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ORIGINAL

Health-promoting lifestyle and social support in nursing students

Estilo de vida promotor de salud y apoyo social en estudiantes de enfermería

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ABSTRACT

Introduction: the university experience is considered a stage of constant challenges and even more so in health sciences, during which students develop skills, experience, and new knowledge to train professionals. It is alarming to identify that for many, higher education and its demands can become stressful, as they experience changes in lifestyle and relationships that impact their health.
Objective: to determine the level of health-promoting lifestyle and social support in university nursing students.
Method: non-experimental, quantitative, descriptive, correlational, and cross-sectional research, with a sample of 318 participants using simple random sampling. The health-Promoting Lifestyle Profile Scale II (HPLP-II) and the Social Support Scale (MOS-SSS) were used as instruments.
Results: 84,0 % of university students have an average health-promoting lifestyle, 9,4 % unhealthy, and 6,6 % healthy. Regarding social support, a high level is assumed to exist at 95,5 % (5,0 %).
Conclusions: the stress management dimension is highly significant and related to the social support variable. Therefore, it is determined that having better stress management indicates good social support in one's environment ($p < 0,05$).

Keywords: Social Support; Nursing; Lifestyle; Students.

RESUMEN

Introducción: la experiencia universitaria es considerada una etapa de desafíos y retos constantes y aún más en el área de ciencias de la salud, durante la formación que los estudiantes desarrollan habilidades, experiencia y nuevos conocimientos con el fin de formar profesionales. Es alarmante identificar que para muchos la educación superior y sus demandas pueden convertirse en algo estresante, ya que experimentan cambios en el estilo de vida y las relaciones que impactan en la salud.
Objetivo: determinar el nivel de estilo de vida promotor de salud y apoyo social en estudiantes universitarios de enfermería.
Método: investigación no experimental, cuantitativa y descriptiva, correlacional y transversal, con una muestra de 318 participantes con muestreo aleatorio simple. Se utilizó como instrumento la Escala de Perfil de Estilo de Vida Promotor de Salud II (HPLP- II) y Escala de Apoyo Social (MOS-SSS).
Resultados: el 84,0 % de los universitarios presenta un estilo de vida promotor de salud regular, 9,4 % poco saludable y 6,6 % saludable. Respecto al apoyo social se determinó que existe un nivel alto con un 95,0 % y medio (5,0 %).

Conclusiones: La dimensión manejo de estrés se relaciona con la variable apoyo social con una correlación significativa alta por lo que se determina que el tener un mejor manejo del estrés indica buen apoyo social en su entorno (p <0,05).

Palabras clave: Apoyo Social; Enfermería; Estilo de Vida; Estudiantes.

INTRUDUCTION

Health promotion allows the implementation of theoretical foundations that can improve the population's behaviors, so it is necessary to develop a Health Promoting Lifestyle (HPLS), which is defined as the set of behavioral patterns that a person performs permanently to preserve their health.[1]

EVPS should be developed throughout the life cycle by adopting behaviors that positively influence the possibility of obtaining immediate and long-lasting physical, biological, psychological, and spiritual results. It is essential to highlight that during the university stage, students face stressful situations that can cause critical lifestyle changes, creating harmful behaviors that negatively impact health.[2,3]

On the other hand, social support has been defined as the feeling of being appreciated, valued by different people and belonging to a social group, it is related to the process of health and disease, including the way of facing stress, progression and recovery of the disease, for example the recovery of any disease and the initiation or maintenance of the necessary behavioral changes to prevent diseases or their complications, that is why authors postulate that the lack of social support can be a risk factor in terms of morbidity and mortality of the population.[4,5]

The university experience is a challenging stage, since it is a time to develop skills, experiences, social relationships, and acquire new knowledge. For many, college and its demands can become stressful since changes in lifestyle, relationships, and community are experienced.[6]

In addition to the above, university students are confronted with situations in which work responsibility and academic activities can considerably affect mental health and the adoption of healthy habits, this added to the fact that social support plays a key role in school involvement, is an indication of good academic performance, since it is vital to achieve good results and reflects the student's commitment to their studies, as well as their desire to learn.[7,8,9,10]

Studies reveal [11,12] that when university students in health sciences programs practice, part of their activities is to promote lifestyles that lead to wellbeing and individual and collective health. Therefore, it is of utmost importance that students specifically from health sciences disciplines project a strengthened promoter lifestyle, because the behaviors they develop in their life and health have an impact on the practices they carry out and actions in the wellbeing they direct to the people they serve, since they become life models for them.

