ОСОБЕННОСТИ ПРИВЕРЖЕННОСТИ ЗДОРОВОМУ ОБРАЗУ ЖИЗНИ СТУДЕНТОВ-МЕДИКОВ МЛАДШИХ КУРСОВ: ВЗАИМОСВЯЗЬ С ПСИХОСОЦИАЛЬНЫМИ ХАРАКТЕРИСТИКАМИ

SPECIFICS OF HEALTHY LIFESTYLE ADHERENCE IN MEDICAL STUDENTS OF YOUNGER
COURSES: RELATIONSHIP WITH PSYCHOSOCIAL CHARACTERISTICS

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Аннотация:

Студенты медицинских вузов испытывают большие перегрузки в процессе обучения и адаптации к образовательному процессу. Формирование здорового поведения у студентов может способствовать их лучшей адаптации к процессу обучения, профилактике заболеваний и укреплению здоровья. Следование здоровому образу жизни студентом-медиком может быть также чрезвычайно важным для него в будущей работе врачом. Именно поэтому при изучении приверженности здоровому образу жизни студентов необходимо учитывать характеристики, которые связаны как с их личностными особенностями, так и с воздействием макро- и микросоциальных факторов, прямо или опосредованно влияющих на формирование здорового образа жизни.

Исследование направлено на определение особенностей приверженности здоровому образу жизни студентов-медиков младших курсов через выявление особенностей взаимосвязи показателей здорового образа жизни с психосоциальными характеристиками студентов.

Выборка представлена 119 студентами 1-2 курсов медицинского факультета в возрасте 17-26 лет, являющимися российскими и иностранными гражданами. В качестве психодиагностических методик использовались опросник «Профиль

Abstract:

Students of medical universities are experiencing great overload in the learning process and adaptation to the educational process. The formation of healthy behavior among students can contribute to their better adaptation to the learning process, disease prevention and health promotion. That is why, when studying the commitment to a healthy lifestyle of students, it is necessary to take into account characteristics that are associated with their personal traits, as well as with the influence of macro- and microsocial factors that directly or indirectly affect the life of a healthy lifestyle.

The study aims to determine the characteristics of adherence to a healthy lifestyle of junior medical students by identifying the characteristics of the relationship between healthy lifestyle indicators and the psychosocial characteristics of students.

The sample is represented by 119 students of 1-2 courses of the Faculty of Medicine at the age of 17-26 years, who are Russian and foreign citizens. As psychodiagnostic methods we used the Russian version of HPLP – Health Promoting Lifestyle Profile, a modified version of Dembo-Rubinstein methodology for self-esteem studying, a sociocultural questionnaire. Mathematical processing was carried out using descriptive statistics and correlation analysis methods.

здорового образа жизни», модифицированный вариант методики изучения самооценки Дембо-Рубинштейн, социокультурная анкета. Математическая обработка производилась при помощи методов описательной статистики и корреляционного анализа.

Полученные результаты характеризуют приверженность здоровому образу жизни студентов на основе взаимосвязи возрастной специфики, гендерных и религиозных особенностей, трудовой занятости, материального состояния, подверженности стрессу и вредным привычкам, антисуицидального барьера и основных показателей профиля здорового образа жизни.

В работе установлено, что большая приверженность здоровому образу жизни у студентов-медиков определяется их более старшим возрастом, принадлежностью к мужскому полу, трудовой активностью, сочетающейся с обучением, более низким уровнем ежемесячных материальных расходов, наличием религиозной веры, более высокой переносимостью нагрузок и меньшей подверженностью стрессу. Принадлежность к российской или зарубежной культуре не связана в период обучения на младших курсах с приверженностью здоровому образу жизни.

Ключевые слова:

здоровый образ жизни, приверженность, студенты-медики, психосоциальные характеристики.

The results obtained characterize the adherence to a healthy lifestyle of students based on the relationship of age-specific, gender and religious characteristics, employment, material conditions, exposure to stress and bad habits, anti-suicidal barrier and the main indicators of a healthy lifestyle profile.

The study found that a greater healthy lifestyle adherence among medical students is determined by their older age, male gender, labor activity combined with training, lower levels of monthly material costs, the presence of a religious faith, higher tolerance of loads and less exposure stress. Belonging to Russian or foreign culture is not associated with healthy lifestyle adherence during the junior years.

Keywords:

healthy lifestyle, adherence, medical students, psychosocial characteristics.

Relevance

The relevance of studying the problem of adherence to a healthy lifestyle of students is due to the fact that this social group, especially medical students, experience great overloads in the process of learning and adaptation to the educational process. The formation of healthy behavior in students can contribute to their better adaptation to the learning process, disease prevention and health promotion. Following a healthy lifestyle as a medical student can also be extremely important for them in their future work as a doctor.

