Factors Affecting Health-promoting Behaviors in Nursing Students of the Faculty of Nursing, Srinakharinwirot University, Thailand

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ABSTRACT

This research was a cross-sectional study aimed to a) examine the relationships between study level, monthly income, perceived benefits of action, perceived barriers to action, perceived self-efficacy, and health-promoting behaviors, and b) explore factors affecting health-promoting behaviors of nursing students. An accidental sampling was used to sample 323 nursing students in the second semester of the Academic Year 2009 of the Faculty of Nursing, Srinakharinwirot University, Thailand. Data collection was employed on September 2009 using a self-administered scale developed by researchers and guided by Pender's health promotion model. Descriptive statistics (i.e., percentage, mean and standard deviation) and analytic statistics (i.e., One-way ANOVA, Pearson's product moment correlation coefficients, and Stepwise multiple regression analysis) were utilized to analyze data.

The finding revealed that most of participants were first year nursing students (30.0%) and received a monthly income of 3,000-6,000 baht (87.3%). The sample practiced health-promoting behaviors at a moderate level. The participants with differences of study level had different health-promoting behaviors ($p < 0.01$). The perceived self-efficacy and perceived benefits held statistically significant positive relationships with health-promoting behaviors (*p-value* < 0.001); whereas perceived barriers had a negative relationship (*p-value* < 0.001). The statistically significant predictor of health-promoting behaviors was perceived self-efficacy, accounting for 79.0% of the variance in health-promoting behaviors of nursing students (*p-value* < 0.001).

The findings suggest that interventions are needed to enhance practicing health promoting behaviors. Tailored interventions should emphasize increasing perceived self-efficacy and perceived benefits as well as decreasing perceived barriers particularly in the first and third year nursing students.

Key words: health-promoting behaviors, nursing students, perceived self-efficacy

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Introduction

The new paradigm of health indicates that health is the responsibility of all individuals and societies, since the determinants of health do not depend soley on medical and public health services but on several factors, including personal and environmental factors. Accordingly, the new public health approach increasingly emphasizes health promotion that places importance on building public health policy, creating supportive environments, strengthening community action, reorienting health services, and developing personal skills, including giving individuals' opportunity to learn skills of self-care and living with health-promoting behaviors.[1-3]

Pender and colleagues[4] indicated that health-promoting behaviors are a part of daily activities of life that impact individual happiness, values, and well-being. Health-promoting behaviors comprise six components including health responsibility, physical activity, nutrition, interpersonal relations, spiritual growth, and stress management. Increasing evidence indicates that if individuals can practice properly and routinely, it would result in better health and life style.[4] According to Pender's health promotion model, current health personnel give more attention assessing *individual characteristics and experiences* (e.g., personal factors), *behavior-specific cognitions and affects* (e.g., perceived benefits of health-promoting behaviors, perceived barriers to practicing health-promoting behaviors, and perceived self-efficacy), *and behavioral outcome* (e.g., health-promoting behaviors and physical activities). In light of that, they can develop plan, implement, or evaluate health promotion programs to be conducted or already carried out in tangible ways.[4-8]

Nursing students of the Faculty of Nursing, Srinakharinwirot Univertisy, who will become health care professionals when they graduate, not only have responsibilities with the potential to influence the conditions affecting the health of others, but they also have an opportunity to be role models of good practice in relation to health promotion.[9] Accordingly, protecting health and promoting the well-being of nursing students is determined as one key element of health-promoting universities/ faculties. Hence, this study aimed to examine the relationships between personal factors, perceived benefits of action, perceived barriers to action and perceived self-efficacy in practicing health-promoting behaviors, and health-promoting behaviors in nursing students attending the Faculty of Nursing, Srinakharinwirot University. Also, the determinants of health-promoting behaviors were explored. The profile from this study would serve as baseline data to further develop health promotion programs in accordance with health promotion needs of nursing students. In addition, it would benefit the Faculty of Nursing, Srinakharinwirot University to reach the goal of being a healthy faculty. Furthermore, the findings resulting from this study would be supporting evidence of the theoretical constructs of Pender's health promotion model.

