The relationship between Life Style and mental health among medical students in Kermanshah

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Abstract:

INTRODUCTION: Given the close relationship between life style and mental health and the importance of students as valuable human resources, the present study aimed at determining the relationship between life style and mental health among medical students in Kermanshah.

METHODS: This is a descriptive-correlational study that was conducted in 2018. The study involved 200 medical students. The sampling method was convenience sampling. Demographic questionnaire, general health questionnaire, and life style questionnaire were used for data collection. The data were analyzed Pearson's correlation test and regression analysis. The significance level was considered 0.05.

RESULTS: The mean mental health score of the students was 25.43 ± 13.02 (2 points higher than the cutoff point of this test). The life style of 59.5 students was moderate. The results showed that all life style subscales had a negative significant relationship with the total mental health score and all its subscales ($P < 0.05$). Among the life style subscales, the highest relationship and predictive power to mental health were obtained for psychological health, social health, sport and fitness, and environmental health ($R^2 = 0.48$, $P < 0.001$).

CONCLUSION: According to the results, the life style of most medical students in the final year of Kermanshah University of Medical Sciences was moderate. Further, the students had a better life style, and they had higher mental health. Therefore, considering the vital role of medical students in providing and promoting community health, the need for more detailed planning and interventions to improve their life style and mental health is essential.

Keywords:

Correlation, life style, medical students, mental health

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Introduction

Health is one of the most important factors in today's life relating to thoughts, feelings, and behaviors of every human being. Mental health is a set of factors helping an individual to play an effective role in the prevention of the establishment of mental, emotional, and behavioral disorders.[1] Undoubtedly, mental health guarantees the dynamics and efficiency of individuals in communities.[2] The World Health Organization (WHO) defines the health as well-being of mental and social health and emphasizes that mental health is an essential component of health.[3] Individuals with mental health pursue their goals in life and are efficient in society.[4]

In the latest report of the Global Burden of Disease, more than a third of statistics is devoted to mental disorders.[5] In addition, according to new studies, the prevalence of mental disorders in Iran is increasing and has been reported between 31.03% and 42.42%.[6] A study by the WHO on Health Behaviors in 35 countries found

that about 60% of people's quality of life and health were related to their life style and personal behavior,[7] and its correction can prevent many risk factors that are among the most important causes of mortality.[7] Studies showed that about 50% of the causes of death are relevant to human life style.[9] Inappropriate life style is one of the most important causes of chronic diseases, such as hypertension, AIDS, gastric ulcer, colon cancer, hypertension, chronic obstructive pulmonary disease, liver cirrhosis, and cardiovascular disease.[8,10] Therefore, one of the goals of the WHO is to promote a healthy life style in the community. Accordingly, countries should put in place the effective strategies to improve the personal and social lives of individuals as well as reduce the underlying factors of an unhealthy life style, such as poor nutrition, physical activity, and substance abuse.[7,11-13]

Researchers believe that life style-related behavior are formed when students are on university and if neglected, it can have adverse effects on their health and lives,[14] therefore improving the hygiene and mental health of individuals, and especially students, as effective and efficient human resources, It is one of the most important foundations for the development of any society.

Since students constitute a large part of the country's young population, so, considering the wide range of life style components and their importance and impact on physical and mental health, this study aimed at investigating the relationship between life style components and mental health of medical students of Kermanshah and predicting students' mental health in different aspects of Iranian life style.

Methods

It was a cross-sectional, correlation study including all medical students of Kermanshah University of Medical Sciences in the academic year 2017–2018.

The statistical population included all students of the last 3 years of medicine of Kermanshah University of Medical Sciences in the academic year 2018–2017, with 340 people. Sampling was carried out by convenience sampling method, and its size was estimated 180 people based on Cochran's formula and an error rate of 5%. Finally, the information of 200 students was collected.

Moreover, verbal consent of the students was obtained when completing the questionnaire. Inclusion criteria consisted of informed consent, medical education in the academic year 2017–18, and no having final examinations, and exclusion criteria included being a guest student and having chronic illnesses.

To conduct the research, after the approval of the plan in the student research committee and with the permission of the university authorities, two of the researchers went to the classes and delivered the questionnaires to the students and collected them immediately after the students answered it. The instrument included demographic information form (age, sex, marital status, residence, and semester), life style questionnaire (LSQ), and general health questionnaire (GHQ).

The LSQ consists of 70 ten-dimensional questions designed to assess different aspects of life style including physical health, sport and fitness, weight control and nutrition, disease prevention, psychological health, spiritual health, social health, avoiding drugs and narcotics, accident prevention, and environmental health. In the study by Lali *et al*., the validity of the LSQ was tested by factor analysis test. In addition, Cronbach's alpha coefficients were estimated from 0.76 to 0.89 using Cronbach's alpha for different domains.[15]

In this study, Cronbach's alpha coefficient was obtained for different dimensions of life style, physical health – 0.70, sport and fitness – 0.89, weight control and nutrition – 0.86, disease prevention – 0.81, psychological health – 0.85, spiritual health – 0.71, social health – 0.83, avoiding drugs and narcotics – 0.88, accident prevention – 0.81, and environmental health (0.81) and for the whole scale – 0.85.

