Assessment of Healthy Life Skills in Nursing Students: A Descriptive Study / *Hemşirelik Öğrencilerinin Sağlıklı Yaşam Becerilerinin Değerlendirilmesi: Betimsel Bir Araştırma*

Dr. Funda KARAMAN[1], Dr. Aslı GENÇ[2], Sultan ÇAKMAK[3], Ayse Nur YEREBAKAN[4]

1. Istanbul Gelisim University, fkaraman@gelisim.edu.tr (iD)

2. İstanbul Esenyurt Üniversitesi, aslikaya84@hotmail.com (iD)

3. Istanbul Gelisim University, sucakmak@gelisim.edu.tr (iD)

4. Istanbul Gelisim University, anyerebakan@gelisim.edu.tr (iD)

Öz

Giriş: Bir üniversitede okurken geçirilen süre, sağlıklı yaşam becerilerinin kazanılması için önemli bir dönemdir. Amaç: Bu araştırma, hemşirelik öğrencilerinin sağlıklı yaşam becerilerini ve öğrencilerin sağlıklı yaşam becerilerini etkileyebilecek faktörleri belirlemek amacıyla tanımlayıcı olarak yapılmıştır. Gereç ve Yöntem: Araştırmaya İstanbul'da bulunan, bir vakıf üniversitesinin Sağlık Bilimleri Yüksekokulunda öğrenim görmekte olan 298 hemşirelik öğrencisi dahil edilmiştir. Araştırmanın verileri "Kişisel Bilgi Formu" ve "Sağlıklı Yaşam Becerileri Ölçeği" kullanılarak toplanmıştır. İstatistiksel analiz için SPSS 24 ve AMOS 27 programları kullanılmıştır. Bulgular: Ölçeğin toplam puanı 65.83±9.23'tür. Ölçeğin alt ölçekleri incelendiğinde; "Sağlığa Verilen Önem" alt ölçek puanının en yüksek puan (26.07 ± 3.91), "Sağlık Önceliği" alt ölçek puanının ise en düşük puan (10.66 ± 1.39) olduğu bulunmuştur. Kız öğrencilerin sağlıklı yaşam becerilerinin erkek öğrencilere göre daha iyi olduğu saptanmıştır (p<0.05). İkinci sınıf öğrencilerin ve sigara ve alkol alışkanlığı olmayan öğrencilerin daha iyi sağlıklı yaşam becerilerine sahip oldukları belirlenmiştir (p<0.05). Sonuç: Bu çalışma sonucunda hemşirelik öğrencilerinin sağlıklı yaşam becerileri düzeyi ortalamanın üzerinde bulunmuştur. Öğrencilerin sınıf düzeyi, cinsiyeti, alkol ve sigara kullanımı sağlıklı yaşam becerilerini etkilemiştir.

Anahtar Kelimeler: Sağlık, Sağlık Tutumu, Sağlıklı Yaşam Tarzı, Hemşirelik Öğrencileri

Abstract

Introduction: The time spent during studying at a university is an important period for the acquisition of healthy life skills'. Aim: This study was conducted as a descriptive study in order to determine the healthy life skills of nursing students and the factors that might affect students' healthy life skills). Material and Methods: 298 nursing students who were studying at the School of Health Sciences of a private university in Istanbul were included in the study. Data of the research was collected by using "Personal Information Form" and "Healthy Life Skills Scale". SPSS 24 and AMOS 27 programs were used for statistical analysis.

Results: The overall score of the scale was 65.83±9.23. When the subscales of the scale were examined; It was found that "The Importance Given to Health" subscale score was the highest score (26.07 ± 3.91) and the "Health Priority" subscale score was the lowest score (10.66 ± 1.39). It was found that female students' healthy life skills were better than male students' score (p<0.05). It was determined that the second year students and students who did not have smoking and drinking habits had healthier life skills (p<0.05). Conclusion: As a result of this study, the healthy life skills level of the nursing students was found to be above the average. Students' year level, gender, use of alcohol and smoking affected healthy life skills.

