



FINANCIAL THREAT AND HEALTH-PROMOTING LIFESTYLE AMONG LATE ADOLESCENT NURSING STUDENTS DURING COMMUNITY FIELDWORK: A CROSS-SECTIONAL STUDY

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Abstract

Perceived financial stability and uncertainty may impair physical and mental health during late adolescence. Yet, its association with health-promoting lifestyle among nursing students in resource-limited community settings remains underexplored. This study aimed to analyze the relationship between financial threat and health-promoting lifestyle among late adolescent nursing students. A descriptive quantitative study with a cross-sectional design was conducted in September 2025 with 69 nursing students undergoing rural community fieldwork in a rural district participated. Data were collected using two validated instruments: (1) the Financial Threat Scale (FTS), which measures subjective financial anxiety, perceived economic uncertainty, and financial burden (Cronbach's $\alpha = 0.776$), and (2) a modified 10-item Health-Promoting Lifestyle Profile II (HPLP-II), which assesses multidimensional health behaviors across six domains (Cronbach's $\alpha = 0.850$). Both continuous variables were dichotomized (low/high) based on empirically derived cut-offs (FTS ≤ 14 vs. ≥ 15 ; HPLP-II ≤ 37 vs. ≥ 38) to enable Chi-Square analysis, a non-parametric test appropriate for categorical data with modest sample sizes and potential non-normality. Analyses included descriptive statistics, Pearson's correlation, and Chi-Square tests with Fisher's Exact Test. High financial threat was reported by 40.6% ($n = 28$); 53.6% ($n = 37$) demonstrated good health-promoting lifestyle. No significant association was found either on a continuous basis, with $r = 0.147$ and $p = 0.228$, or on a categorical basis, with $\chi^2 = 0.981$ and $p = 0.322$; Fisher's exact test, $p = 0.339$ meaning that students experiencing high financial threat were just as likely to maintain good health-promoting behaviors as those with low threat. although this study did not directly measure familial support, professional identity or academic scaffolding, the absence of a significant association between financial threat and health-promoting lifestyle despite high levels of perceived threat aligns with emerging literature suggesting that such culturally embedded protective mechanism may buffer the behavioral impact of financial stress in collectivist, low- and middle-income contexts.

Keywords: *Financial Threat; Health-Promoting Lifestyle; Nursing Student; Low And Middle Income Countries*

1. Introduction

Globally, financial stress among emerging adults has reached critical levels, with the World Health Organization (WHO), 2020 reporting that 68% of nursing students in low- and middle-income countries (LMICs) experience moderate-to-severe financial anxiety, directly linked to attrition rates and compromised clinical performance. In parallel, a

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recent meta-analysis by (Smith et al., 2025) confirmed that financial stress is a significant predictor of poor health behaviors in 89% of high-income country studies. However, this evidence base remains almost entirely silent on LMIC contexts, where collectivist values and institutional structures may fundamentally alter this relationship. This gap is alarming given that 75% of the global nursing shortage is concentrated in LMICs (World Health Organization (WHO), 2020), making student retention and well-being a matter of international workforce sustainability.

Late adolescence (ages 18–21) represents a critical developmental period characterized by transitions toward economic independence, higher education, and entry into the workforce (Guan et al., 2022). During this stage, financial insecurity can significantly influence health behaviors, leading to reduced adherence to medical advice and the adoption of unhealthy coping mechanisms (Hwang & Oh, 2020). Moreover, financial stress may adversely affect physical health by limiting access to essential medical care and contributing to poorer overall health outcomes (Guan et al., 2022)(Smith et al., 2025).

Pioneering work by Marjanovic et al., (2013a) laid the conceptual foundation for this field by redefining financial threat not as objective poverty, but as the subjective perception of economic uncertainty and loss of control. Their Financial Threat Scale (FTS) shifted scholarly focus from income metrics to psychological experience, a crucial advance that enabled cross-cultural comparisons. However, their validation sample was drawn exclusively from Western, high-income populations, leaving its applicability in resource-constrained settings untested.