Methodology

This study design employed a cross-sectional survey. The population of this study totaled 373 nursing students attending the second semester of Academic Year 2009 of the Faculty of Nursing, Srinakharinwirot University, Nakhon Nayok Province, Thailand. An accidental sample included 367 nursing students, who were available and willing to participate in this study. The research instruments used were developed by the researchers, guided by Pender's health promotion model[4], Health-Promoting Lifestyle Profile

II[10-11], and literature review[5], and designed as a self-administered scale including five subscales:

Personal Factors Subscale (PFS) included structured questions of study level and student monthly income. *Perceived Benefits of Action Subscale (PBAS), Perceived Barriers to Action Subscale (PbAS),* and *Perceived Self-efficacy Subscale (PSS)* were designed to measure individual perceptions about benefits, barriers and self-efficacy in practicing health-promoting behaviors. *Health-Promoting Behaviors Subscale (HPBS)* measured the practice of health-promoting behaviors. Each of these *(PBAS, PbAS, PSS and HPBS)* was composed of a set of 35 items that assessed six dimensions of a healthy lifestyle: health responsibility (seven items), physical activity (four items), nutrition (seven items), interpersonal relations (seven items), spiritual growth (six items), and stress management (four items) in parallel. All four subscales were four-point self-reporting rating scales. The positive statements were questioned for PBAS, PSS, and HPBS. The statements about existing obstacles were worded for PbAS. The response options of the PBAS and PbAS were strongly agree, moderately agree, moderately disagree, and disagree; the PSS were high confidence, moderate confidence, low confidence, and no confidence; and the HPBS were yes or truly met, high partially met, low partially met, and no or poorly met. The score of response options of each subscale ranged from 4 to 1. The content validity of the PBAS, PbAS, PSS, and HPBS was assessed by three experts, including two professional experts (two lecturers working in Srinakharinwirot University) and a lay expert (a nurse working in the hospital). Cronbach's alpha reliability coefficients of the PBAS, PbAS, PSS, and HPBS were 0.93, 0.97, 0.93, and 0.92, respectively.

This study was reviewed and approved based on the Declaration of Helsinki by the Institutional Review Board of Srinakharinwirot University. The documentary proof of ethical clearance, number 33/2552, was granted on April 23, 2009. All subjects received an oral explanation regarding this research by the principal researcher in their classroom. Nursing students could refuse or withdraw from the study at any time. Code numbers were assigned to ensure confidentiality.

Data collection was carried out in the subjects' classroom on September 2009 during the second semester of the Academic Year 2009. A total of 367 subjects; who were available and willing to participate in the study, were asked to complete a self-administered scale anonymously.

Descriptive statistics including frequency, percentage, standard deviation, skewness and kurtosis was performed to examine the accuracy of data entry, assess basic assumptions, and present general information about the sample and studied variables. As such, the 367 returned questionnaires were analyzed. Cases extremely out of the norm and considered not representative of the sample were deleted.[12] A total of 323 useable questionnaires were analyzed and assumptions of multivariate analysis were tested.

According to the PBAS, PbAS, PSS and HPBS subscale, the rating score of 4, 3, 2, and 1 were given to item responses. Obtained scores of items of each subscale (overall) and each dimension were summed and divided by the total number of items to compute the mean. The mean was categorized into four levels: 1.00-1.49 = lowest level, 1.50-2.49 = low level, 2.50-3.49 = moderate level and 3.50-4.00 = high level.[13]

The differences of health-promoting behaviors among different groups of nursing students classified by study level were analyzed by One-way ANOVA and Least-Significant Difference (LSD) test. Pearson's moment product

coefficients were carried out to assess the relationships between independent variables and health-promoting behaviors. Stepwise multiple regression analysis was used to explore the predictors of health-promoting behaviors.