Keywords: *Health, Health Behaviors, Healthy Lifestyle, Nursing Students*

1.   Introduction

Health is so important dimension at all stages of life and differs according to the individual and society. Over the years, many health-related studies have been conducted and new ways of preventing and treating diseases have been searched (Borle et al., 2017; Kaçan and Orsal, 2019). Although many diseases can be treated with new diagnostic and treatment methods, the main goal of medicine is for individuals to lead a healthy and quality life (Zaman et al., 2019; Megari, 2013). In order to create a healthy and quality life in society, individuals must clarify their perspectives on health, improve their knowledge about health, and realize their deficient and wrong thoughts and behaviors about the quality of life (Hubley&Copeman, 2013; Farhud, 2015). Personal autonomy is very important for individuals to achieve this. Because if individuals can control their own health in a positive way, their quality of life will also increase positively (Özyazıcıoğlu et al., 2011; Farhud, 2015; Boylu and Paçacıoğlu, 2016).

Acquiring healthy life skills in the early period of life is important for maintaining good health as an individual, family and community (Özyazıcıoğlu et al., 2011; Mehri et al., 2016). Individuals who develop their healthy life skills in a good way improve both their own and public health by avoiding harmful habits (smoking, substance use, unhealthy diet, insufficient activity, etc.) (Bakır and Yangın, 2019).

Adolescence is a unique and important phase of human development. During adolescence and young adulthood, young people establish patterns of behaviour related to healthy life skills, or put their health at risk. During this period, personality and behaviors are shaped, and many biological, cognitive, psychosocial and emotional changes are experienced. As a result, long-term, perhaps life-long habits and behaviors are adopted during this period (Tambağ and Turan, 2012).

Nurses, who have an important place in the health care sector, have a critical role and responsibility for the development of healthy life skills in adolescents and young adults. These skills should be introduced to nursing students during the university education. Because nurses should be role models to society in establishing healthy life skills (Erzincanlı et al., 2015; Biktagirova&Kasimova, 2016; Borle et al., 2017; Khalid et al.,2018; Darch et al., 2019).

As a result of many studies on the evaluation of healthy lifestyle skills in university students, it has been concluded that students have moderate healthy lifestyle skills (Hong et al. 2007;

Karadeniz et al. 2008; Alpar et al., 2008; Cihangiroğlu and Deveci, 2011; Ozyazicioglu et al. 2011; Yıldırım et al. 2016; Çoban et al. 2017). Similarly, the studies of Hui (2002) and Erzincanlı (2015), deduced that nursing students also have moderate healthy lifestyle behaviors (Hui, 2002; Erzincanlı, 2015). On the other hand, Tashiro (2002) and Al-Kandari et al. (2008) indicated that students showed low healthy lifestyle behaviors (Tashiro, 2002; Al-Kandari et al., 2008). Hosseini et al. (2009) researched on health-promoting behaviors of nursing students and deduced that health-promoting behaviors among the students scored high (Hosseini et al., 2009).

As a result of previous studies, the importance of developing healthy life skills for nursing students during undergraduate studies is paramount. Therefore, this study aimed to determine the healthy life skills of nursing students and related health risk factors in a sample of Turkish university students.

2. Methods

2.1 Study Design and Population

This study is a cross-sectional study. Data was collected between April and June 2020. During the data collection process, the form created via Google Form was sent to the participants electronically. Sample selection was not made in the study, and it was aimed to reach the whole population. The population of the study was composed of all students studying in the Nursing Department of the School of Health Sciences of a private university (N = 400). The study sample consisted of 298 students who agreed to participate in the research. The study reached 75% of the population.

2.2 Data Collection

The data was collected using by the "Personal Information Form" and the "Healthy Life Skills" scale.

Personal Information Form

The survey has 14 questions and includes sociodemographic information of the students (such as age, gender, marital status, class, number of siblings, the place where they lived for the longest period, education level of parents, income level, whether they live with their family, presence of chronic disease, smoking and drinking alcohol).

