value		$\chi^2=33,364$ p=,000	$\chi^2=30,771$ p=,000	$\chi^2=39,334$ p=,000	$\chi^2=3,175$ p=,365	$\chi^2=3,361$ p=,339	$\chi^2=19,228$ p=,000	$\chi^2=22,572$ p=,000	$\chi^2=21,403$ p=,000
Disease	308	21,00 (9,00±51,00)	18,00 (8,00±32,00)	20,00 (9,00±36,00)	25,00 (9,00±36,00)	24,00 (9,00±36,00)	19,00 (9,00±32,00)	129,00 (56,00±208,00)	73,00 (54,00±102,00)
No	57	22,00 (9,00±30,00)	19,00 (8,00±29,00)	21,00 (13,00±32,00)	25,00 (16,00±34,00)	25,00 (11,00±32,00)	19,00 (10,00±29,00)	133,00 (79,00±182,00)	72,00 (59,00±99,00)
Yes									
Test Value		z= -2,156 p=,032	z= -1,238 p=,216	z= -1,689 p=,091	z= -,984 p=,325	z= -1,845 p=,064	z= -1,061 p=,289	z= -1,527 p=,127	z= -,479 p=,632
Department									
Nursing	198	20,00 (9,00±51,00)	18,00 (8,00±32,00)	20,00 (11,00±36,00)	25,00 (16,00±36,00)	24,00 (11,00±36,00)	19,00 (10,00±32,00)	127,00 (91,00±208,00)	74,00 (54,00±102,00)
Midwifery	167	22,00 (9,00±32,00)	19,00 (8,00±30,00)	21,00 (9,00±32,00)	25,00 (9,00±36,00)	24,00 (9,00±36,00)	19,00 (9,00±29,00)	132,00 (56,00±177,00)	72,00 (54,00±99,00)
Test Value		z= -2,373 p=,018	z= -,477 p=,634	z= -,834 p=,404	z= -,152 p=,879	z= -,024 p=,981	z= -,491 p=,624	z= -1,397 p=,162	z= -,882 p=,378
Gender	263	22,00 (9,00±51,00)	17,00 (8,00±30,00)	21,00 (9,00±34,00)	25,00 (9,00±36,00)	24,00 (9,00±36,00)	19,00 (9,00±30,00)	131,00 (56,00±191,00)	72,00 (54,00±102,00)
Female	102	20,00 (9,00±36,00)	19,00 (8,00±32,00)	20,00 (12,00±36,00)	24,00 (16,00±36,00)	23,00 (14,00±36,00)	20,00 (10,00±32,00)	123,00 (91,00±208,00)	73,00 (55,00±101,00)
Male									
Test Value		z= -1,876 p=,061	z= -2,446 p=,014	z= -1,010 p=,312	z= -1,859 p=,063	z= -1,409 p=,159	z= -,059 p=,953	z= -1,214 p=,225	z= -,304 p=,761
Place of Residence									
With family (residence)	105	22,00 (12±36)	19,00 (8±32)	21,00 (12±36)	25,00 (17±36)	24,00 (16±36)	19,00 (13±32)	129,00 (92±208)	70,00 (54±97)
With relative (residence)	13	21,00 (9±30)	17,00 (9±29)	21,00 (9±31)	23,50 (9±32)	21,00 (9±32)	23,50 (9±28)	128,00 (56±182)	73,00 (54±102)
Dormitory (state)	160	21,00 (9±51)	17,00 (8±30)	19,50 (12±32)	26,00 (13±36)	24,00 (11±34)	19,00 (9±29)	130,00 (70±182)	75,00 (55±101)
Dormitory (private)	11	20,00 (15±32)	16,00 (12±30)	22,00 (11±31)	24,00 (22±33)	25,00 (15±31)	21,00 (11±29)	123,00 (98±183)	74,00 (57±88)
With friends (residence)	77	21,00 (10±33)	19,00 (8±30)	20,00 (14±34)	25,00 (14±36)	23,00 (14±34)	19,00 (12±30)	130,00 (94±191)	72,00 (60±100)
Test Value		$\chi^2=2,913$ p=,405	$\chi^2=4,411$ p=,220	$\chi^2=8,214$ p=,042	$\chi^2=4,011$ p=,260	$\chi^2=8,528$ p=,036	$\chi^2=,565$ p=,904	$\chi^2=1,260$ p=,739	$\chi^2=14,078$ p=,003
Maternal Education Status									
Illiterate	179	20,50 (10±51)	18,00 (8±30)	21,00 (12±34)	25,00 (14±36)	23,00 (13±34)	19,00 (10±30)	129,00 (92±191)	73,00 (57±102)
Literate	85	23,00 (9±32)	19,00 (8±29)	22,00 (9±34)	26,00 (9±35)	25,00 (9±33)	20,00 (9±30)	134,00 (56±186)	74,00 (54±99)
Primary School Graduate	78	20,50 (12±36)	17,00 (9±32)	20,00 (11±36)	26,00 (13±36)	24,00 (14±36)	19,00 (11±32)	129,00 (79±208)	71,50 (58±94)
High School Graduate+ Bachelor+ Master or Doctor	24	19,00 (9±29)	15,50 (11±30)	20,00 (12±31)	22,00 (17±33)	21,50 (11±33)	18,50 (9±29)	122,00 (91±183)	69,50 (54±100)
Test Value		$\chi^2=9,740$ p=,021	$\chi^2=8,773$ p=,032	$\chi^2=6,055$ p=,109	$\chi^2=7,606$ p=,055	$\chi^2=5,149$ p=,161	$\chi^2=6,175$ p=,103	$\chi^2=10,973$ p=,012	$\chi^2=4,308$ p=,230
Paternal Education Status									
Illiterate	53	22,50 (9±33)	20,00 (8±30)	22,00 (13±34)	26,00 (17±36)	23,00 (15±33)	20,50 (10±30)	134,50 (79±191)	71,00 (54±94)
Literate	85	23,00 (11±33)	19,00 (9±30)	22,00 (9±34)	24,00 (9±36)	24,00 (9±34)	20,00 (9±29)	133,00 (56±182)	71,00 (61±102)
Primary School Graduate	147	20,00 (10±51)	17,00 (8±32)	19,00 (11±36)	25,00 (13±36)	24,00 (14±36)	19,00 (10±32)	129,00 (79±208)	74,00 (57±101)
High School Graduate+ Bachelor+ Master or Doctor	81	20,00 (9±32)	16,00 (8±29)	20,00 (12±32)	25,00 (14±35)	24,00 (11±34)	19,00 (9±30)	124,00 (70±186)	74,00 (55±100)
Test Value		$\chi^2=11,349$ p=,010	$\chi^2=17,670$ p=,001	$\chi^2=20,908$ p=,000	$\chi^2=1,055$ p=,788	$\chi^2=2,564$ p=,464	$\chi^2=13,271$ p=,004	$\chi^2=13,120$ p=,004	$\chi^2=11,388$ p=,010

