

MARIA JASIŃSKA¹, KATARZYNA ŻUŁTAK-BĄCZKOWSKA¹, IWONA ROTTER¹, GRAŻYNA DUGIEL²,
ZBIGNIEW SZYCH³, BEATA KARAKIEWICZ¹

Subiektywna ocena stanu zdrowia studentów Pomorskiej Akademii Medycznej w Szczecinie.

Health Self-Assessment in Students of Pomeranian Medical University in Szczecin

Streszczenie

Wstęp. Badanie analizuje samoocenę zdrowotności studentów Pomorskiej Akademii Medycznej (PAM), Wydziału Nauk o Zdrowiu – znających zasady zdrowego stylu życia i z założenia będących grupą uznającą walor zdrowia w kategoriach sukcesu życiowego.

Cel. Poznanie podejścia studentów Wydziału Nauk o Zdrowiu PAM do promocji własnego zdrowia.

Materiał i metoda. Badaniem objęto 217 studentów Wydziału Nauk o Zdrowiu PAM.

Wyniki. Znaczna część studentów prowadzi niewłaściwy styl życia, a wraz ze wzrostem stażu pracy ich sytuacja zdrowotna nie jest korzystniejsza.

Wnioski. Konieczne zwiększenie nacisku w procesie kształcenia w kierunku wykorzystania wiedzy z zakresu promocji zdrowia i stosunku do pacjentów oraz samych siebie.

Abstract

Background. The analysis of health self-assessment in students of the Faculty of Health Sciences at the Pomeranian Medical University (PAM) in Szczecin. The students know the principles of healthy life style and are supposed to think of health in terms of life success.

Aim. To learn about students' attitude to promotion of their own health.

Material and method. The study involved 217 students of the Faculty of Health Sciences at the Pomeranian Medical University (PAM).

Results. A considerable number of students lead unhealthy life style, which does not change with job seniority.

Conclusions. It is necessary to emphasize the importance of health promotion and positive attitude towards patients and ourselves in the process of education.

Słowa kluczowe: promocja zdrowia, samoocena zdrowia.

Key words: health promotion, health self-assessment.

¹ Faculty of Health Sciences, Public Health Department, Pomeranian Medical University in Szczecin

² Faculty of Health Sciences, Department of Medical Informatics and Research on Quality of Education, Pomeranian Medical University in Szczecin

³ Faculty of Pedagogy and Health Sciences, Nursing Department, University of Business and Enterprise in Ostrowiec Świętokrzyski,

INTRODUCTION

In accordance with a new valid professional education system, decision to be a nurse or a medical rescuer can be made by an adult person having a fixed outlook on life, a person making decisions deliberately and conscious of its consequences. The choice of these professions is motivated by a wish to rescue and maintain human life and health [1-4]. Definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” has in recent years been extended by the term “quality of life” consisting of good financial situation, happy family life, safe conditions of employment and others [1]. These elements of human well-being form a basis for everyday activities undertaken by nurses and medical rescuers, since provision of optimal care in the bio-psycho-social sphere to all patients is what their work concentrates on [4].

AIM

The aim of this study was to compare self-assessment of health, financial situation, the feeling of satisfaction and happiness in family life with using health promotion principles in practice.

MATERIAL AND METHODS

In this survey-based study we used the author's questionnaire consisting of closed-ended questions about the place of residence, marital status, the number of children, financial situation, the evaluation of stress level (without classification), self-assessment of health and happiness in family life, and the use of stimulants.

Respondents were asked to report their weight and height, and on this basis the body mass index (BMI) was calculated. BMI below 19 indicated underweight, from 19.1 to 24.9 normal body mass and from 25.0 to 29.9 – overweight. Students with BMI over 30 were considered obese.

The study involved a total number of 217 full-time and part-time students at the Faculty of Health Sciences. Out of them 129 were full-time students at BA course (the 3rd year of nursing, and the 1st and 2nd years of medical rescue) and 88 part-time students of nursing (the last year of Master's Studies). Men constituted 27.1% (35 subjects) in the group of full-time students and 2.2% (2 subjects) in the group of part-time students.

RESULTS

Some 57 (64.7%) part-time students lived in a big city, and only 23 (26.3%) in the country. The difference was statistically highly significant ($p < 0.009$). On the contrary, considerably more full-time students lived in the country (27 subjects, i.e. 20.9%) than in a city ($p < 0.04$). Other differences were insignificant.