Healthy Life Skills Scale

The Healthy Life Skills Scale was developed by Genç and Karaman in 2019 (Genç and Karaman, 2019). It is a likert-type scale and it is evaluated between "4" I strongly agree and "1" I strongly disagree. The scale contains 21 items and 4 sub-scale. The subscales are "The Importance given to Health", "Healthy Nutrition", "Access to Health Related Resources", "Health Priority". The total score of scale ranges from 21 to 84. As the score of scale increases, the healthy life skills of individuals increase positively. The Cronbach Alpha coefficient of the scale was found 0.90. In this study, total scale Cronbach Alpha coefficient was found 0.92. Cronbach's Alpha values for the sub-scales; the Importance Given to Health, 0.82, healthy nutrition, 0.80, Access to Health Related Resources, 0.81, and health priority, 0.79 was found.

2.3 Statistical Analysis

The data was analyzed with the SPSS 24 and AMOS 27 programs. In order to analysis the relationship between independent variables and dependent variables, firstly, it was analyzed whether the data showed a normal distribution, and since the Kolmogorov Smirnov p value was less than 0.05 and data was not normal distribution, Mann Whitney U, Kruskall Wallis tests were used. Confirmatory factor analysis was performed to test the construct validity of the scale. Spearman brown correlation analysis were used to reveal the relationships between sub-scales.

2.4 Ethical Considerations

Ethics Committee approval (Istanbul Gelisim University Ethics Committee, 2020-03-14) was obtained for the implementation of the study and permission was granted by the authors to use the scale. Each student who accepted to participate in the study was informed about the aim of the study and consent was obtained by online.

3. Results

Confirmatory factor analysis was conducted to test the construct validity of the scale. Factor loading of items were found to be above .30. As a result of this analysis of the model in which 21 items are explained with four factors, the goodness of fit indices were calculated as $p < 0.00$; CFI=0.87; NFI=0.96; GFI=0.97; AGFI=0.96 (Figure 1).