There was a significant positive correlation between total score of the students on the HPLP-II and their ages ($p < 0.05$) (Table 4).

Tablo 4. Correlation between the scores of the students on the HPLP II and their scores on the GSE and their ages

HPLP II	GSE		AGE	
	r	p	r	p
	.050	.339	.138	.008

Discussion

In order to bring individuals healthy lifestyle behaviors, it is necessary to determine the lifestyle behaviors of the individuals at first. In our study, it was found that the mean score of female students on the HPLP-II was 131.00 (56.00 ± 191.00) while the mean score of male students on the HPLP-II was 123.00 (91.00 ± 208.00), their mean scores were above intermediate. According to gender, a statistically significant difference was only found between the scores of the students on the physical activity subscale. Similarly, Özbaşaran et al. found that the mean scores of the female students on the HPLP-II were higher compared to the male students (31) reported that the male students did more exercises (32). Contrarily, the mean score of the female students on the HPLP-II was found to be 132.13 ± 14.39 while the mean score of the male students on the HPLP-II was found as 134.64 ± 21.35 by Özpulat (2016), but the difference between the students scores on the HPLP-II according to gender was not significant (33). In our study, the mean score of the female students on the GSE was 72.00 (54.00 ± 102.00) while the mean score of the male students on the GSE was 73.00 (55.00 ± 101.00). There was no significant difference between the scores on the GSE according to gender. Similarly, there was no significant difference between the scores on the GSE according to gender in some studies (34-37). According to the studies conducted with the participants from 25 countries (38) and the health college students (17), it was found that the total score of the male students on the GSE was higher

compared to the female students. Contrarily, the female students' mean total score on the GSE was significantly higher compared to the male students according to the results of a study conducted with the students studying in the department of music education (39, 40).

In our study, no significant difference was found between the scores on the overall HPLP-II, it's all subscales and GSE according to marital status. Contrarily, Koçoğlu (2009) found a significant difference (41). Al-Kandari and Vidal (2007) found that the married students had significantly higher scores on the health responsibility, stress management, nutrition and physical activity subscales compared to the single students (42). Ayaz et al. (2005) found that the married students had significantly higher scores on the health responsibility subscale compared to the single students (43). Cürçani et al. (2010) found that the married students had significantly higher scores on the stress management subscale compared to the single students (44). Ulla Diez and Perez-Fortis (2009) found that the married students had significantly higher scores on the stress management, physical activity subscales compared to the single students (45). Duran and Sümer (2014) found that the married students had significantly higher scores on the health responsibility, interpersonal relations subscales compared to the single students (46).