Building on this, Hwang & Oh (2020) offered an important corrective by demonstrating that Southeast Asian university students often employ strategic optimism, a culturally adaptive coping mechanism that buffers the psychological impact of financial stress. Their longitudinal mixed-methods design provided compelling evidence that collectivist values may moderate the threat–behavior link. Nevertheless, their study focused on general undergraduates and did not examine health science students, who face unique dual pressures: vulnerability to financial strain and professional expectations to model health-promoting behaviors. While Stanton et al., (2021) reported a significant negative correlation between stress and HPLP in nursing students, their study did not differentiate between stress types (e.g., academic vs. financial), a gap our research addresses. More recently, studies have highlighted the protective role of social and familial support among Indonesian nursing students facing various stressors (Kurniawan et al., 2024). In the collectivist cultural context of Indonesia, strong family ties often enable students to reframe financial and academic hardships as shared responsibilities and long-term investments for family betterment. This cultural mechanism helps maintain a sense of purpose and psychological resilience. However, most previous studies involved general samples of nursing students and rarely focused on those undergoing rural community fieldwork as a critical transitional period when professional identity is rapidly developing and health behaviors are closely observed and modeled. The current study addresses this gap by specifically examining late adolescent nursing students during their community health practicum in rural East Java. This finding aligns with Guerra et al., (2021) who demonstrated that social capital not income was the strongest predictor of health responsibility among late adolescents in Southeast Asia.

Concurrently, Rahman et al., (2022) documented a delayed effect of financial anxiety in Vietnamese students: no behavioral impact was observed during university, but a significant decline emerged two years post-graduation. This suggests that institutional buffers (e.g., scholarships, peer support) may temporarily shield students, a hypothesis with profound implications for nursing education in LMICs. Yet, their study did not explore the mechanisms of resilience during the critical late adolescent window when students transition from learners to frontline providers.

Collectively, these studies represent significant advances in understanding contextual resilience. However, none have specifically examined late adolescent nursing students during rural community fieldwork, a high fidelity simulation of the real world challenges they will face in rural primary care. This study, therefore, investigates the association of financial threat with a health promoting lifestyle in late adolescent nursing students living in rural Indonesia, not as a case report, but rather than as an important test of theoretical generalization. Located within the broader discourse on cultural buffering, professional socialization, and adolescent resilience in LMICs, this work aims to contribute to a more nuanced, globally inclusive knowledge about just how socioeconomic stress interacts with health behaviour, a gap in knowledge that informs nursing curricula, policies regarding student welfare, and workforce sustainability worldwide).

2. Method

Study Design and Setting

This study employed a descriptive quantitative cross-sectional design to analyze the association between perceived financial threat and health-promoting lifestyle behavior in late adolescent nursing students. The cross-sectional design is appropriate for this exploratory study given the absence of baseline evidence on this association among emerging adult nursing students in rural Indonesia. Both independent variable (financial threat) and dependent variable (health-promoting lifestyle) were measured simultaneously using validated self-report instruments.

Data collection was conducted in September 2025, during a mandatory community health nursing practicum required for undergraduate nursing students in Indonesia. The practicum took place in a rural district of East Java, characterized by agrarian livelihoods and limited access to tertiary health services

Participants and Sampling

The survey questionnaire was administered using a total population sampling (total sampling) approach, in which all 69 nursing students assigned to the community fieldwork site during the data collection window were invited to participate. This non-random approach was justified by the bounded and accessible study population: all eligible students were enrolled in the same practicum cohort, minimizing selection bias. To control for information bias, questionnaires were administered under uniform conditions without researcher presence during completion. All participants were in the third or fourth year of study (mean age = 20.4 ± 1.1 years), meeting the operational definition of late adolescence (18–21 years; Côté, 2014). The inclusion criteria comprised active enrollment in the nursing program, participation in the community fieldwork rotation at the time of data collection, and informed consent. Participants who failed to complete the questionnaires or were unable to give assent were excluded from the study.

Instruments

The financial threat scale (Marjanovic et al., 2013b) is a validated self-report instrument designed to measure an individual's subjective perception of financial instability and anticipated hardship, encompassing dimensions of financial anxiety, loss of control, and uncertainty. Written permission to use and adapt the Financial Threat Scale (FTS) was obtained from the original developer. The scale is not in the public domain, and its use requires explicit authorization from the copyright holder, which was granted for this non-commercial academic study. The Indonesian adaptation used in this study comprised 5 items measured on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Validity testing yielded corrected item-total correlation values above 0.686, and the reliability coefficient (Cronbach's alpha) was 0.776, indicating acceptable internal consistency. The second questionnaire, the Health-Promoting Lifestyle Profile II (HPLP-II) (Walker et al., 1987) comprised 10 items rated on a 5-point Likert scale. Validity testing on 30 respondents yielded an item total correlation of 0.497, and the Cronbach's alpha was 0.850, demonstrating good reliability.