The mean age of participant students was 21.69 ± 2.26 (18-29), 74.8% were female, 98% were single and most of them (39.9%) were at the third class of department. It was found that 93.6% of them had siblings, most of them (55%) lived in the big city, and a large part of their parents (39.6%, 44%) were primary school graduated. Students generally had middle income (67.8%). It was determined that most of them had social security (90.3%) and 61.4% of them lived with their family, 84.9% did not have any chronic disease and 90.6% did not have any disease that required continuous use of medicine. 70.1% of the students did not smoke, 81.9% did not use alcohol. (Table 1).
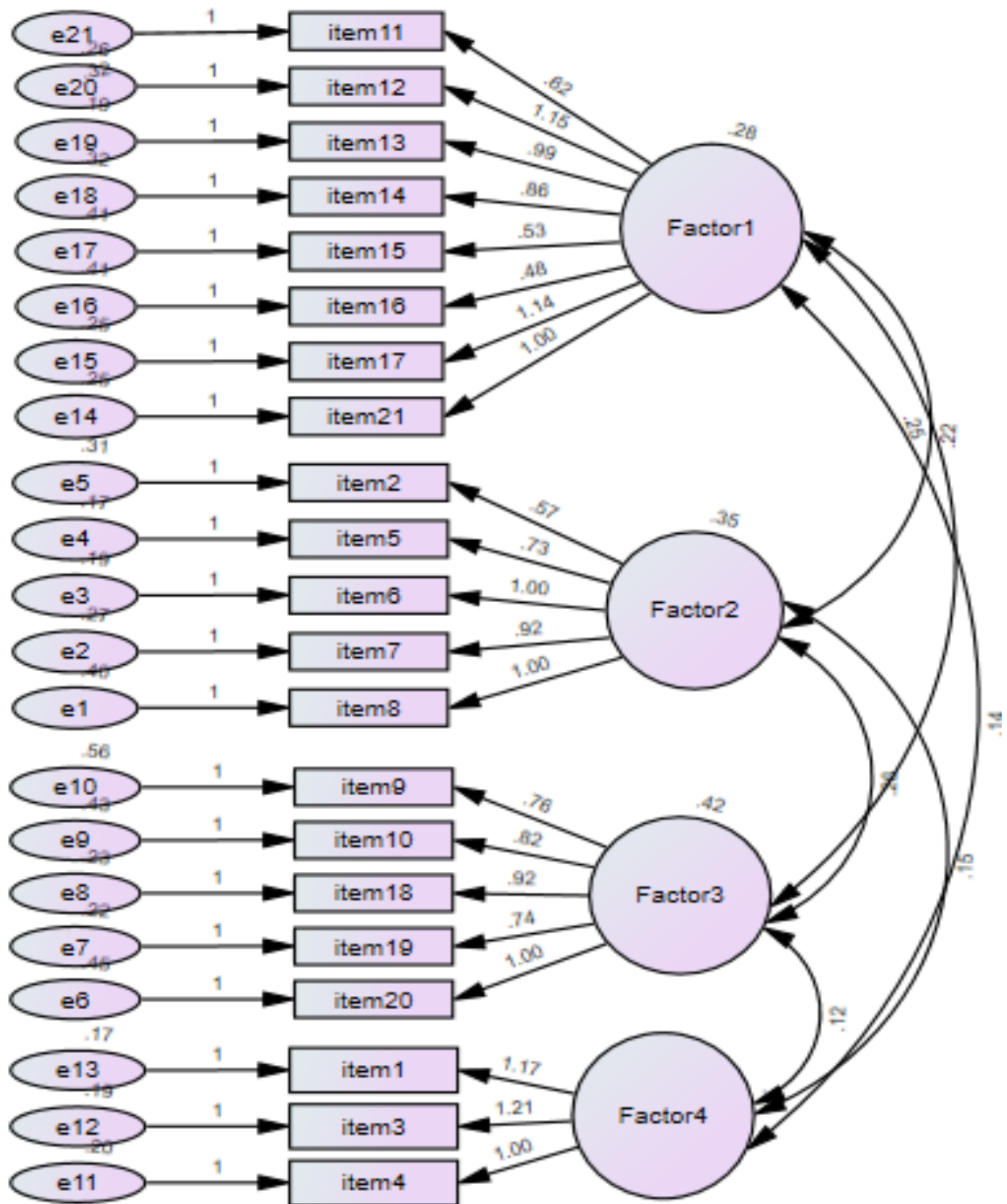
(Factor 1: The Importance given to Health, Factor 2: Healthy Nutrition, Factor 3: Access to Health Related Resources, Factor 4: Health Priority)

Figure 1. Path Diagram

Table 1. Individual Features of Students (n=298)

Individual Features	n	%
Gender		
Female	223	74.8
Male	75	25.2
Marital Status		
Married	6	2
Single	292	98
Class		
1st class	63	21.1
2nd class	86	28.9
3rd class	119	39.9
4th class	30	10.1
Sibling Presence		
Yes	279	93.6
No	19	6.4
Living Place		
Big city	164	55
City	72	24.2
District	49	16.4
Village	13	4.4
Educational Status of Mothers		
Illiterate	31	10.4
Literate	39	13.1
Elementary	118	39.6
High School	83	27.9
University	27	9.1
Educational Status of Fathers		
Illiterate	3	1
Literate	23	7.7
Elementary	131	44
High School	100	33.6
University	41	13.8
Level of Income		
Low	11	3.7
Medium	202	67.8
Good	85	28.5
Social Security		
Yes	269	90.3
No	29	9.7
Living with the Family		
Yes	183	61.4
No	115	38.6
Presence of Disease		
Yes	45	15.1
No	253	84.9
Drug Use		
Yes	28	9.4
No	270	90.6
Smoking		
Yes	89	29.9
No	209	70.1
Alcohol Use		
Yes	54	18.1
No	244	81.9

When the "Healthy Life Skills Scale" scores of students' were examined; the total scale score was found 65.83 ± 9.23. The highest subscale score was found in the "The Importance given to Health" subscale (26.07 ± 3.91), and the lowest score was in the "Health Priority" subscale (10.66 ± 1.39) (Table 2).