In the same vein, researchers [12,7] conclude that it would be logical that students in the area of health sciences, having knowledge about the maintenance of health, avoid behaviors harmful to their vitality. However, it has been identified that although they recommend healthy lifestyle habits to individuals, families, or communities, they themselves do not put them into practice. This may be due to the fact that university students at this stage of their lives are in constant search of a stable economic situation and personal success.

In Mexico it was identified that health ranked third among the factors that young people consider relevant for future happiness, however, the perception they have regarding their health does not necessarily correspond to their actual condition, so the self-perception they have about the relationship between their health status and their degree of vulnerability is erroneous according to data from the Ministry of Social Development, derived from all the above, the present research aims to determine the level of health promoting lifestyle and social support in university nursing students.[13] Therefore, this research aims to determine the level of health-promoting lifestyle and social support in university nursing students.

METHOD

The present research was developed with a non-experimental design, a quantitative approach, descriptive-correlational, and cross-sectional. It was carried out during February-July 2023 to determine the health-promoting lifestyle and social support in nursing students.[14,15,16,17]

The working universe consisted of 550 students enrolled in the Bachelor's Degree in Nursing, Faculty of Nursing, Veracruz region, Universidad Veracruzana. The final sample consisted of 318 students, representing 57,8 % of the total population, and was obtained using the Qualtrics XM tool, with 95,0 % statistical significance (Z=1,96), margin of error of 5,0 %. The sample was selected using the simple random probability sampling method.[15,16,18]

To evaluate the variables, the health-promoting lifestyle profile scale II was applied, an instrument identified by the acronym HPLP-II, designed by Walker[19], and has been adapted in different countries. The original authors contributed to the development of a valid and reliable version for the Mexican population[20] (1990)

and the social support scale (MOS-SSS)[21], by the selection criteria: inclusion: authorization of the participants, current enrollment, enrolled in the February-July 2023 school period, desire to participate, signature of the informed consent, availability of time, acceptance of the orientation and explanation of the structure of the instrument and the project. Persons with diagnosed mental alterations (depression, anxiety), language, and psychomotor problems were excluded.[19,20,21]

The analysis of the information was performed with the Statistical Package for the Social Sciences (SPSS) version 25 for Windows, with descriptive statistics, measures of central tendency, dispersion, and extremes of function, Kolmogórov-Smirnov normality test, and Spearman's rho correlation. The research adhered to ethical principles, respecting the person's individuality, confidentiality, anonymity, and informed consent. Health promotion allows the implementation of theoretical foundations that can improve the population's behaviors, so it is necessary to develop a Health Promoting Lifestyle (HPLS), which is defined as the set of behavioral patterns that a person performs permanently to preserve their health.[1,22,23,24,25,26,27]

RESULTS

About the sociodemographic data, as can be seen in table 1, women predominated, representing 77,7 % of the total population, the age group 18 to 20 years (50,0 %) stood out, followed by the group 21 to 23 years 42,8 %, when questioned about the type of academic period, 98,7 % study by semesters, highlighting the sixth (26,4 %) and second (25,4 %) semesters. 4 %) and the second (25,2 %), when asked about their occupation, 77,7 % are entirely dedicated to study, while 22,3 % study and work, of these 6,9 % mentioned working from 10 to 20 hours a week, on the other hand 77,4 % of the students mentioned having from 1 to 4 hours a day dedicated to leisure as shown in table 1. Sociodemographic data.

Table 1. Sociodemographic Data

Variables	***f***	***%***
Sex		
Woman	247	77,7
Male	71	22,3
Age		
18 to 20 years old	159	50,0
21 to 23 years old	136	42,8
24 to 26 years old	16	5,0
27 years old and over	7	2,2
Semester		
First	1	0,3
Second	80	25,2
Fourth	68	21,4
Fifth	1	0,3
Sixth	84	26,4
Seventh	1	0,3
Eighth	69	21,7
Ninth	4	1,3
Tenth	10	3,1
Academic Period		
Trimester	3	0,9
Quarter/Trimester	1	0,3
Semester	314	98,7
Occupation		
Student	247	77,7
Student and worker	71	22,3
Working hours		
Not working	247	77,7
1 to 9 hours	13	4,1
10 to 20 hours	22	6,9

21 to 30 hours	14	4,4
31 to 40 hours	9	2,8
41 to 50 hours	5	1,6
50 hours or more	8	2,5
Hours leisure activities		
1 to 4 hours	246	77,4
5 to 8 hours	63	19,8
9 to 12 hours	7	2,2
13 to 16 hours	2	0,6

Note: *f* = Frequency, % = Percentage, n=318

As can be seen in table 2, it was determined that the regular promoting lifestyle predominated among the students, representing 84,0 %, followed by the unhealthy (9,4 %), alarming data is that only 6,6 % is considered healthy. With respect to social support, high support (95,0 %) stood out, with medium support representing the other 5,0 %.