In the group of full-time students, BMI indicating underweight was present in a considerable number of women, while overweight was noted mostly in men. All the students in this group were 18-27 years of age. Part-time students, on the other hand, considerably often were overweight and obese. Underweight was significantly more common ($p < 0.004$) among full-time students. The difference in the number of students with BMI 19.1-24.9 and 24-30 was insignificant, while the difference in the prevalence of obesity was highly significant ($p < 0.005$). Obesity was more frequent in part-time students (Table 1).

TABLE 1. The body mass index (BMI) depending on the type of studies.

BMI	Students			
	Full-time studies		Part-time studies	
	n	%	n	%
<19	20	15.5	2	2.2
19-24.9	91	70.5	60	68.2
25.0-30	18	14.0	19	21.5
>30	0	0	7	8.1
Total	129	100.0	88	100.0

Full-time students, with the prevalence of men ($p = 0.05$), considerably more often practised sports. The difference was highly significant ($p < 0.0001$) (Table 2).

TABLE 2. Physical activity depending on the type of studies.

	Students			
	Full-time studies		Part-time studies	
	n	%	n	%
	84	65.1	31	35.2
Men	Women			
n	%	n	%	
28	80	56	59.5	

No differences were found in health self-assessment depending on the type of studies or gender. All full-time students with BMI from 25.0 to 29.9 assessed their health as “very good” or “good”, and only 4 (15.3%) of the part-time students with overweight and obesity described their health as “bad” (Table 3).

TABLE 3. Health self-assessment in students depending on the type of studies.

Health self-assessment	Students			
	Full-time studies		Part-time studies	
	n	%	n	%
Very good	36	27.9	13	14.8
Good	89	69	67	76.2
Bad	4	3.1	8	9
Very bad	0	0	0	0
Total	129	100.0	88	100.0

The commonness of smoking among students was similar in both groups. The difference was insignificant ($p > 0.15$) also when referring to gender (Table 4).

Analysis of alcohol consumption among female and male full-time students, both drinking occasionally and not drinking at all, demonstrated only an insignificant difference. However, the difference between women and men admitting to “frequent” alcohol consumption was statistically significant ($p < 0.004$), with prevalence of men (Table 5).

TABLE 4. Prevalence of smoking cigarettes among students depending on the type of studies.

Students							
Full-time studies				Part-time studies			
Men		Women		Men		Women	
n	%	n	%	n	%	n	%
10	28.5	16	17	0	0	27	100
n		%		n		%	
Total	26	20,1		Total	27	30.7	

TABLE 5. Alcohol consumption among students depending on the type of studies.

Drinking alcohol	Students			
	Full-time studies		Part-time studies	
	n	%	n	%
Don't drink at all	16	12.4	20	22.7
Drink occasionally	101	78.3	65	73.9
Often	12	9.3	3	3.4
Total	129	100.0	88	100.0

“High” and “very high” stress levels were reported by every fifth full-time student and half of part-time students. This is a highly significant difference ($p < 0.0006$ and $p < 0.004$). However, the difference between full-time and part-time students in self-assessment of stress levels defined as “low” or “medium” was insignificant ($p > 0.22$) (Table 6).

TABLE 6. Self-assessment of the stress level in students depending on the type of studies.

Stress level	Students			
	Full-time studies		Part-time studies	
	n	%	n	%
Low	70	54.2	9	10.3
Medium	37	28.7	26	29.5
High	13	10.1	38	43.2
Very high	9	6.9	15	17
Total	129	100.0	88	100.0

The difference in the incidence of insomnia among students of both types was insignificant (Table 7).

Self-assessment of happiness in family life depending on the type of studies. The difference between students of both types evaluating their family life as “very happy”, “unhappy” or “very unhappy” was insignificant. Still, the differences between students describing their family life as “happy” ($p > 0.03$) were significant. Family life was considerably more often assessed as “happy” by part-time students (Table 8).

TABLE 7. The incidence of insomnia depending on the type of studies.

	Students			
	Full-time studies		Part-time studies	
	n	%	n	%
No problem	66	51.2	40	45.5
Sometimes	57	44.2	41	46.6
Often	6	4.6	7	7.9
Total	129	100.0	88	100.0

TABLE 8. Self-assessment of happiness in family life depending on the type of studies.

	Students			
	Full-time studies		Part-time studies	
	n	%	n	%
Very happy	55	42.6	26	29.5
Happy	63	48.8	57	64.8
Unhappy	10	7.8	5	5.7
Very unhappy	1	0.8	0	0
Total	129	100.0	88	100.0

The difference in assessment of the financial situation was insignificant (Table 9).

TABLE 9. Financial situation depending on the type of studies.

