

The Healthy Lifestyles of Enrolled Nurse Students of Two Nursing Schools in Hong Kong.

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Abstract

Background. Nursing staff is the major group of healthcare professionals who take care of clients in different healthcare settings. Are they educated to take good care of themselves before taking care of others? Few studies were conducted to identify the healthy lifestyles of enrolled nurse students who are trained to be professionals in future in Hong Kong.

Purpose. This study aims to examine the healthy lifestyles of enrolled nurse students from 2 nursing schools in Hong Kong. Any significant relationships of selected demographic variables with health-promoting lifestyles were also investigated.

Methods. A cross-sectional descriptive study was conducted using convenience samples (n=267) of pupil nurses from 2 nursing schools recruited during classes discussing holistic health in the year of 2013. The Chinese version of the Health Promotion Lifestyle Profile II (HPLP-II) was given to participants as a self-administered questionnaire and returned voluntarily.

Results. Findings showed that physical activity scored the lowest in the health promoting lifestyles, which warrants more attention for nurturing a balanced development of holistic health to enrolled nurse students. Males are more active than females on physical exercises. Religion is found to be a factor that may affect health which should also be further explored.

Conclusions. This study provides information about the healthy lifestyle of enrolled nurse students which can help school administrators in identifying their training needs. It also provides some ground data for further studying of the holistic health of nurses.

The healthy lifestyles of enrolled nurse students of two nursing schools in Hong Kong

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Abstract Background Nursing staff is the major group of healthcare professionals who take care of clients in different healthcare settings. Are they educated to take good care of themselves before taking care of others? Few studies were conducted to identify the healthy lifestyles of enrolled nurse students who are trained to be professionals in future in Hong Kong. Purpose This study aims to examine the healthy lifestyles of enrolled nurse students from 2 nursing schools in Hong Kong. Any significant relationships of selected demographic variables with health-promoting lifestyles were also investigated. Methods A cross-sectional descriptive study was conducted using convenience samples (n=267) of pupil nurses from 2 nursing schools recruited during classes discussing about holistic health in the year of 2013. The Chinese version of the Health Promotion Lifestyle Profile II (HPLP-II) was given to participants as a self-administered questionnaire and returned voluntarily. Results Findings showed that physical activity scored the lowest in the health promoting lifestyles, which warrants more attention for nurturing a balanced development of holistic health to enrolled nurse students. Males are more active than females on physical exercises. Religion is found to be a factor that may affect health which should also be further explored. **Conclusions** This study provides information about the healthy lifestyle of enrolled nurse students which can help school administrators in identifying their training needs. It also provides some ground data for further studying of the holistic health of nurses.

Key words health-promoting behaviors enrolled nurse students religion

1. Introduction

Are nurses educated to become healthy and actually practice health-promoting behavior before they take care of those who are sick in the hospital? Can they take good care of themselves before caring for others? Nursing staff is a major group of healthcare professionals who take care of patients in the hospital round the clock. It is important that they themselves possess holistic health so that they can provide holistic care to their clients. However, few studies were conducted to identify the healthy lifestyles of student nurses who are trained to be professional in future in Hong Kong. Pupil nurses and student nurses are trained in nursing schools and universities respectively in Hong Kong. This study aims to examine the healthy lifestyle of pupil nurses from 2 nursing schools in Hong Kong. Any significant relationships of selected demographic variables with health-promoting lifestyles were also investigated. In this study, health promoting behavior is defined as an expression of the human

actualizing tendency that is directed toward optimal well-being, personal fulfillment, and productive living. Lifestyle is defined as discretionary activities that are a regular part of one's daily pattern of living and significantly influence health status (Pender, Murdaugh & Parsons, 2011, p108).

When talking about health, though the definition of health in the World Health Organization (WHO) remains unchanged since 1946, which is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity", it is acknowledged that the spiritual dimension of health is increasingly recognized and the scope of health becomes more holistic (WHO, 1998). In Hong Kong, providing holistic care including the physical, psychosocial and spiritual dimensions has also been seen as a professional standard in the nursing profession (College of Nursing, Hong Kong, 1997). However, as suggested by Thornton (2008), it is essential for nurses to take good care of themselves before providing holistic care for their patients. It is well demonstrated by studies that living a healthy lifestyle can help manage stress that is prevalent in the healthcare system (Dahlqvist, Soderberg & Norberg, 2008; Lachman, 1996 ; Larouche, 1998). Studies

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also showed that health promoting interventions or programs for nursing students may better prepare them for living a healthy lifestyle (Alpar, Senturan, Karabacak & Sabuncu 2008; Stark, Hoekstra, Hazel & Barton 2012; Yeh, Chen, Wang, Wen & Fetzer 2005). Furthermore, after their graduation, they are often expected to act as role models for their clients in which they practice. In a study by Hicks, McDermott, Rouhana, Schmidt, Seymour & Sullivan (2008) to examine responses to nurses' body sizes, it was found that participants who viewed a nurse picture with appropriate weight were more confident of the nurses' ability to provide diet and exercise education than those who viewed a picture of an overweight nurse.