Result

Personal factors

The results showed that most subjects (30.0%) were first year nursing students. The mean score of monthly income was 4,461.61 baht with the lowest income 1,000 and the highest income 9,000 baht. The majority of subjects (87.3%) received income of 3,000 to 6,000 baht monthly.

Perceived benefits, perceived barriers, perceived self-efficacy, and health-promoting behaviors

The results revealed that the participants had overall perceived benefits of action at a high level (mean 3.59, SD 0.26) and overall perceived barriers to action at a low level (mean 1.50, SD 0.24); whereas overall perceived self-efficacy and practicing health-promoting behaviors were at moderate levels (mean 3.29, SD 0.31; mean 3.22, SD 0.33, respectively). Considering each dimension of each subscale, subjects had perceived benefits for all six dimensions at a high level (mean 3.55 to 3.63); perceived barriers to action at the lowest level in aspects of interpersonal relations (mean 1.25, SD 0.26) and spiritual growth (mean 1.32, SD 0.32); and perceived self-efficacy of all aspects at a moderate level (mean 3.04-3.58). For health-promoting behaviors, participants practiced at a high level only in the dimension of interpersonal relations. Physical activity was the lowest practice (mean 2.94, SD 0.61) followed by nutrition (mean 3.01, SD 0.50) and stress management (mean 3.08, SD 0.48) (Table 1).

Table 1 Mean and standard deviation (SD) of variables

Studied variables	Perceived Benefits of Action			Perceived Barriers to Action			Perceived Self-efficacy			Health Promoting Behaviors		
Dimensions	Mean	SD	level	Mean	SD	level	Mean	SD	level	Mean	SD	level
Health responsibility	3.63	0.30	high	1.54	0.30	low	3.29	0.36	moderate	3.20	0.35	moderate
Physical activity	3.56	0.41	high	1.56	0.45	low	3.08	0.59	moderate	2.94	0.61	moderate
Nutrition	3.56	0.35	high	1.79	0.46	low	3.04	0.47	moderate	3.01	0.50	moderate
Interpersonal relations	3.59	0.33	high	1.25	0.26	lowest	3.58	0.39	moderate	3.60	0.41	high
Spiritual growth	3.61	0.33	high	1.32	0.32	lowest	3.46	0.42	moderate	3.34	0.44	moderate
Stress management	3.55	0.37	high	1.57	0.38	low	3.14	0.48	moderate	3.08	0.48	moderate
Overall	3.59	0.26	high	1.50	0.24	low	3.29	0.31	moderate	3.22	0.33	moderate

Differences of health-promoting behaviors among groups of nursing students classified by study level

Practicing health-promoting behaviors among first, second, third, and fourth Year students or study level groups were statistically significantly different ($F = 4.10$, $p < 0.01$). The post-hoc LSD test for multiple comparisons showed a mean difference of two pairs. The fourth year students had significantly higher mean scores of health-promoting behaviors than third year (mean difference = 6.51, $p < 0.01$) and first year students (mean difference = 4.43, $p < 0.05$) (Table 2).

Table 2 Differences of health promoting behaviors among groups classified by study level, results from One-way ANOVA analysis

Source of variance	Sum of squares	df	Mean square	F	*p-value*
Grade or study level					
Between groups	1609.26	3	536.42	4.10	0.007
Within groups	41654.84	319	130.57		
Total	43264.10	322			

Relationships between independent variables and health-promoting behaviors

Pearson's correlation coefficients showed perceived self-efficacy and perceived benefits of action held statistically significant positive relationships with health-promoting behaviors ($r = 0.889$, $p < 0.001$; $r = 0.380$, $p < 0.001$, respectively); whereas perceived barriers held a negative relationship ($r = -0.368$, $p < 0.001$). The perceived self-efficacy had the highest correlation with health-promoting behaviors followed by perceived benefits of action and perceived barriers to action (Table 3).