Table 2. Classification of variables

Health-promoting lifestyle variable	**Healthy (157 a 208)**		**Regular (105 a 156)**		**Unhealthy (52 a 104)**	
	F	%	F	%	F	%
	21	6,6	267	84,0	30	9,4
Variable social support	High support (51-91)		Medium support (26-50)		Low support (19-25)	
	F	%	F	%	F	%
	302	95,0	16	5,0	0	0,0

Note: *f* = Frequency, % = Percentage, n=318

Concerning the health-promoting lifestyle variable, table 3 presents the values for each dimension, for which a mean of 128,88, a median of 127,00, the standard deviation of 20,25, the lower limit of 126,64, and the upper limit of 131 were obtained. 11, the best evaluated dimensions were spiritual growth with a mean of 25,34, median of 25,00, standard deviation 5,20, lower limit of 24,77 and upper limit of 25,92, and the interpersonal relations dimension with a mean of 24,18, median of 24,00, standard deviation 4,48, lower limit of 23,68 and upper limit of 24,67.

Table 3. Health-promoting lifestyle dimension

Variables	**M**	**Mdn**	**DE**	**95 % Confidence Interval**	
				LI	**LS**
Responsibility for health	21,26	21,00	4,29	20,79	21,73
Physical activity	18,42	18,00	5,11	17,85	18,98
Nutrition	21,67	21,00	4,12	21,21	22,13
Spiritual growth	25,34	25,00	5,20	24,77	25,92
Interpersonal relationships	24,18	24,00	4,48	23,68	24,67
Stress management	18,01	18,00	3,73	17,59	18,42
Health Promoting Life Profile	128,88	127,00	20,25	126,64	131,11

Note: M = Mean, Mdn = Median, SD = Standard Deviation, LI = Lower Limit, LS = Upper Limit, n=318

Regarding the social support variable, as shown in table 4, a mean of 78,92, a median of 83,00, a standard deviation of 15,339, the lower limit of 77,23, and the upper limit of 80,61 were obtained. The three dimensions obtained good results, highlighting emotional support with a mean of 49,07, median of 52,59, standard deviation of 11,030, lower limit of 47,85, and upper limit of 50,28.

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Table 4. Social support

Variables	M	Mdn	DE	95 % Confidence Interval	
				LI	LS
Social Support	78,92	83,00	15,339	77,23	80,61
Emotional Support	49,07	52,50	11,030	47,85	50,28
Affective support	13,08	14,00	2,530	12,80	13,36
Instrumental support	16,78	18,00	3,488	16,39	17,16

Note: M = Mean, Mdn = Median, SD = Standard Deviation, LI = Lower Limit, LS = Upper Limit, n=318

Table 5 analyzes the correlation of the study variables using the Rho Spearman test, according to the degree of relationship, it is determined that the stress management dimension is related to the social support variable with a high significant correlation, so it is determined that having a better stress management indicates good social support in their environment (p= <0,01).

The spiritual growth dimension was related to the interpersonal relations dimension, obtaining a moderately significant correlation, indicating that the greater the spiritual growth, the better the interpersonal relations (p <0,01).

Table 5. Correlation of variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
VPPS[1]	1,000 .													
VASC[2]	0,380* 0,000	1,000 .	.											
DRES[3]	0,763** 0,000	0,290** 0,000	1,000 .											
DACF[4]	0,653** 0,000	0,038 0,502	0,433** 0,000	1,000										
DNUT[5]	0,676** 0,000	0,187** 0,001	0,522** 0,000	0,448** 0,000	1,000 .									
DCRE[6]	0,808** 0,000	0,507** 0,000	0,515** 0,000	0,333** 0,000	0,405** 0,000	1,000 .								
DRIN[7]	0,676** 0,000	0,263** 0,000	0,459** 0,000	0,181** 0,001	0,293** 0,000	0,624** 0,000	1,000 .							
DMES[8]	0,770** 0,000	0,970** 0,000	0,521** 0,000	0,478** 0,000	0,484** 0,000	0,613** 0,000	0,441** 0,000	1,000 .						
DAE[I]9	0,359** 0,222		0,272** 0,000	0,029 0,612	0,141* 0,012	0,421** 0,000	0,502** 0,000	0,246** 0,000	1,000 .					
DAEF[10]	0,347** 0,455	0,834** 0,000	0,265** 0,000	0,020 0,728	0,195** 0,000	0,413** 0,000	0,477** 0,000	0,209** 0,000	0,797** 0,000	1,000 .				
DAIS[11]	0,263** 0,703	0,731** 0,000	0,185** 0,001	0,025 0,654	0,193** 0,001	0,318** 0,000	0,318** 0,000	0,205** 0,000	0,578** 0,000	0,523** 0,000	1,000 .			
EDAD[12]	0,005 0,923	-0,070 0,213	0,010 0,853	-0,025 0,658	-0,039 0,486	0,454	0,028 0,614	-0,039 0,492	-0,046 0,413	0,053 0,349	0,094 0,094	1,000 .		
HRTR[13]	-0,052 0,353	-0,049 0,381	-0,061 0,279	-0,007 0,896	-0,092 0,103	0,018 0,747	-0,033 0,561	0,126* 0,025	-0,038 0,502	0,061 0,282	0,050 0,378	0,274** 0,000	1,000 .	
HRAO[14]	-0,053 0,342	-0,032 0,567	-0,057 0,308	-0,087 0,121	-0,066 0,242	-0,012 0,829	0,063 0,266	-0,026 0,649	-0,037 0,509	-0,028 0,616	0,016 0,771	0,076 0,176	0,041 0,468	1,000 .