Table 2. Healthy Life Skills Scale Scores

Healthy Life Skills Scale Subscale	*M±SD*	*IQR*
Importance to given to Health	26.07±3.91	5
Healthy Nutrition	15.35±2.73	3
Access to Health Related Resources	13.73±3.07	3
Health Priority	10.66±1.39	2
Healthy Life Skills Scale Total Score	65.83±9.23	11

When students' individual features and healthy life skills were compared; it was found that female's healthy life skills were better than male ($p < 0.05$). It was determined that the students in the second year had healthier life skills than the students who were in other years ($p < 0.05$), students who did not use smoke and not use alcohol had healthier life skills than the students who did. Marital status, the place where they lived for the longest period, sibling presence, parents education status, income level, having social security, living with the family, presence of chronic disease and use of medicine didn't affect student's healthy life skills (Table 3).

Table 3. The Relationship Between Students' Individual Features and Healthy Life Skills Total Scores (n=298)

Individual Features	Mean Rank	Test Statistics Values	*P*
Gender			
Female	156.99	Z=-2.58	**0.01***
Male	127.23		
Class			
1st class	146.55	χ2=10.99	**0.01***
2nd class	174.67		
3rd class	135.61		
4th class	138.67		
Sibling Presence			
Yes	150.88	Z=-1.05	0.29
No	129.26		
Living Place			
Big city	154.71	χ2=1.42	0.69
City	141.26		
District	146.13		
Village	142.12		
Educational Status of Mothers			
Illiterate	161.02	χ2=3.46	
Literate	137.94		0.48
Elementary	157.20		
High School	138.96		
University	151.74		
Educational Status of Fathers			
Illiterate	116.0	χ2=0.55	
Literate	145.20		0.96
Elementary	151.01		
High School	149.39		
University	149.82		
Level of Income		χ2=0.13	
Low	156.23		0.93
Medium	150.06		
Good	147.29		
Social Security		Z=-0.74	
Yes	150.71		0.45
No	138.26		

Living with the Family			
Yes	155.80	Z=-1.59	
No	139.47		0.11
Presence of Disease		Z=-0.79	
Yes	158.92		0.42
No	147.82		
Drug Use		Z=-0.93	
Yes	163.96		0.35
No	148.0		
Smoking		Z=-2.81	
Yes	127.98		**0.00***
No	158.66		
Alcohol Use		Z=-5.62	
Yes	89.90		**0.00***
No	162.69		

p*<0.05 (Mann Whitney U and Kruskal Wallis tests were used)

When the subscale scores of the healthy life skills scale and individual features of students were compared, it was found that female (p<0.05), non-smokers (p<0.05), non-alcohol users (p<0.001), and second grade students (p<0.001) in the sub-scale of "Importance Given to Health" were found to have high scores. In the "Healthy Eating" sub-scale, non-smokers (p<0.05), non-alcohol users (p<0.001), and second grade students (p<0.001) had high scores; In the sub-scale of "Accessing Health Related Resources", female (p<0.001), living with their families (p<0.05), non-smokers (p<0.001), non alcohol users (p<0.001), the second grade (p<0.001) and living in the district (p<0.05) were found to have high scores.It was determined that women (p<0.05), non-smokers (p<0.05), non-alcohol users (p<0.001) scored higher in the "Health Priority" sub-scale.As a result of Spearman's correlation analysis, it was determined that there was a statistically positive correlation between total scale score and the scale sub-scales at a significance level of 0.05 (p<0.05) (Table 4).