Financial situation	Students			
	Full-time studies		Part-time studies	
	n	%	n	%
Very good	13	10.1	6	6.8
Good	96	74.4	55	65.9
Bad	17	13.2	21	23.8
Very bad	3	2.3	3	3.5
Total	129	100.0	88	100.0

DISCUSSION

Realization of pro-health policy requires strong and professional support from various communities, especially medical one. It would create favourable conditions for promoting healthy life style in the society and civil initiative in the field of pro-health behaviours including, for example, participation of the selected population in screening tests [2,5].

The vast majority of both full-time and part-time students assess their health as “good” or “very good”. Students have extensive knowledge of health promotion. Even so, they do not make sufficient use of it in practice. It confirms the results of Canadian research showing that theoretical knowledge does not find reflection in healthy life style and setting good examples of health behaviour [6-8]. Our results prove that physical condition is satisfactory only in about one-third of the students. As many as 15% of full-time students are underweight. With age, job seniority, and consequently

higher level of professional knowledge, a number of people with overweight and obesity considerably increases. Also cigarette smokers become more numerous, while people practising sports become fewer. Significant percentage (almost 10%) of young men admitting to "frequent" alcohol consumption is alarming. Similar results of health self-assessment were obtained in students at the Medical University of Lodz. Those students assessed their health equally high, but did not implement the principles of healthy life style in everyday life [9,10]. Research on recreation of adults conducted by Kaleta and Jegier demonstrated their limited physical activity [11]. The study of Supranowicz et al. [8] concerning life style and health self-assessment in teenagers proved little interest in physical activity among young girls. This reluctant attitude to physical exercises remains unchanged in female students at the Faculty of Health Sciences, even though they receive health education.

Health is also mental well-being. The results of stress self-assessment show that its level is considerably higher in part-time students. It is probably associated with difficulties in reconciling studying with professional career and family life. What is interesting, it does not result in lower assessment of happiness in family life.

Mainly part-time students are happy in their family life. However, full-time students describing it as "very happy" are more numerous, even though some of them assess it as "unhappy" or "very unhappy". For obvious reasons, the financial situation of part-time students, who in most cases have families and children, is worse. Comparing the place of residence of part-time students living mostly in cities and in a worse material situation, we can conclude that the financial burden associated with commuting to school forces nurses living in small towns and in the country to resign from further education.

Research on behaviours demonstrated by the 3rd-year students of nursing and the 4th-year students of medicine at universities in Ontario and London, concerning also the problem of sexually transmitted diseases, revealed that students' knowledge was better than their ability to pass it to patients. What is interesting, nurses were considerably more competent at advising patients on healthy life style. American observations and analyses suggest that a high level of medical knowledge and health education helps to promote pro-health behaviours in various groups and communities [7,12]. The importance of setting a good example and using knowledge in practice should be emphasized while educating students at Faculties of Health Sciences, because they are essential elements of educational abilities of healthcare workers.

CONCLUSION

The majority of both full-time and part-time students at the Faculty of Health Sciences described their health as "very good" and "good".

Important negative elements of health assessment reported both by full-time and part-time students included the use of stimulants, as well as overweight and obesity, lack of physical activity and a high level of stress.

Both our results and those reported by other authors suggest that programs of higher education should be analysed with reference to health prevention and health promotion.

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Informacje o Autorach

Mgr piel. MARIA JASIŃSKA - wykładowca, lek. med. KATARZYNA ŻULTAK-BĄCZKOWSKA - wykładowca, dr n. med. IWONA ROTTER - adiunkt, Zakład Zdrowia Publicznego, Wydział Nauk o Zdrowiu, Pomorski Uniwersytet Medyczny, Szczecin; mgr piel. GRAŻYNA DUGIEL - asystent, Wydział Pedagogiki i Nauk o Zdrowiu, Wyższa Szkoła Biznesu i Przedsiębiorczości, Ostrowiec Świętokrzyski; dr n. med. ZBIGNIEW SZYCH - starszy wykładowca, Zakład Informatyki Medycznej i Badań Jakości Kształcenia, Wydział Nauk o Zdrowiu, Pomorski Uniwersytet Medyczny, Szczecin; dr hab. n. med. BEATA KARAKIEWICZ - kierownik, Zakład Zdrowia Publicznego, Wydział Nauk o Zdrowiu, Pomorski Uniwersytet Medyczny, Szczecin.

Adres do korespondencji

Maria Jasińska
ul. Wiosny Ludów 28/76, 71-471 Szczecin
maryla-jasinska.s@wp.pl
tel. kom. 501 359 259