Note: VPPS[1]: health promoter profile variable, VASC[2]: social support variable, DRES[3]: health responsibility dimension, DACF[4]: physical activity dimension, DNUT[5]: nutrition dimension, DCRE[6]: spiritual growth dimension, DRIN[7]: interpersonal relationships dimension, DMES[8]: stress management dimension, DAEI[9]: emotional support/information dimension, DAEF[10]: effective support dimension, DAIS[11]: linstrumental support dimension, AGE[12]: age of participant, HRTR[13]: working hours, HRAO[14]: leisure hours, *: correlation is significant at the 0,05 level (bilateral), **: correlation is significant at the 0,01 level (bilateral), n=318

DISCUSSION

Health-promoting behavior is multidimensional, as it helps to preserve or expand the well-being, self-realization, or fulfillment of the individual within society.[28] Wellness-promoting activities regulate the

individual's behavior, creating a way of acting that directly influences health and is reflected in the responsibility of self-management of health, nutrition, physical activity, and spiritual well-being.[29,30]

On the other hand, every community needs the support of other people in different situations. These networks are found in the family, at work, at school, or in the community; positive human relationships serve to find oneself in states of relative well-being and to overcome stressful events with which one is confronted.[31,32]

As far as the discussion of the present work is concerned, in terms of sociodemographic data, of the five articles that were consulted and cited for the elaboration of the frame of reference, the following stand out: Estrada[33], Escobar[34], Raygada[35], Ortigoza[36] and Lancheros[37]. In the present study, the participation of people of both sexes was obtained, highlighting the female sex, coinciding with Ortigoza[36], Lancheros[37] and Raygada[35] in which the female sex represents more than half of the population studied, in contrast with the study carried out by Estrada[33] where the male population stood out, representing 69,1 % of the total population. This indicates that, within the research, there has been a greater participation of the female gender, which may be because women have traditionally pursued nursing careers.

Regarding the age of the students, at present half are between 18 and 20 years old, followed by 21 to 23, these data coincide with those reported by Escobar[34], Ortigoza[36], Lancheros[37] and Raygada[35], where all of their participants were of age and in contrast with Estrada[33], since half of the adolescents in this research are between 12 and 14 years old and the other half between 15 and 17 years old. The above shows that the university population, and specifically nursing students, has been a population that has been studied continuously and permanently, since, as postulated in the introduction, it is considered a vulnerable or at-risk population.

Regarding the students' working life, most are dedicated to study, but almost a quarter of the population studies and works, contrasting with Ortigoza[36], where more than half study and work. This is due to the family burden or the fact that the household income cannot cover all the needs required to subsist, which is why they sometimes choose to work, and in the course of this, they neglect their studies until they finish them.[33]

Regarding the health-promoting profile, 84,0 % of the students were regular, followed by unhealthy (9,4 %), values of great concern that indicate that nursing students do not have established actions that favor and ensure an optimal state of balance, only 6. This data is supported by a mean of 128,88, a median of 127 points, and a mode of 123, with a standard deviation of 20,25, a minimum range of 73, and a maximum of 198. This is alarming because it shows the lack of awareness, responsibility, and assertive decision-making to maintain and improve their quality of life.

Coinciding with Ortigoza[36], where the regular lifestyle predominated in the respondents, obtaining a mean of 117,17 (SD: 20,10; 95 % CI: 115, 21-119,14), while Estrada[33] found that 58,0 % have unhealthy lifestyles, while only 42,0 % have a healthy lifestyle.[36,33] The above is relevant because it shows that university students in health sciences do not carry out these activities, although they have theoretical knowledge about good health practices.