The GHQ, a 28-item form of GHQ developed by Goldberg,[16] has four subscales designed to screen for nonpsychotic psychological disorders in health centers and other communities. Each scale has seven items. Four subscales of this test were somatic symptoms, anxiety and sleep disorder, social dysfunction, and depression.

In their study, Homan[17] examined the Cronbach's alpha coefficient, which indicates internal consistency for the somatic symptoms subscale of 0.85, the anxiety symptoms of 0.87, the social dysfunction of 0.79, and the depression symptoms of 0.91, and the total index was 0.83 and its validity coefficient was 0.82.

In this study, the Cronbach's alpha coefficient was obtained for the subscales: the somatic symptoms subscale – 0.87, the anxiety symptoms – 0.84, the social dysfunction – 0.83, the depression symptoms – 0.92 and for the whole scale – 0.87.

Data were analyzed using SPSS Statistical Software Version 16.0 (IBM Corp.: Armonk, NY, USA). To summarize the data, descriptive statistics were used to calculate the mean, frequency, and standard deviation. Pearson's correlation and univariable regression were used to determine the relationship between each

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independent variable and the response variable. Then, subsequent variables in the univariable regression were entered into the stepwise multivariate regression method. The level of significance for independent variables was set at 0.05 (two-sided).

The Medical Research and Ethical Committee of Kermanshah University of Medical Sciences, Kermanshah, Iran; approved the study (Registration No. IR.KUMS.REC.1395.744 dated February 22, 2017; Grant Number 96013), which was performed by the ethical principles laid down in the seventh and current edition (2013) of the Declaration of Helsinki. All participants were volunteers who signed written informed consent.

Results

In this study, 200 medical students of Kermanshah University of Medical Sciences with a mean age of 24.3 years participated. 82% of the students were single and 14.5% were married. 69% were interns and 25.5% were staggered. 64% of the students lived with their families. The mean score of the students was 15.1 with a standard deviation of 7.08. Furthermore, 36 people (18%) students had a poor life style, 119 people (59.5%) had a moderate life style, and the rest had a good life style [Table 1]. The mean lifestyle of students is 4.5. Among the lifestyle variables, avoiding drugs and narcotics and Sport and fitness had the highest and lowest mean with a mean of 5.2 and 3.7, respectively [Table 2].

There was a significant inverse relationship between life style and mental health ($r = -0.525$, $P < 0.05$). To interpret the results, Pearson's correlation test showed a significant negative relationship between psychological health and total mental health score (as well as subtypes of somatization, anxiety/sleep disorders, social dysfunction, and depression). That is, as psychological health increases, symptoms of "somatization and symptoms of anxiety/sleep disorders, social dysfunction, and depression" decrease [Table 3].

Based on the univariate regression, the relationship between all subscales of predictor and dependent variables was evaluated, according to which all subscales of life style were statistically significant ($P = 0.001$). The effect of the age variable was also statistically significant in univariate regression analysis ($P = 0.024$). To summarize the number of tables, univariate analysis results are not presented.

Psychological health, social health, sport and fitness, and environmental health variables were the best predictors of mental health. Given the multiple coefficients of determination in this regression, $R^2 = 0.48$, this pattern can predict 48% of mental health [Table 4].

Discussion

In this study, it is indicated that the life style of most students was in the moderate position. This finding is based on separate studies conducted by Babanejad *et al*. on health students in Ilam[18] and health students at Shahid Beheshti University,[19] as well as a study by Goudarzi *et al*.[20] Most intermediate-level students were similar. Peker and Bermek[21] also studied Turkish students and concluded that the overall life style score of most students is moderate, which confirms the results of this study. In the present study, based on the results of regression analysis, no significant relationship was observed between gender, marriage, residence status, grade point average, and students' age with life style and mental health. In the study of Goudarzi *et al*.,[20] no significant relationship was observed between the variables of gender, marital status, age, degree, and grade point average of the students with their life style. In the study of Babanejad *et al*.,[18] the total life style score of the studied students had no significant relationship with their field of study, age, gender, and place of residence. One of the reasons for the insignificance of these variables is that students are in close age and social range.