According to different youth studies in Hong Kong, relatively few young people practice health-promoting behaviors. In a recent survey of 674 youths aged between 15 and 34, 9.7% of the respondents were without any exercise habit and 40.9% had physical exercises less than 1 hour per day. On the other hand, another survey of 722 high school students, 81.5% of respondents use hand phones. 34.0% of them spend 1 to 2 hours per day and 39.0% use more than 3 hours per day when limited physical activities are required (Hong Kong Federation of Youth Groups, 2013). If they are recruited as student or pupil nurses, are they well prepared to be healthy holistically before taking care of the sick in the hospital? There are few studies to examine the healthy lifestyles of youth in Hong Kong, especially of nursing students and pupil nurses. A study conducted by Callaghan, Ma and Fung (1997) suggested that Hong Kong nurses are health exemplars in relation to their practice of most health-related behaviors, nevertheless, not many respondents reported taking regular exercise. Hui (2002) study on 169 undergraduate nurses found that student nurses performed best in interpersonal relations but worst in physical activity. The older age group also had lower scores in stress management and exercise practice. The study by Lee and Loke (2005) showed that relatively few university students had a sense of "health responsibility" and engaged in any form of physical activity. The objectives of the study were (i) to examine the healthy lifestyle of pupil nurses from 2 nursing schools in Hong Kong; and (ii) to identify

any significant relationships of selected demographic variables (sex, age and religion) with health-promoting lifestyles. It is hoped that this study will provide more ground data to nursing school administrators for student health promotion and help students to adopt a healthier lifestyle.

2. Methods

In Hong Kong, there are two tiers of nursing staff. They are the Registered Nurse (RN) and Enrolled Nurse (EN). Nearly all RNs are prepared and educated in universities whereas ENs are trained in nursing schools attached to regional district hospitals. There are totally 6 nursing schools conducting a 2 year EN program. A cross-sectional study was conducted using convenience samples ($n=267$) of pupil nurses from 2 nursing schools recruited during classes discussing about holistic health in the year of 2013. The Chinese version of the Health Promotion Lifestyle Profile II (HPLP-II) (Teng Yen & Fetzer, 2010) was given to participants as a self-administered questionnaire and returned voluntarily. To ensure anonymity, no name was required on the questionnaire. Consent to participate was assumed by the voluntarily return of the completed questionnaires after class. With the dispatch of 285 copies of questionnaire, 267 were returned with a response rate of 94 percent.

The HPLP-II is a 52 items questionnaire composed of six subscales which measures the holistic health including the physical, psychosocial and spiritual aspects. The six subscales are health responsibilities (nine items), physical activities (eight items), nutritional habits (nine items), spiritual growth (nine items), interpersonal relations (nine items), and stress management (eight items). The HPLP-II measures how frequently participants engaged in 52 health-promoting behaviors. The Likert scale of four-point response to each item (1 = never, 4 = routinely) measures the participant's self-reported health-promoting behaviors with higher scores indicating more frequent performance of the health-promoting behaviors.

The original English version has been used extensively in health-promotion research and was

reported to have a Cronbach's alpha of 0.94 for the total scale and the alpha ranging from 0.79 to 0.94 for the six subscales (Walker, Sechrist & Pender, 1995). The Chinese version was established using forward-backward translation with the content validity index for all items achieved 100% and a test-retest correlation of $r=0.73$ for the 20 respondents, indicating adequate stability (Teng, Yen & Fetzer, 2010). The Cronbach's alpha of the present study was 0.92 for the total scale and the alpha ranging from 0.81 to 0.84 for the six subscales.

3. Results

Of the 267 students who completed the questionnaires, 23(8.6%) were males and 244 (91.4%) were females. More than 70.0% of respondents were at or below the age of 25. Most of them were without any religious belief. Details can be seen at Table 1. The ranking of more positive responses of the six subscales were spiritual growth, interpersonal relations, stress management, nutritional habits, health responsibility and physical activity. The total HPL score was 129.23, that is 62 percent out of the sum total of 208 (see Table 2). Regarding relationships of selected demographic variables of sex, age and religion with health-promoting lifestyles, no significant relationship was found with age. However, the mean score of female pupil nurses were significantly lower than that of the male pupil nurses in physical activity subscale (See Table 3). Besides, significant differences in mean scores of interpersonal relations and spiritual growths and the total HPL scores were also found between those respondents with and without religion (See Table 4).