Table 4. Correlation Results Between Total Scores and Sub-Sclae Scores of the Scale (n=298)

Factors	Total Sace Score R	The Importance given to Health ** r	Healthy Nutrition * R	Access to Health Related Resources ** R	Health Priority ** r
Total Sace Score	---	.893**	.788**	.775**	.683**
The Importance given to Health	.893**	---	.569**	.565**	.614**
Healthy Nutrition	.788**	.569**	---	.512**	.532**
Access to Health Related Resources	.775**	.565**	.512**	---	.331**
Health Priority	.683**	.614**	.532**	.331**	---

**p<0.05

4. Discussion

In the present study, the Students' Healthy Life Skills Scale total score was 65.83±9.23, which was above the average. In other studies similar to this study, it was correspond that healthy life skills in university students were at a moderate level. (Hong et al., 2007; Karadeniz et al., 2008; Alpar et al., 2008; Cihangiroğlu and Deveci, 2011; Özyazıcıoğlu et al. 2011; Yıldırım et al., 2016; Çoban et al., 2017;). Hui (2002) and Erzincanlı (2015) found in

their research on university students that students generally have moderate healthy lifestyle behaviors which corresponds to our findings. University period is a significant period in which students try to adapt to the new lifestyle and start to make important decisions for their own lives. According to these results, it seems to be that the students have difficulty in adapting to the new lifestyle, considering that they study away from their families, and that they cannot give enough importance to their health in this process (Hui, 2002; Erzincanlı et al, 2015).

When the subscale point mean of the scale are analyzed; It was found that mean of the Importance Given to Health subscale score was highest (26.07±3.91), and mean of the Health Priority subscale score was the lowest (10.66±1.39) (Table 2).

It may be that the high mean score of the "Importance Given to Health" subscales can be due to the fact that the students study in Health Sciences. The low mean score of the "Health Priority" subscale may be due to the fact that the students are in their youth period. Because in this period, health behaviors are newly figurated (Tambağ and Turan, 2012).

In the present study, it was found that the students studying in the second year had higher healthy life skills scores than the students studying in other classes (p<0.05). In the studies conducted by Hui (2002) and Erzincanlı (2015) on university students, it was determined that first-year students scored higher than other students. This findings correspond to our findings. Unlike our findings, Pawloski and Davidson (2003) reported that although nursing students gained knowledge about health protection and improvement during their education, they could not reflect this knowledge to their behaviors (Pawloski and Davidson, 2003). The reason for the high scores of 1st and 2nd year students is that the reason may lie in including information on protecting and promoting health in curriculum in the first years.

According to our findings, female students' healthy life skills were found to be better than males (p<0.05). In the study of Hong et al., the mean of female students' health promoting behaviors was higher than male students (Hong et al., 2007). The findings of this study correspond to our findings. When the studies in the literature were analyzed, it seems to be that women showed more healthy lifestyle behaviors than men (Vranda, 2009; Özyazıcıoğlu et al., 2011). This may be because women give more importance to their body image, and negative behaviors such as skipping meals and a sedentary lifestyle are less common in women.

Cigarette and alcohol consumption is one of the preventable public health problems, especially among university students (Wakefield et al., 2010). In this study, the mean scale score of the students who did not use cigarettes and alcohol was found to be higher than the students who used. According to results, the students who will be a model for the society have sufficient knowledge about the harms of smoking and alcohol use as a member of the health area and can reflect this knowledge on their behaviors.

In the literature, there is no consensus on the values that should be reported in the Confirmatory Factor Analysis (Kline, 1994). In this study, the frequently used CFI, NFI, AGFI and GFI" fit indices were examined and reported. The structure of the scale was found to have a generally acceptable goodness of fit.

5. Conclusion and Suggestions

In the present study, the healthy life skills scale was used for the first time and the healthy life skills levels of nursing students were analyzed. As a result of the research, it was found that the Healthy Life Skills Behaviors of the students were above the average. The highest scale sub-scale score is "Importance Given to Health", and the lowest scale sub-scale score is "Health Priority". It was determined that female students' healthy life skills were better than male students. It was determined that the second year students and students who did not have smoking and drinking habits had healthier life skills.