In our study, the scores of the students on the overall HPLP-II and it's subscales and the GSE were compared, it was found that the scores of the students having a literate mother on the health responsibility and physical

activity subscales and overall HPLP-II were significantly higher. Contrarily, Özbaşaran et al. (2004) found that the scores of the mothers with high degree or above on the overall HPLP-II and self actualization, health responsibility, physical activity subscales were higher (31). Ayaz et al. (2005) found that the scores of the mother with a university degree or above on the health responsibility subscale was higher (43).

It was found that the differences between the scores of the students on the health responsibility, physical activity, nutrition, stress management subscales and overall HPLP-II were statistically significant according to paternal education level. The difference between the scores of the students having fathers with high school degree or above on the overall GSE was statistically significant. Contrarily, Cihangiroğlu and Deveci (2011) and Karadeniz et al. (2008) found that there was no significant difference between the individuals' scores on the HPLP-II according to their parents' education level (47, 48). Suraj and Singh (2011) found that there was no significant difference between the individuals' scores on the HPLP-II according to paternal education level (49). Ulla Diez and Perez-Fortis (2009) found that the scores on the overall HPLP-II and stress management, physical activity, interpersonal relations and nutrition subscales increased with increasing educational level of parents (45). According to our results, it was determined that the students with low educated parents had higher scores on the HPLP-II. It can be suggested that factors such as the socio-economic status, university department may be effective in this situation.

In our study, it was found that the differences between the scores on the overall HPLP-II and its subscales and the GSE were not significant according to the Body Mass Index (BMI). Contrarily, Kadioğlu and Ergun (2015) found that normal weight students had

less risk of eating disorder than overweight and obese students (50). Thomas et al. (2002) found that obesity is also present in the etiology of eating disorder (51). Sassoon (2005) found that the scores of adolescents with eating disorders on the GSE were lower than those without eating disorders, but there was no significant correlation between them (52). In our study, there was no difference in terms of BMI, this situation can be related to the fact that most of the participant students were normal weight.

The scores of the second year students on the overall HPLP-II and health responsibility, nutrition, physical activity, stress management subscales and the GSE were statistically significantly higher compared to other students. The scores of the first year students on the overall GSE were statistically significantly higher compared to other students. The studies in the literature show different results. Hui (2002) found that 1st year nursing students had higher scores on the overall HPLP-II and stress management subscale compared to other students (53). Karadeniz et al. (2008) found no significant difference between the scores of the university students on the overall HPLP-II and its subscales according to class year (48). Özyazıcıoğlu et al. (2011) found no significant difference between the scores of the nursing students on the overall HPLP-II and its subscales according to class year (23). Dikmen et al. (2016) Yiğitbaş and Yetkin (2003) found no significant difference between the scores of the students on the GSE according to class year while Üredi and Üredi (2006) and Umay (2002) found a significant difference between the scores of the students on the GSE according to class year (17, 54, 55, 56). In our study, the second year students' score on the HPLP-II was significantly higher than other students; this may be related with the curriculum.

It was found that the difference between the scores of the students on the interpersonal

relations subscale according to the place of residence, this difference was caused by the students staying in private dormitories, the students staying in private or public dormitories had higher scores on the GSE. Similarly, Sezer et al. (2006) found a significant difference between the GSE scores of the students according to place of residence (57).

In our study, no statistically significant difference was found between the scores of the students on the overall HPLP-II and its subscales scores and the GSE according to social security status. Similarly, Koçoğlu (2009) did not find any significant difference between having health insurance and the scores on the HPLP-II and GSE (41).

In our study, it was found that the students studying in the midwifery department had a higher level of health responsibility compared to the students studying in the nursing department. Zengin (2007) found that the midwifery and nursing students had similar scores on the overall HPLP-II and its subscales (3). Yiğitbaş and Yetkin (2003) did not find any significant difference between the mean scores of the nursing students and health officer students on the GSE (17). The difference in our study maybe due to the presence of male students in the nursing department.

In our study, a significant correlation was found between the scores of the students on the HPLP-II and the ages of the students but no significant correlation was found between the scores of the students on the GSE and their scores on the HPLP-II. Similarly, Ünalın et al. (2009), Ayaz et al. (2005) found a significant correlation between age and the HPLP-II score but Koçoğlu (2009) found no significant correlation between the scores of the individuals on the HPLP-II and GSE (41, 43, 58).

Conclusion and Recommendation

In conclusion, in this study, it was determined that the healthy lifestyle

behaviors and self-efficacy-sufficiency perception scores of the nursing and midwifery students were moderate; they obtained highest mean scores on the spiritual growth, interpersonal relations and health responsibility subscales. There was a significant difference between the students' HPLP-II, GSE scores. Although self-efficacy and HLBS are adopted from childhood, the courses, seminars and projects that increase awareness during university years can contribute to gaining of HLBS by students. Students who will be health professionals in the future, need to gain healthy lifestyle behaviors in order to be professionally competent. For this reason, healthy life style behaviors related subjects should be included in nursing and midwifery curricula. The strategies such as appreciation for improving the self-efficacy levels, dividing complex operations into smaller, manageable ones.

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