Further, in this study, a positive and significant correlation was found between mental health and life style

Table 1: Relative and absolute frequency distribution of demographic variables in medical students

Variable	Frequency (%)
Gender	
Girl	128 (64)
Boy	72 (36)
Marital status	
Single	164 (82)
Married	29 (14.5)
Other	7 (3.5)
Education	
Intern	138 (69)
Stagger	51 (25.5)
Residency	3 (1.5)
PhD	8 (4)
Residence	
With family	128 (64)
Dormitory	59 (29.5)
Alone	9 (4.5)
Other	4 (2)
Life style	
Poor	36 (18.0)
Moderate	119 (59.5)
Good	45 (22.5)
Age, minimum-maximum (mean±SD)	21-40 (24.32±2.00)
Average, minimum-maximum (mean±SD)	13-18.50 (15.7±7.08)

SD=Standard deviation

Journal of Education and Health Promotion | Volume 9 | October 2020

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Table 2: Mean and standard deviation of life style and mental health scale and its subscales in medical students

Variable	Life style (total score)	Physical health	Sport and fitness	Weight control and nutrition	Disease prevention	Psychological health	Spiritual health	Social health	Avoiding drugs and narcotics
M*±SD	4.5±0.6	4.3±0.62	3.7±1.2	3.9±1.02	4.8±0.85	4.5±0.92	4.8±0.93	4.9±0.69	5.2±1.03

Variable	Accident prevention	Environmental health	Mental health (total score)	Somatic symptoms	Anxiety and sleep disorder	Social dysfunction	Depression
M*±SD	4.7±0.82	4.5±0.9	25.4±13.02	6.7±3.6	7.4±3.9	7.2±3.1	4.04±4.3

*M±SD=Mean±standard deviation

dimensions so that the variables of psychological health, social health, exercise, and health and environmental health were the best predictors of mental health. In the study of Esfahani *et al*.,[22] who studied mental health but with an Islamic life style, reported a positive and significant correlation between the two categories. The results of the study by Samimi *et al*.[23] showed that public health has a positive and significant correlation with life style, which was reported significantly with exercise and nutrition items, which in part with the results. This study was similar.

Various studies have pointed to the multidimensionality of life style, including the studies of the WHO,[24] Cockerham *et al*.,[25] Harrison *et al*.,[26] and Mohan *et al*.[27] In this study, there was a significant relationship between mental health and psychological health as one of the dimensions of life style. Lali *et al*.[15] referred to as psychological health, The stress management variable is considered by Walker *et al*.[28] Confirming the results of this study, the study by Hassanzadehbamchi and Alizadehaghdam,[29] which examined another aspect of life style, showed that there was a significant relationship between the life style in psychological health dimension and cultural capital. Moreover, the results of the study by Lali *et al*.,[15] which used a different approach to examine the dimensions of life style, showed that there was a significant relationship between life style components and psychological well-being components, which was in line with the results of this study.

Among all aspects of life style, this factor (psychological health) had the highest correlation and explanatory power to mental health. This finding can be explained by the fact that a person with high psychological health is actively managing his or her psychological organization, demonstrating that it can be done through a set of suggested health behaviors at different stages of life, help increased mental health, and prevent mental disorder symptoms in people.

In the present study, there was a statistically significant relationship between life style and social health. Day,[30] in his study, showed that a healthy life style was related to the social health of community members. Another study examining the relationship between life style and social health showed a significant relationship

between the two. The higher the health-centered life style of health, the higher their social health.[31] Ebrahimi *et al*.[32] also found that a healthy life style was effective in preventing social behavior aberrations and promoting social health in individuals in a society.

Butler *et al*.[33] also found that having a healthy life style leads to understanding, commitment, flexibility in relationships, a sense of responsibility, and the use of self-intervention techniques for conflict resolution. Moreover, confirming the results of this study, Mirzamohammadi *et al*.[34] showed that a healthy life style has an impact on social health and life style can play a role in social health, social cohesion, and reduction of abnormal and deviant behaviors, creating a common thinking system and community reform. Social health assesses personal communication and social support as one of the areas of life style. Social health is a combination of the right interpersonal relationships, the right and secure attachment style, and the close and rewarding close relationships. If a person is assumed to be doing well in all three areas, he or she can be said to have social health.

The study found a statistically significant relationship between mental health and another aspect of life style, sport, and fitness. The results were in line with the results of the study by Hoseinai *et al*.,[35] which showed that there was a significant role among mental health prediction among the subscales of drug avoidance, physical health, weight control and nutrition, and sport and fitness. In addition, mental health was predictable based on these life style subscales. Further, Hassanzadehbamchi and Alizadehaghdam,[29] who looked at life style with a different perspective, found that there was a significant relationship between the life style in sport and fitness and cultural capital. In a study by Samimi *et al*.,[23] there was a significant relationship between general health and life style in the sport and fitness dimension, which is in line with the results of the present study.

Sport and fitness involve regular participation in light, moderate, or heavy activities. This may occur within the framework of a plan for fitness and well-being or as part of daily life or leisure activities.[35] The results showed that doing physical activity is almost similar to physical health in protecting against psychiatric symptoms.