With these results;

- Including these subjects in the education curriculum in order to increase the healthy life skills behaviors of nursing students,
- Draw attention to the importance of the subject in practical applications and to provide consultancy services,
- Nursing students' healthy life skills behaviors qualitative studies with different sample groups is suggested to be done.

6. Limitations

This research cannot be generalized to the population since it was conducted only with students studying at the specified university.

References

Al-Kandari, F., Vidal, V.L., & Thomas, D. (2008). Health-promoting lifestyle and body mass index among college of nursing students in Kuwait: A correlational study. *Nursing and Health Sciences, 10,* 43-50. https://doi.org/10.1111/j.1442-2018.2007.00370.x

Alpar, S.E., Senturan, L., Karabacak, U., & Sabuncu, N. (2008). Change in the health promoting lifestyle behavior of Turkish university students from beginning to end of nurse training. *Nurse Education in Practice*, *8*, 382–388. https://doi.org/10.1016/j.nepr.2008.03.010

Bakır, N., & Yangın, H.B. (2019). Üniversite öğrencilerinde premenstrual sendrom ve sağlıklı yaşam biçimi davranışları arasındaki ilişki. *Yaşam Becerileri Psikoloji Dergisi, 3*(5), 39-51. https://doi.org/10.31461/ybpd.538946

Biktagirova, G.F., & Kasimova, R.S. (2016). Formation of university students' healthy lifestyle. *International Journal of Environmental & Science Education, 11*(6), 1159-1166. doi:10.12973/ijese.2016.385a

Borle, P.S., Parande, M.A., Tapare, V.S., Kamble, V., & Bulakh, P. (2017). Health-promoting lifestyle behaviours of nursing students of a tertiary care institute. *Int J Community Med Public Health,* *4*(5), 1768-1773. http://dx.doi.org/10.18203/2394-6040.ijcmph20171799

Boylu, A., & Paçacıoğlu, B. (2016). Yaşam kalitesi ve göstergeleri. *Akademik Araştırmalar ve Çalışmalar Dergisi, 8*(15), 137-150. https://doi.org/10.20990/kilisiibfakademik.266011

Cihangiroğlu, Z., & Deveci, S. (2011). Fırat Üniversitesi Elazığ Sağlık Yüksekokulu öğrencilerinin sağlıklı yaşam biçimi davranışları ve etkileyen faktörler. *Fırat Tıp Dergisi, 16*(2), 78-83.

Çoban, A., Adana, F., Taşpınar, A., & Arslantaş, H. (2017). Üniversite öğrencilerine verilen sağlıklı yaşam biçimi davranışları dersinin etkinliğinin ölçülmesi. *Balıkesir Sağlık Bilimleri Dergisi, 6*(1), 16-21. https://doi.org/10.5505/bsbd.2017.88597

Darch, J., Baillie, L., & Gillison, F. (2019). Preparing student nurses to be healthy role models: A qualitative study, nurse education in practice. *Nurse Education in Practice, 40*, 1-7. https://doi.org/10.1016/j.nepr.2019.102630

Erzincanlı, S., Zaybak, A., & Khorshid, A.L. (2015). Hemşirelik öğrencilerinin sağlıklı yaşam biçimi davranışları ve zaman yönetimi becerileri. *Ege Üniversitesi Hemşirelik Fakültesi Dergisi, 31*(2), 8-25.

Farhud, D.D. (2015). Impact of lifestyle on health. *Iran J Public Health, 44*(11), 1442–1444.

Genç, A., & Karaman, F. (2019). Üniversite öğrencilerinde Sağlıklı Yaşam Becerileri Ölçeği'nin geliştirilmesi. *İstanbul Gelişim Üniversitesi Sağlık Bilimleri Dergisi,* (7), 656-669. https://doi.org/10.38079/igusabder.496557

Hosseini, M., Ashktorab, T., Taghdisi, M.H., Vardanjani, A.E., & Rafiei, H. (2014). Health-promoting behaviors and their association with certain demographic characteristics of nursing students of Tehran City in 2013. *Glob J Health Sci, 7*(2), 264-72. http://dx.doi.org/10.5539/gjhs.v7n2p264

Hong, J.F., Sermsri, S., & Keiwkarnka, B. (2007). Health-promoting lifestyles of nursing students in Mahidol University. *Journal of Public Health and Development, 5*(1), 27-40.