Table 3 Pearson's correlation coefficients between independent variables and health promoting behaviors

Independent Variables	r	*p-value*
Monthly income	0.060	0.294
Perceived benefits of action	0.380	<0.001
Perceived barriers to action	-0.368	<0.001
Perceived self-efficacy	0.889	<0.001

Table 4 Factors affecting health promoting behaviors resulting from stepwise multiple regression analysis

Variables	b	SE	β	R^2	F	*p-value*
Constant	4.827					
Perceived Self-efficacy	0.939	5.317	0.889	0.790	1209.786	<0.001

Factors affecting health-promoting behaviors

In multiple regression analysis, a dummy variable for a variable of study level was created (first year student = 0, second year student = 1, third year student = 2, and fourth year student = 3). Among the five independent variables, the results of stepwise multiple regression analysis showed that perceived self-efficacy was the only predictor of practicing health-promoting behaviors of nursing students. With the constant of 4.827, perceived self-efficacy could account for 79.0 percent of the variance of health-promoting behaviors of nursing students with a standard error of 5.317 (R^2 = 0.790, F = 1209.19, $p < 0.001$) (Table 4).

Discussion

The findings provided some important implications in developing health promotion programs for nursing students at the Faculty of Nursing, Srinakharinwirot University, though the study was limited to generalization due to an accidental sample.

Differences of health-promoting behaviors by personal factors

The findings showed that fourth year students had significantly higher mean scores of health-promoting behaviors than third and first year students. This may have resulted from increasing individual maturity. Also, fourth year students were enrolled in the course, "Community Health Nursing Practicum" during the time of data collection; whereas third year students had passed the course, "Health Promotion and Illness Prevention" in the previous year and first year students did not study any health promotion subject. The findings suggested that study experience regarding health and health promotion affected the performance of health-promoting behaviors. In addition, the nursing discipline itself has high opportunities for studying, learning, and engaging in health promotion activities. However, participants practiced health-promoting behaviors at a moderate level. The problem areas were physical activity, nutrition and stress management. This evidence indicated that the beginning of health promotion interventions were desirable for first and third year nursing students. Also, further analysis or research should investigate the specific problems related to these groups. Another challenge was determining whether the differences of health-promoting behaviors between nursing students and other students or other populations exist or not. The importance of study level was confirmed by a prior study reporting that as age increased, academic staff had higher scores of health-promoting behaviors.[14] However, the other has revealed that individuals with differences in study level or age did not have different health-promoting behaviors.[15] The conflicting findings suggest that nurses have to thoroughly assess health promotion needs of their population to determine which age or study level groups are high risk target groups to be dealt with first, second, third, and so on.

Income was not found to have a statistically significant relationship with health-promoting behaviors. This may be because nursing students normally do not have to worry about earning money or receiving payment for performing health-promoting behaviors. In other words, monthly income was not an important factor among the subjects. Though some students had to earn by themselves or receive financial assistance, the majority of the total income came from their parents. The findings were in congruence with previous Thai study revealing that individuals having different incomes had no significant difference in health-promoting

behaviors.[16] However, the results were contrary to the findings of Kruttanart S[15] who found that public health personnel working in King Chulalongkorn Memorial Hospital with a monthly income of 4,001 to 6,000 baht practiced health-promoting behaviors more frequently than those having monthly incomes more than 6,000 baht.

Relationships between behavior-specific cognitions and affects and health-promoting behaviors

The findings showed perceived benefits of action and perceived self-efficacy held significantly positive relationships with health-promoting behaviors. The results suggested that nursing students with increasing scores of perceived benefits and perceived self-efficacy had a higher level of practicing health-promoting behaviors. This evidence supported the concept that individual plans to take on certain behaviors by thinking about the benefits to be obtained and their ability to perform.[4] Similar findings were reported in previous study.[17] The perceived barriers to action had a negative relationship with health-promoting behaviors. The results suggested that nursing students with decreasing scores of perceived barriers had a higher level of practicing health-promoting behaviors. The results were consistent with previous study.[18]