Continuous scale scores were dichotomized to enable categorical analysis using chi-square tests and enhance clinical interpretability. Regarding the financial threat scale, a median split approach was performed, with a cut-off at 14.5, the observed median in the sample-finding that scores ≤ 14 are categorized as low financial threat by merging the original "low" and "moderate" categories, and scores ≥ 15 as high financial threat, which corresponds to the original "high" category. This threshold agrees with previous operationalization of clinically significant financial distress (Marjanović et al., 2013) and allows for a relatively balanced distribution between groups.

In the same way, HPLP-II scores were divided to reflect the meaningful behavioral distinction: scores ≤ 37 were identified as Low HPLP-meaning combine "low" and "medium" levels-while scores ≥ 38 , representing the upper tertile of the scale, were classified as Good HPLP. As a public-domain instrument developed for academic research, no formal permission was required for its non-commercial use. A score of 38 or higher assumes a sustained, cross-domain engagement in health-promoting behaviors-for example, nutrition, physical

activity, stress management-a threshold previously adopted for studies of nursing students to identify those with optimal lifestyle patterns ((Walker et al., 1987) (Akbar & Aisyawati, 2021).

Ethical Considerations

This observational cross-sectional study was conducted in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines (von Elm et al., 2007). The study was conducted in accordance with the Declaration of Helsinki. Ethical approval was granted by the Institutional Review Board of the Binawan University (Ref: 283/KEPK-UBN/VIII/2025), and written informed consent was obtained from all participants. Consent forms were stored separately from research data to ensure confidentiality.

Data Analysis

Statistical analyses were conducted using SPSS Statistics v26. In this study, financial threat (measured by the FTS) served as the independent variable, while health-promoting lifestyle (measured by the HPLP-II) was the dependent variable; both were initially measured on a continuous scale. To enhance interpretability and enable categorical association testing, both variables were recoded into dichotomous categories based on empirically derived cut-offs. For continuous data, Pearson's r correlation was applied. Following dichotomization, the chi-square test was selected as the appropriate statistical test because both variables became categorical (nominal level) and the aim was to examine association between two independent categorical groups. Fisher's Exact Test was additionally reported given the moderate sample size to ensure inferential robustness (Agresti, 2019). The level of significance was set at $p < 0.05$.

3. Result and Discussion

Univariate Analysis

The study engaged 69 late adolescent nursing students (mean age = 20.4 ± 1.1 years; range: 18–21), all of whom were actively enrolled in their third or fourth year of undergraduate studies during a mandatory rural community fieldwork rotation in East Java. Strikingly, the sample reflected the pronounced gender imbalance characteristic of Indonesian nursing education, with 94.2% ($n = 65$) identifying as female, a pattern consistent with national enrollment data.

Age distribution revealed a near-even split between upper-late adolescents: 36.2% ($n = 25$) were 20 years old, while 34.8% ($n = 24$) had reached the final year of adolescence at age 21. The remaining participants comprised 20.3% ($n = 14$) aged 19 and 8.7% ($n = 6$) who were 18 indicating that the cohort was predominantly composed of students in the latter half of this critical developmental window, when academic pressures, clinical responsibilities, and financial anxieties typically converge.

This demographic profile underscores the timeliness of our investigation: these students are not only navigating the universal challenges of late adolescence but are simultaneously immersed in high-stakes professional training within resource-constrained rural settings a confluence that may uniquely shape their responses to financial stress and health behavior choices.

Table 1. Descriptive Statistics Between Financial Threat and Health-Promoting Lifestyle (N = 69)

Variable	Category	n (%)	Mean $\pm$ SD	Range
Financial Threat Scale (FTS)			14.8 $\pm$ 3.9	7-23
	Low (≤ 14)	41 (59.4%)		
	High (≥ 15)	28 (40.6%)		
HPLP-II			34.2 $\pm$ 5.6	20-48
	Low (≤ 37)	32 (46.4%)		
	Good (≥ 38)	37 (53.6%)		

Bivariate Analysis: Association Between Financial Threat and Health-Promoting Lifestyle

A Pearson Chi-Square test was performed to examine the association between binary financial threat status and binary health-promoting lifestyle status (see Table 1). The 2x2 contingency table revealed the

following cross-tabulation. We also report Yates' Continuity Correction and Fisher's Exact Test for more accurate inference under sparse data conditions (Agresti, 2018).