Researchers consider various aspects of forming a healthy lifestyle in students. Most of the works analyze the influence of physical activity on the health of students [1], the level of culture and competence to lead a healthy lifestyle [2], the features of forming a value attitude to a healthy lifestyle [3], the levels of formed healthy lifestyle and components of a healthy lifestyle [2,4], awareness and orientation of students to a healthy lifestyle, individual health models [5], the possibilities of using adaptation measures for foreign students, the

main stages of behavioral style of healthy lifestyle of students [6]. Relationships between beliefs and behaviors aimed at maintaining a healthy lifestyle, anxiety, depression, and stress are studied [7].

The study of gender differences in students' health habits and motivation for a healthy lifestyle shows a more pronounced impact of stress on the health of female students, and for male students, the risk of unhealthy diet combined with low physical activity and too much alcohol consumption is more pronounced [8]. The comparison of differences in knowledge and adherence to a healthy lifestyle among medical and non-medical students showed that awareness of a healthy lifestyle does not necessarily lead to following healthy habits [9]. Assessment of behavior aimed at maintaining a healthy lifestyle and factors that influence this behavior in medical students shows that adherence to a healthy lifestyle is most closely related to self-realization, responsibility for well-being, while habitual exercises play a small role [10]. Assessing the correlation between perceived student stress and healthy lifestyle factors shows that health promotion measures aimed at healthy eating, physical activity, and low-risk substance use can reduce perceived stress [11]. It has been shown that the locus of internal health control can influence behavior that supports a healthy lifestyle through health-specific self-efficacy [12].

Adherence to a healthy lifestyle is linked to many different factors, including giving up bad habits and other forms of healthy behavior [13]. Currently, research is being conducted on factors that affect the formation of a healthy lifestyle of students, such as the level of professional culture of medical students [14], attitude to sports and the use of physical culture [15], social motivation, rational nutrition, gender and age of respondents, self-regulation of mental health and rejection of bad habits [16]. At the same time, some healthy lifestyle options (more frequent physical activity, non-Smoking, regular social rhythm) are associated with improved mental health [17].

That is why when studying the commitment to a healthy lifestyle of students, it is necessary to take into account those characteristics that are associated with both their personal characteristics and the impact of macro- and micro-social factors that directly or indirectly affect the formation of a healthy lifestyle. Undergraduate medical students are a group of high interest in this context. On the one hand, they begin to transform their behavior in relation to health, taking into account the fundamental natural science knowledge they receive at the University, on the other hand, their behavior continues to preserve the attitudes, values and stereotypes of the previous period of life. The social environment continues to influence them no less.

Aim and Objectives

The presented research is aimed at determining the characteristics of adherence to a healthy lifestyle of medical students of younger courses through the identification of fea-

tures of the relationship of indicators of a healthy lifestyle with psychosocial characteristics of students.

Material and Methods

The sample was presented by 119 students of 1-2 courses of the medical faculty of I.N. Ulianov Chuvash State University aged 17 to 26 years (mean age – 19.5 ± 1.6 years), including 42.1% of men and 57.9% of women. The majority of the surveyed students were Russian citizens (75.6%), while the remaining 24.4% were foreign citizens studying at the University. Most of the surveyed did not work (83.2%), the rest worked periodically (9.2%) or permanently officially (7.6%).

The following psychodiagnostic tools were used: the questionnaire “Healthy lifestyle profile” (a validated Russian version of the HPLP – Health Promoting Lifestyle Profile) [18], a modified version of the Dembo-Rubinstein self-assessment methodology [19], as well as a socio-cultural questionnaire by E. L. Nikolaev [20].

Mathematical processing of the data obtained in the study was performed using methods of descriptive statistics and correlation analysis.

Results and Discussion

Analysis of the results revealed a certain age-specific relationship. Thus, the older medical students are, the more they are focused on healthy physical activity ($r=0.20$; $p<0.01$), nutrition that helps maintain health ($r=0.23$; $p<0.01$), stress management and the use of techniques that help reduce stress ($r=0.21$; $p<0.01$).

Students aged 22 years and older in comparison with younger peers have a greater ($p<0.01$) formation of health-promoting behavior on such characteristics as physical activity, nutrition, internal growth, interpersonal relationships, and stress management.

As a result of the fact that this group of patients spends more time on their physical condition, most of them (78.6%) have a normal body mass index. At the same time, excess weight was detected in 21.4%, which we can explain by the tendency to build muscle mass as a result of systematic physical training, which is very popular among modern youth.

In medical students aged 17-21 years, the indicators are somewhat different: 12.4% have a lack of weight, 80.0% have a normal weight, and 7.6% have excess weight, which may be associated with less experience of intensive physical training, as well as with the physiological features of the functioning of a younger body.