The findings in this study were logical as the subjects were nursing students mostly living in university dormitories. The university campus life offers great opportunities to realize benefits, eliminate barriers, and feel confident in practicing health-promoting behaviors. For example, subjects had a university hospital to feel safe and take care of their health, gymnasiums and running trails for physical activities, many food establishments to make healthy choices in eating, and friends living together to enhance interpersonal relations. They had opportunities to live and study on campus helping them develop spiritual growth, and student activities and associations for relaxation and enhanced interpersonal relations. However, subjects perceived benefits at a high level, and perceived barriers at a low level, so they should practice health-promoting behaviors at a high level, but they just practiced at a moderate level. This was because they perceived self-efficacy at a moderate level. It was earlier noted that perceived self-efficacy had the highest correlation with health-promoting behaviors followed by perceived benefits of action and perceived barriers to action.

The predictors of dependent variables

The findings showed perceived self-efficacy could account for 79.0 percent of the variance of health-promoting behaviors of nursing students. The results indicated that perceived self-efficacy was the most important determinant of practicing health-promoting behaviors of nursing students. The findings confirm the Pender's summary of empirical support for constructs in the health promotion model that the perceived self-efficacy was the best predictor influencing health behaviors. Since perceived self-efficacy is the judgment of an individual's capability to accomplish a certain level of behaviors, consequently, they can execute the given performance.[4] The findings were supported by several studies.[18-20] For example, Nilrach P et al[19] found that perceived self-efficacy, perceived barriers and situational influences could account for 45.2 percent of the variance in health-promoting behaviors among female professional nurses in Songkhla Province ($p < 0.05$). Panautai N et al[17] showed that 62.1 percent of the variance in health-promoting behaviors among the elderly with chronic illnesses could be explained by the perceived benefits, perceived barriers, social

support and perceived self-efficacy ($p < 0.001$). In addition, Srof BJ and Velsor-Friedrich B[20] stated that all four of Bandura's sources of self-efficacy exist in Pender's health promotion model, including prior related behavior as *mastery experience,* interpersonal influence as *vicarious experience* and *social persuasion,* and activity related affect as *affective cues.* The suggestion was made that the researcher should emphasize interpersonal influences, particularly with teenagers who may be vulnerable to negative environmental influences.

As a predictive study, the findings contributed additional supporting evidence to Pender's health promotion model (HPM) and gave more understanding regarding the aspects on which health promotion intervention can be tailored to nursing students of the Faculty of Nursing, Srinakharinwirot University as well as which target group should be the first priority. The findings have implications for nursing practice, education, and research. As nursing student are expected to practice health-promoting behaviors at high levels, this study showed that nursing students only practiced health-promoting behaviors at moderate levels, especially for physical activity, nutrition, and stress management. Hence, nurse practitioners and educators can take part in dealing with perceived self-efficacy (the best predictor) and perceived benefits as well as perceived barriers (the associated factors) in order to enhance practicing health-promoting behaviors of nursing students particularly for first and third year nursing students. For example, preferred exercises, nutrition programs, and stress coping techniques should be offered to nursing students. In addition, nurses have to assess health promotion needs in the population under their responsibility in order to identify high risk groups, encourage specific outcome determination, and tailor specific health promotion activities. Moreover, other aspects or factors of health promotion needs should be explored by different methods, designs, settings, populations or other factors. The emphasis should be given to *prior related behavior, activity related affect, interpersonal,* and *situational influences,* considered the four sources of self-efficacy, the best predictor. Furthermore, according to the Ottawa Charter, further interventions and research should go beyond the scope of individuals toward policy, community, environment and health care services. A good example would be bringing the concept of healthy faculties or universities to track the development of health promotion to nursing students and their assets.