Unhealthy behaviors were identified in health responsibility (61,0 %), in the study carried out by Escobar[34] 72,7 % carried out practices to take care of their health, however, 47 % never went to their health service for control, in the physical activity dimension 61,6 % evaluated their behavior as unhealthy, since more than half of the students do not carry out physical activities frequently. Only 44,0 % have leisure and recreational activities; however, Escobar[34] found that physical exercise was practiced by 62,0 % of young adults, some every time they remembered (23,3 %) or never (13,0 %), but 95,7 % performed leisure activities. Therefore, it is imperative to carry out interventions promoting moderate and intense physical activity.

Regarding the nutritional habits of the students, healthy behaviors predominated with 61,63 %, coinciding with the research elaborated by Ortigoza[36] where the nutrition dimension was one of the best evaluated, in the spiritual growth dimension 68,86 % are identified as healthy, these results are similar to those found by this same author(36) since the spiritual growth dimension shows habits categorized as healthy with 55. 9 %, like Escobar(34), the students showed high spiritual growth (58,0 %) and high interpersonal relationships (59,0 %), coinciding with the present, since 62,89 % manage to maintain healthy and lasting relationships.[34,36] The above shows that, fortunately, the study population does not consume fast food, junk, or ultra-processed food. They have a special interest in personal and spiritual development, trying to connect with the divine or their inner self.

Regarding stress management in the study elaborated by Ortigoza[36], unhealthy behaviors predominated, being the dimension with the worst valuation, only 14,29 % of the respondents obtained a healthy valuation, since they mention that university life and the demands it entails can considerably affect eating patterns, sleep and rest, interpersonal relationships, stress management and physical activity, coinciding with the present since 67.[36,38,39] This shows that the emotional and physical response that students experience in the face of the demands of the university level is inadequate, or they are being overwhelmed. As a result, nervousness, tension, tiredness, overwhelm, and restlessness are present.

CONCLUSIONS

Based on the above, it can be concluded that more than half of the total sample is dedicated exclusively to study, while a quarter of the population works and studies. This is a great challenge for them because failing to maintain a balance between work and study can cause school desertion or low academic performance.

Regarding the health-promoting lifestyle of the students, it is observed that the regularly healthy one predominated with more than 80 % of the total sample, it is alarming to know that there is a presence of university students who have unhealthy habits, this can be translated into the fact that the students must reinforce these themes, since they are the ones in charge of promoting activities, Unhealthy behaviors were found in three of its dimensions, in health responsibility, in which students showed deficiencies, because despite being health personnel in training, they do not usually self-explore, do not seek guidance about their health or do not attend educational programs related to these.

On the other hand, physical activity is not a recurrent practice of the students, as the academic load limits their ability to perform these activities. Most of them mentioned that they are not completely sedentary since they do physical exercise from time to time.

Regarding stress management, unhealthy habits were found; it can be identified that not all participants are concerned about reducing these levels, since they do not use psychological or physical resources to control the elements that generate tension.

As for healthy behaviors, these stood out in the nutrition dimension, since most of them mentioned having a balanced and complete diet that includes all the food groups in their daily life, spiritual growth was one of the best qualified, since the students stated that they had goals and worked on them, besides finding meaning in their lives, as well as in interpersonal relationships, healthy behaviors predominated, since they demonstrated that they established significant bonds.

Concerning social support, a high level is observed among the students, facilitating this stage of transition to working life since they have someone to turn to when they need it. They feel loved, which directly influences their self-esteem.

Health-promoting lifestyles support the prevention and promotion of activities to keep students in an optimal state of well-being, such as exercising, maintaining an adequate diet, and sustaining healthy social relationships. On the other hand, social support is indispensable in academic preparation since this stage of life is full of challenges for students, who sometimes need pillars of emotional support.

Poor health can cause physical and psychological problems that impact students' academic and social performance. Various somatic or psychic pathologies can also affect the ability of university students to concentrate, and the severity of these diseases can escalate from lack of attention to frequent absences or even dropping out of school.

It is essential to ensure that students can perform to the best of their abilities and seek to balance their spheres to make the most of the classes taught so that they develop in a more productive, educational, and disciplinary environment.

As members of the health sector, we should set an example of a healthy life and avoid behaviors harmful to health, which should be known and implemented from the academic stage.

Finally, this research fulfilled its objective of determining the level of health-promoting lifestyle and social support among university nursing students.

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CONFLICT OF INTEREST

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