Table 3: Pearson correlation coefficients between life style and mental health subscales in medical students

Variables	Somatic symptoms	Anxiety and sleep disorder	Social dysfunction	Depression	Mental health (total score)
Physical health	−0.470**	−0.424**	−0.182**	−0.227**	−0.400**
Sport and fitness	−0.490**	−0.384**	−0.369**	−0.208**	−0.434**
Weight control and nutrition	−0.327**	−0.359**	−0.246**	−0.246**	−0.351**
Disease prevention	−0.422**	−0.408**	−0.300**	−0.416**	−0.459**
Psychological health	−0.563**	−0.555**	−0.522**	−0.639**	−0.672**
Spiritual health	−0.422**	−0.429**	−0.400**	−0.465**	−0.488**
Social health	−0.430**	−0.443**	−0.265**	−0.487**	−0.486**
Avoiding drugs and narcotics	−0.320**	−0.249**	−0.170*	−0.229**	−0.298**
Accident prevention	−0.176*	0.122	−0.215**	−0.185*	−0.195**
Environmental health	−0.163*	−0.219**	−0.152*	0.139	−0.208**
Life style (total)	−0.550**	−0.451**	−0.339**	−0.406**	−0.525**

**P<0.01, *P<0.05

Table 4: Relationship between life style subscales and age based on stepwise multivariate regression in medical students

Steps	Predictor	Not standardized coefficient		B standardized coefficient	t	P	R	R²	Adjusted R²
		B	SE						
First	Psychological health	−8.6	0.9	−0.6	−9.5	0.001	0.637	0.406	0.402
Second	Psychological health	−6.5	1.1	−0.4	−5.7	0.001	0.668	0.446	0.438
	Social health	−4.5	1.4	−0.25	−3.08	0.001			
Third	Psychological health	−5.5	1.1	−0.406	−4.64	0.001	0.683	0.467	0.455
	Social health	−4.9	1.4	−0.272	−3.3	0.001			
	Sport and fitness	−1.7	0.735	−0.157	−2.2	0.025			
Fourth	Psychological health	−5.9	1.1	−0.43	−5.01	0.001	0.698	0.488	0.472
	Social health	−5.6	1.4	−0.3	−3.7	0.001			
	Sport and fitness	−1.8	0.74	−0.17	−2.4	0.014			
	Environmental health	2.3	1.01	0.159	2.2	0.024			

*Dependent variable: Mental health. *t*: *t* statistic, *P* value: Significance level, *R*=Correlation coefficient

That is, more and more continuous physical activity is associated with a decrease in the incidence of psychiatric symptoms. As stated by researchers,[36] active and purposeful physical activity, in addition to enhancing physical health, increases the vitality of the athlete, thus contributing to two-way interaction between physical health and mental health.

Environmental health, as another dimension of life style, had a significant relationship with mental health, which was in contrast to the study by Hassanzadehbamchi and Alizadehaghdam,[29] who found a significant relationship between environmental health and cultural capital. However, in their study, Rastegar *et al*.[37] concluded that there is a significant relationship between cultural capital with physical, cognitive, environmental, and social relationships, which confirms the findings of the present study. Environmental health has long been a concern. According to Moos and Moos,[38] racial differences in the personality of individuals on a large scale can be attributed to the effects of different environments where they have been inhabited for many generations. Thus, environmental psychologists can work with

environmental representatives to provide a viable sustainable development policy. Collaborations such as the use of mass media such as television and its power to influence people's behavior; How to change people's attitudes towards the environment through the media and make the environment more valuable to people so that people can take more care of it on their own. Conducting behaviors that reflect the goal of environmental psychology all lead to increased mental health and prevent psychiatric symptoms.

One of our limitations was the complete lack of cooperation of the students to participate in the research and the complete answering of the research questionnaires. In addition, in this study, we used a questionnaire of 70-question questionnaire of LSQ and 28-question questionnaire of general health (GHQ-28), which may affect the accuracy of participants' answers due to the length of the questions. It is suggested that shorter forms of these questionnaires be used in future research.

Due to the important role that medical students have in providing care, providing treatment of patients,

and ensuring the health of the community, their health should be considered. As a result, improving their life style will play an important role in their mental health and that of society. Therefore, teaching a healthy and correct life style in the cultural student deputy during the study period is recommended.

Conclusion

The results showed that variables such as psychological health, social health, sport and fitness, and environmental health were the best predictors of students' mental health. The results also showed that the relationship between life style and mental health is not one-dimensional but depends on various factors and may vary by individuals. Therefore, attention to the mental health of students in these dimensions can enhance their healthy life style, increase the health of students, and increase the overall health of the community.

Conflicts of interest
There are no conflicts of interest.

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