Students aged 22 years and older, more than their younger peers, strive for internal self-development, achieving goals ($p<0.001$), since at this age there is a more intensive formation of professional identity, increasing the need for self-realization, the ability to maintain effective communication, at the same time, increased adaptation to learning activities, which is facilitated by more developed skills in this age to overcome stressful situations ($p<0.01$).

Gender characteristics. Male students are more likely to resort to regular physical exercise ($p<0.01$), they are better than girls at recognizing sources of stress and taking effective measures to overcome them ($p<0.01$). The majority of both male and female students (88.0%) do not smoke (84.0%), while there are slightly more female than male students among frequent medical smokers ($p<0.01$). There were also significant differences in the use of alcohol by male and female students ($p<0.05$). The majority of students, both male (82.0%) and female (66.6%), do not drink alcohol. But if among male students who rarely drink alcohol 16.0%, among women such students almost a third (31.9%).

The use of psychoactive substances. The study found that the more often students smoke cigarettes and drink alcohol, the less important their health is ($r=0.36$; $p<0.01$ and $r=0.30$; $p<0.01$, respectively), the less they pay attention to maintaining their physical shape ($r=0.26$; $p<0.01$ and $r=0.25$; $p<0.01$, respectively), the less likely they are to strive for self-realization ($r=0.38$; $p<0.01$ and $r=0.30$; $p<0.01$, respectively), the less they Express a sense of intimacy with others ($r=0.27$; $p<0.01$ and $R=0.20$; $p<0.01$, respectively), the less able to resist stress ($r=0.37$; $p<0.01$ and $r=0.25$; $p<0.01$, respectively).

Employment and financial status. Working students pay more attention to regular physical activity ($r=0.20$; $p<0.01$), and also strive for self-realization and development of internal resources ($r=0.21$; $p<0.01$). The higher the monthly material costs for students, the less they are focused on regular physical activity ($r=0.21$; $p<0.01$).

Anti-suicidal barrier. It was found that the more often students smoke cigarettes ($r=0.45$; $p<0.01$) and drink alcohol ($r=0.44$; $p<0.01$), the higher their readiness to commit suicide. The anti-suicidal barrier is equally pronounced in Russian (88.9%) and foreign students (89.7%).

Religious features. The attitude to suicide based on religious affiliation shows that the majority of students who identify themselves as Christians (88.6%) are sure that suicide is never acceptable, and only one in ten Christian students (11.4%) admits the possibility of committing it in an extremely difficult and insurmountable situation. The majority of Muslim students (90.0%) also believe that suicide is unacceptable, and only one in twenty (5.0%) students are sure that suicide is acceptable, and the same number (5.0%) allow suicide in a difficult situation.

The results of the study of stress susceptibility showed that 30.3% of students have high stress, moderate stress was detected in 41.2%, and 28.5% of students have low or no stress. Moderate stress levels are more often observed in Russian citizens (47.8%) than in foreign citizens, who have a low level of stress in 48.3% of cases ($p<0.001$). At the same time, the share of medical students who have a high level of stress is the same among both Russian (30.0%) and foreign citizens (31.0%). Male students ($p<0.01$) and foreign students ($p<0.05$), as well as students who profess Islam ($p<0.01$), are better able to cope with stressful situations and take adequate measures to prevent the occurrence of stress.

Significant differences in the level of stress in men and women ($p < 0.001$) were found, which determine the specifics of stress experience. At the same time, men have a low level in 46.0% of cases, moderate and high levels of stress in 54.0% in comparison with women, who are more characterized by moderate and high levels of stress (84.1%) than its low level (15.9%).

The more stress and fatigue students experience, the lower their anti-suicidal barrier is expressed ($r = 0.29$; $p < 0.01$), the worse they cope with stress ($r = 0.48$; $p < 0.01$), less attention is paid to their health ($r = 0.27$; $p < 0.01$), physical exercise ($r = 0.40$; $p < 0.01$), healthy nutrition ($r = 0.30$; $p < 0.01$), self-development ($r = 0.37$; $p < 0.01$), insufficient use of effective communication to maintain close relationships ($R = 0.23$; $p < 0.01$).

Conclusions

Analysis of the profile of healthy lifestyles and the relationship between the indicators of psychosocial characteristics examined showed that the negative relationship between commitment to a healthy lifestyle is defined in relation to substance use, reduction antisuicidal barrier, higher levels of stress. Greater adherence to a healthy lifestyle among medical students of 1-2 courses is determined by the following factors: older age; belonging to the male sex; work activity combined with training; a lower level of monthly material expenses; the presence of religious faith; higher load tolerance and less exposure to stress. The fact that a medical student belongs to a Russian or foreign culture or citizenship is not directly related to their commitment to a healthy lifestyle during their junior years.

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