Table 2. Association Between Financial Threat and Health-Promoting Lifestyle

	Value	Chi-Square Tests		
		Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.981 ^a	.322		
Continuity Correction ^b	.554	.457		
Likelihood Ratio	.981	.322		
Fisher's Exact Test			.339	.228
Linear-by-Linear Association	.967	.326		
N of Valid Cases	69			

This study aimed to analyze the association between financial threat and health-promoting lifestyle among late adolescent nursing students during rural community fieldwork. The central finding is not merely the absence of a statistical association, but the empirical demonstration of contextual resilience: students maintained robust health-promoting lifestyles despite high levels of perceived financial threat, challenging the dominant, deficit-oriented narrative that financial stress inevitably leads to poor health behaviors, a model overwhelmingly derived from individualistic, high-income contexts (Smith et al., 2025). Quantitatively, 40.6% ($n = 28$) of students reported high financial threat, consistent with national surveys indicating that over two-thirds of Indonesian university students experience moderate-to-severe financial anxiety (World Health Organization (WHO), 2020). Yet 53.6% ($n = 37$) simultaneously demonstrated good health-promoting lifestyles as measured by the HPLP-II. The analyses confirmed no significant association, neither continuously ($r = 0.147$, $p = 0.228$) nor categorically ($\chi^2 = 0.981$, $p = 0.322$; Fisher's exact $p = 0.339$). Critically, 13 out of 28 students (46.4%) with high financial threat still maintained good HPLP scores, directly contradicting the linear predictions of Western stress-behavior models. While (Akbar & Aisyawati, 2021) found financial threat strongly associated with poor mental health during the pandemic, the present findings suggest this relationship may not extend uniformly to health-promoting behaviors in post-pandemic fieldwork settings. Smith et al., (2025) similarly highlighted in their systematic integrative review that targeted institutional supports can effectively mitigate the impacts of financial stress on nursing student wellbeing, a mechanism our data appear to corroborate empirically.

To explain this pattern, we propose a framework centered on three interlocking protective mechanisms embedded in the collectivist fabric of Indonesian society and its nursing education system.

First, relational resilience reframes financial hardship as a shared familial duty rather than personal failure. In contrast to Western contexts where financial threat often triggers shame and isolation (Hwang & Oh, 2020), participants likely interpreted their economic strain through a cultural lens of sacrifice for collective mobility. Budury et al., (2024) documented among Indonesian nurses that familial and cultural values play a significant role in shaping health-related behaviors even amid stressors: individuals reframe personal hardships as temporary sacrifices for family advancement, preserving purpose and agency that reduces maladaptive health behaviors. This is directly supported by Primasari et al., (2022), who found that psychological resilience functions as a key protective factor among Indonesian undergraduate students, with relational and familial resources serving as the primary resilience assets, and that collectivist social structures amplify individual resilience capacity as a plausible mechanism through which financial threat is buffered in this sample. Alkhawaldeh et al., (2023), in a study of 676 university students, further found that social support was the most protective coping resource against stress, while students lacking social networks reported significantly higher stress and more avoidant coping inversely mirroring the protective dynamic in our collectivist fieldwork cohort. Nasr et al., (2024) similarly found that social support was associated with lower psychological distress among university students, reinforcing that relational buffers play a key protective role across cultures. These results align with Asian studies showing moderate-to-good health-promoting lifestyles among nursing students despite various stressors (Mak et al., 2018)(Geok et al., 2015). Adding a clinical perspective, Zeng et al., (2021) in a large cross-sectional study of 1,022 nurses, found that income was a secondary predictor of HPLP compared to professional motivation and self-care values, suggesting that economic factors do not deterministically dictate health behavior even under financial pressure. Moghimi et al., (2024) and Pacheco et al., (2025)

confirmed moderate-to-good health-promoting lifestyle levels among nursing students across diverse cultural settings, further underscoring that social support and institutional environments sustain these behaviors despite stressors.

Second, the crystallization of a professional nursing identity acts as a powerful behavioral scaffold. Nursing education explicitly links self-care to clinical competence and ethical practice, so students' emerging identity as future health advocates creates a non-negotiable standard for personal conduct a discipline-specific buffer that general student studies cannot capture. This health identity effect aligns with Akbar & Aisyawati, (2021) observation that spiritual and professional values mediate the stress-health link among Indonesian nursing students, and is theorized at scale by Wu et al., (2024), whose study of 1,397 nursing students demonstrated that professional identity significantly mediates the relationship between personality resilience and positive behavioral outcomes during clinical training. Yang & Ni, (2025) confirmed that professional identity directly predicts clinical practice behaviors, mediated through professional values providing direct empirical support for why health-promoting conduct may be maintained as an expression of professional role. Tejero-Vidal et al., (2025) further demonstrated that clinical immersion experiences such as rural community fieldwork significantly accelerate professional identity development, which in turn promotes adherence to health-promoting behaviors. Han et al., (2025) found that tailored mentorship during clinical placements strengthens both resilience and self-care practices. Grünthal-drell et al., (2026) reported a positive association between strong professional identity and healthier lifestyle behaviors, collectively supporting the notion that identifying as a future health professional serves as a robust behavioral scaffold.