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ปัจจัยที่มีอิทธิพลต่อพฤติกรรมสร้างเสริมสุขภาพของนิสิตพยาบาล คณะพยาบาลศาสตร์ มหาวิทยาลัยศรีนครินทรวิโรฒ ประเทศไทย

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บทคัดย่อ

การวิจัยครั้งนี้เป็นการศึกษาแบบภาคตัดขวาง มีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างระดับชั้นปี รายได้ การรับรู้ประโยชน์ การรับรู้อุปสรรค และการรับรู้สมรรถนะ กับพฤติกรรมสร้างเสริมสุขภาพ รวมถึงปัจจัยที่มีอิทธิพลต่อพฤติกรรมสร้างเสริมสุขภาพของนิสิตพยาบาล กลุ่มตัวอย่างเป็นนิสิตพยาบาลศาสตร์ ภาคการศึกษาปลาย ปีการศึกษา 2552 คณะพยาบาลศาสตร์ มหาวิทยาลัยศรีนครินทรวิโรฒ ประเทศไทย จำนวน 323 ราย ที่ได้จากการสุ่มตัวอย่างแบบบังเอิญ เก็บข้อมูลด้วยแบบสอบถามชนิดที่ให้ตอบด้วยตนเองที่ผู้วิจัยสร้างขึ้นตามแนวคิดของแบบจำลองการสร้างเสริมสุขภาพของเพ็นเดอร์ ในช่วงเดือนกันยายน 2552 วิเคราะห์ข้อมูลด้วยสถิติบรรยาย ได้แก่ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน และสถิติวิเคราะห์ ได้แก่ สถิติวิเคราะห์ความแปรปรวนทางเดียว สัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน และการวิเคราะห์ถดถอยพหุแบบขั้นตอน

ผลการวิจัยปรากฏว่า กลุ่มตัวอย่างส่วนใหญ่เป็นนิสิตชั้นปีที่ 1 (ร้อยละ 30.0) มีรายได้ 3,000-6,000 บาทต่อเดือน (ร้อยละ 87.3) กลุ่มตัวอย่างมีพฤติกรรมสร้างเสริมสุขภาพระดับปานกลาง กลุ่มตัวอย่างที่ศึกษาต่างชั้นปีกันมีพฤติกรรมสร้างเสริมสุขภาพแตกต่างกันอย่างมีนัยสำคัญทางสถิติ ($p < 0.01$) การรับรู้สมรรถนะแห่งตน และการรับรู้ประโยชน์ มีความสัมพันธ์ทางบวกกับพฤติกรรมการสร้างเสริมสุขภาพอย่างมีนัยสำคัญทางสถิติ (*p-value* < 0.001) การรับรู้อุปสรรคมีความสัมพันธ์ทางลบกับพฤติกรรมการสร้างเสริมสุขภาพ (*p-value* < 0.001) ปัจจัยที่มีอิทธิพลต่อพฤติกรรมการสร้างเสริมสุขภาพอย่างมีนัยสำคัญทางสถิติ คือการรับรู้สมรรถนะแห่งตนโดยสามารถทำนายความแปรปรวนของพฤติกรรมสร้างเสริมสุขภาพของนิสิตพยาบาลศาสตร์ ได้ถูกต้องร้อยละ 79.0 (*p-value* < 0.001)

ผลการวิจัยชี้ให้เห็นว่าในการจัดกิจกรรมสร้างเสริมสุขภาพ เพื่อเพิ่มระดับการปฏิบัติพฤติกรรมสร้างเสริมสุขภาพของนิสิตควรมุ่งเน้นการจัดกระทำที่เพิ่มการรับรู้สมรรถนะแห่งตนในการสร้างเสริมสุขภาพเป็นสำคัญ รวมถึงการเพิ่มการรับรู้ประโยชน์ และลดการรับรู้อุปสรรคต่อการสร้างเสริมสุขภาพ

คำสำคัญ: พฤติกรรมการสร้างเสริมสุขภาพ, นิสิตพยาบาล, การรับรู้สมรรถนะแห่งตน

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