4. Discussion

Among six domains of the healthy behaviors, physical activity ranked the lowest, which is consistent with the previous studies in Hong Kong (Hui, 2002; Lee & Loke, 2005) and some overseas studies (Morteza & Mina, 2012; Stark, Hoekstra, Hazel & Barton 2012). There may be several possible reasons. First, Hong Kong is a cosmopolitan and also a very competitive

Table 1 Demographic Data(N=267)

		n=267	%
Gender	Male	23	8.6%
	Female	244	91.4%
Age	25 or below	186	72.4%
	26-30	56	21.8%
	31-35	13	5.1%
	36-40	1	0.4%
	41 or above	1	0.4%
Religious	Christian	62	23.8%
	Catholic	5	1.9%
	Buddhist	4	1.5%
	Nil	189	72.4%
	Others	1	0.4%

Table 2 Means, SD, Minimum and Maximum Scores of Total HPL and its Subscales(N=267)

Ranking	Scales	Mean	SD	Min.	Max.
5	Health responsibility	20.09	3.68	11	32
6	Physical activity	16.27	3.96	8	32
3	Nutritional habit	22.12	3.15	14	32
1	Spiritual growth	25.14	4.17	13	36
2	Interpersonal relations	24.90	3.88	14	36
4	Stress management	20.72	3.36	13	32
	Total HPL	129.23	16.78	83	186

Table 3 Comparison of mean between sex

	Mean		t
	Men (n=23)	Women (n=244)	
Health Responsibility	19.78	20.07	-0.35
Physical Activity	19.26	16.01	3.82***
Nutritional Habits	21.74	22.07	-0.48
Spiritual Growth	24.00	25.32	-1.48
Interpersonal Relations	23.74	25.06	-1.53
Stress Management	19.87	20.83	-1.29
Total HPL	128.35	129.36	-0.27

Note: * $p<0.05$, ** $p<0.01$, *** $p<0.001$

Table 4 Comparison of mean between respondents with and without religion

	Mean		t
	With Religion (n=72)	Without Religion (n=189)	
Health Responsibility	20.79	19.79	1.96
Physical Activity	16.61	16.19	0.77
Nutritional Habits	22.46	21.95	1.17
Spiritual Growth	26.14	24.79	2.30*
Interpersonal Relations	26.13	24.48	3.05**
Stress Management	21.22	20.58	1.37
Total HPL	133.35	127.78	2.41*

Note: * $p<0.05$ ** $p<0.01$ *** $p<0.001$

city. People are more concerned of the cognitive development of young people whom are prepared for getting a place in the university so that a better job can be secured in future. Both physical and social activities are not the top priority as expected by most of their parents. Therefore, before joining nursing as a pupil nurse, they may not have developed any habit of physical exercises. Second, as a student, course work in addition to clinical practice requirements and some family obligations already make them exhausted. It requires great motivation and will power to spend time for physical exercises. Third, since the EN's program takes only 2 years, the curriculum is more nursing skill oriented and very packed, the important health-promoting behavior may not have been emphasized with exercising facilities provided for the students. With reference to the total score, the present study of 129.23 is higher than previous studies of undergraduate nurses conducted by Hui(2002) with 169 university students who score 116.28 and of conducted by Lee and Loke(2005) with N=247 and score 119.77. One possible reason is the age of nearly 30.0% of the respondents of the present study was over 25, whereas the age of respondents of previous studies were all under the age of 25. The life experiences may help young people grow up and to be more matured in managing oneself. The result of this study is also consistent with some overseas studies that older adults practiced more desirable health-related behaviors (Kerr & Ritchey, 1990; Kuster & Fong, 1993; Pender, Walker, Sechrist & Frank-Stromberg, 1990).

Regarding relationships of gender with health-promoting lifestyles, the result of males scored better than females on the physical exercise subscale is also consistent with other studies (Lee & Lok, 2005; Wei, Harada, Ueda, Fukumoto, Minamoto & Ueda, 2012). It may be due to the physical makeup of males that they are more prone to practice physical exercises as a means for ventilation and socialization. The Hong Kong Federation of Youth Groups (1999) poll showed that 58.0% of the Hong Kong young people reported exercising regularly, and that males were more eager to maintain regular exercise than females. There are enough evidences supporting physical, mental and

social benefits of physical activities (Lotan, Merrick & Carmeli, 2005) and individual Randomized Controlled Trial also showed physical exercise did improve general health (Eriksen, Ihlebaek, Mikkelsen, Gronningsaeter, Sandal & Ursin 2002). However, this study revealed that pupil nurses, particular the female still lack of physical activity which may affect their holistic health. More attention should be paid to this group of professionals.