Hubley, J., & Copeman, J. (2013). *Practical Health Promotion*. 2nd ed. Polity Press, Cambridge, UK.

Hui, W.H.C. (2002). The health-promoting lifestyles of undergraduate nurses in Hong Kong. *J Prof Nurs, 18*(2), 101-11. https://doi.org/10.1053/jpnu.2002.32346

Kaçan, C.Y., & Örsal, O. (2019). Hemşirelik öğrencilerinin sağlıklı yaşam biçimi davranışları düzeyinin değerlendirilmesi. *Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi, 9*(1), 19-24. https://doi.org/10.33631/duzcesbed.481144

Karadeniz, G., Yanıkkerem, Uçum, E., Dedeli, Ö., & Karaağaç, Ö. (2008). Üniversite öğrencilerinin sağlıklı yaşam biçimi davranışları. *TAF Prev Med Bull, 7*(6), 497-502.

Khalid, M., Almutairi, K.M., Alonazi, W.B., Vinluan, J.M., Almigbal, T.H., Batais, M.A., et al. (2018). Health promoting lifestyle of university students in Saudi Arabia: A cross-sectional assessment. *BMC Public Health, 18*, 1093. https://doi.org/10.1186/s12889-018-5999-z

Kline, P. (1994). *An easy guide to factor analysis*. First Ed. Taylor & Francis Group, Routledge, London.

Megari, K. (2013). Quality of life in chronic disease patients. *Health Psychol Res*, *1*(3), e27, 141-148. https://doi.org/10.4081/hpr.2013.e27

Mehri, A., Solhi, M., Garmaroudi, G., Nadrian, H., & Sighaldeh, S.S. (2016). Health promoting lifestyle and its determinants among university students in Sabzevar, Iran. *Int J Prev Med, 7*, 65. https://doi.org/10.4103/2008-7802.180411

Özyazıcıoğlu, N., Kılıç, M., Erdem, N., Yavuz, C., & Afacan, S. (2011). Hemşirelik öğrencilerinin sağlıklı yaşam biçimi davranışlarının belirlenmesi. *Uluslararası İnsan Bilimleri Dergisi, 8*(2), 277-332.

Pawloski, L.R., & Davidson, M.R. (2003). Physical activity and body composition analysis of female baccalaureate nursing students. *Nurse Education in Practice, 3*, 155-162. https://doi.org/10.1016/S1471-5953(02)00109-9

Tambağ, H. & Turan, Z. (2012). Öğrencilerin sağlıklı yaşam biçimi davranışlarına halk sağlığı hemşireliği dersinin etkisi. *Hemşirelikte Araştırma Geliştirme Dergisi*, *14*(1), 46-55.

Tashiro, J. (2002). Exploring health promoting lifestyle behaviors of Japanese college women: Perceptions, practices, and issues. *Health Care Women Int*., *23*(1), 59-70. https://doi.org/10.1080/073993302753428438

Vranda, M.N. (2009). Development and standardization of life skills scale. *Indian Journal of Social Psychiatry, 25*(1/2), 17-28.

Wakefield, M.A., Loken, B., & Hornik, R.C. (2010). Use of mass media campaigns to change health behaviour. *Lancet, 376* (9748), 1261-1271. https://doi.org/10.1016/S0140-6736(10)60809-4

Yıldırım, N., Aydın, M., Hayırsever, F., & Ankaralı, H. (2016). Bir hemşirelik lisans programında verilen sağlığı geliştirme dersinin etkinliği. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi, 9*(3), 88-92. https://dergipark.org.tr/en/download/article-file/753004

Zaman, R., Hankir, A., & Jemni, M. (2019). Lifestyle factors and mental health. *Psychiatr Danub*, *31*(3), 217-220.

Declarations