When viewing about those with and without religion, the study showed that those with religion did better in the domains of spiritual growth, interpersonal relations and the total HPL score which demonstrated a positive influence of religion to one's health. It is consistent with a number of empirical studies suggesting that religion is a protective factor within an individual, a family, and a community (Koenig, 2009; Pargament, 1997). Religion may provide comfort, stimulate personal growth, enhance a sense of intimacy with God, and facilitate closeness with others, or offer meaning and purpose in life (Pargament & Park, 1995). A study by Larson, Hansen and Moneta (2006) on a sample of 2280 high school students with organized youth activities found that youth in faith-based activities reported higher rates of experiences related to identity, emotional regulation, and interpersonal development in comparison with other activities. It is worthwhile to explore the personal strength offered by religion.

5. Conclusions

This study indicated that physical activity scored the lowest in the health promoting lifestyle. Females are less active than male on physical exercises which warrants more attention for nurturing a balanced development of holistic health to pupil nurses. Furthermore, religion is found to be a factor that may affect health which should also be explored. This study provides information about the healthy lifestyle of pupil nurses which can help school administrators in identifying their training needs. It also provides some ground data for further studying of the holistic health of nurses.

6. Recommendations

A healthy individual should possess holistic health that has a balanced development in physical, psychosocial and spiritual domains. To maintain a healthy lifestyle is paramount to pupil nurses who are trained to take care of patients in healthcare settings which are stressful and emotional laboring. The importance of holistic health should be emphasized when they are first taught in the nursing school. Though the time for training for an EN is short, physical education program, either in the curriculum or as an extra-curricular activity should be organized to encourage students to take an active part in pursuing a healthy lifestyle. Adequate sports facilities should also be arranged so as to facilitate participation in physical exercises. Since religion may help provide a better health, a course to explore different major religions especially relating to health is worth studying. It not only benefits student personally, but also prepares them in understanding how religion helps those who are in pain and suffering.

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A correlation study of depression and social support of patients with hemodialysis

In Fan Lok

Abstract Objective: The Purpose of the study is to describe the level of depression and social support in maintenance hemodialysis patients,

and to explore the correlation between them. Methods: Self-rating depression scale (SDS) and Social support rating scale (SSRS) were used to measure the level of depression and social support in 120 maintenance hemodialysis patients. Results: In 120 maintenance hemodialysis patients, 94.2% of the patients were without depression, only 3.3% with mild depression and 2.5% with moderate depression. The Social Support's score showed moderate levels of social support (35.14±7.36). The depression of maintenance hemodialysis patients and objective support, subjective support and social support rating scale total scores were negatively correlated ($r = -0.44$, $r = -0.40$, $r = -0.41$, $p < 0.01$). Conclusions: The level of depression and the incidence rate of maintenance hemodialysis patients in Macau were lower than other regions, the patient's with the higher social support, the degree of depression were lower.

Key Words maintenance hemodialysis depression social support

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香港兩間護士學校登記護士學生的健康生活型態

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摘要 背景：護理人員在各醫療環境中照顧患者，是醫療專業的主要一群。他們在照顧別人之前可有人教導他們如何先照顧好自己呢？在香港很少研究確定登記護士學生的健康生活型態，而他們正受訓成為未來的專業人員。目的：本研究旨在檢測香港兩間護士學校登記護士學生的健康生活型態。同時探索她們的人口統計變數與其健康促進生活型態之間的任何重要關係。方法：採用橫向描述性研究，對象乃因便招募，來自2013年於兩間護士學校進行全人健康課堂的登記護士學生，共267人。中文版健康促進生活型態量表(HPLP-II)分發給參加者自行填寫及自願交回。結果：顯示在健康促進生活型態中體力活動一項得分最低，可見我們需要更多注意培育護士學生發展均衡的全人健康。男生的體力活動比女生活躍。結果同時發現，宗教可能是影響健康的其中一項因素，這方面需作進一步探討。結論：本研究提供登記護士學生的健康生活型態資料，幫助學校管理人員訂定學生的培訓需要，亦為進一步研究護士的全人健康提供數據資料。

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