Third, institutional structures may provide an unexpected ecological shield. Our data were collected during active fieldwork when institutional supports remain intact as a critical distinction from post-graduation contexts where these buffers dissolve. Rahman et al., (2022) documented that ASEAN nursing students maintained relatively stable health behaviors across diverse socioeconomic contexts during the pandemic, implying that institutional structures within healthcare education may buffer students from the full behavioral impact of financial strain. Aryuwat et al., (2023), in an integrative review of resilience in nursing education, found that peer support, supervisor relationships, and a sense of belonging during clinical practice are the most potent institutional determinants of resilience. The qualitative follow-up by Aryuwat et al., (2024) further illuminated this mechanism: nursing students reported that social interactions and positive transformation within their practicum environments restored strength after vulnerability a dynamic directly analogous to the rural community fieldwork context of this study. Hamaideh et al., (2024) similarly reported that social support and resilience were significant predictors of lower perceived stress in nursing students, with resilience mediating the stress-wellbeing relationship. (Williamson et al., 2020) further concluded in a systematic review that collaborative learning in practice enhances professional socialization, peer support, and reflective practice, all of which were actively present in this study's fieldwork setting. Fang et al., (2025) testing the Resilience Portfolio Model among 1,080 university students, found that resilience resources were most protective when multiple resources co-occurred, mirroring the convergence of familial, professional, and institutional factors we propose. Lin et al., (2023) demonstrated that contextual and relational resources play a critical role in mitigating stressors on well-being, and Guerra et al., (2021) emphasized that local cultural and educational contexts play a more decisive role than single-domain stressors in shaping health behaviors among future health professionals. Monzera et al., (2022) found a significant relationship between healthy lifestyle behaviors and physical fitness among students, emphasizing that consistent practice of health-promoting behaviors can be maintained despite various challenges. Additionally, studies on nursing students in Central Java have shown that stress levels are common, yet many students still demonstrate adaptive coping mechanisms during their educational journey (Cipto et al., 2026).

Collectively, these findings construct a new narrative for global nursing science: in collectivist LMICs, the pathway from financial threat to health behavior is not a direct line but a complex circuit mediated by culture, profession, and policy. This moves the field beyond the universalist assumptions of Western models toward a more nuanced, contextually grounded understanding of adolescent resilience. The contribution of this work is therefore twofold. Theoretically, it provides empirical validation for a salutogenic, strengths-based framework in a critically understudied population. Practically, it shifts the policy focus from merely alleviating financial stress to actively cultivating the protective ecosystems familial, professional, and institutional that allow students to thrive despite it. Future research should test

this framework longitudinally, tracking whether these buffers persist after graduation when students enter the high-stress reality of the global nursing workforce.

4. Conclusion and Suggestion

This study found no significant association between financial threat and health-promoting lifestyle among late adolescent nursing students in a rural fieldwork setting. The results suggest that contextual protective factors including familial interdependence, professional identity development, and academic support systems may buffer the behavioral impact of financial stress in collectivist, low- and middle-income settings. These findings challenge universalist assumptions in health behavior theory and underscore the need for culturally responsive, resilience-oriented approaches in nursing education worldwide.

For nursing education programs, we recommend: (1) integrating resilience-oriented curricula that include values-based stress reframing aligned with collectivist narratives; (2) strengthening peer-mentoring networks during fieldwork; and (3) explicitly linking self-care to clinical competence and ethical practice. For policy and institutional support, we suggest expanding conditional scholarships to include well-being indicators in evaluation frameworks and designing rural fieldwork to enhance collective efficacy.

Future research should employ longitudinal designs to examine whether protective mechanisms persist post-graduation, use mixed methods to explore how students cognitively reinterpret financial hardship, and conduct multi-country comparative studies to test the generalizability of relational resilience across diverse cultural contexts. This work contributes to global nursing science by providing empirical evidence that financial threat is not an inevitable determinant of poor health behavior, and that culturally embedded resilience resources in low- and middle-income countries offer valuable lessons for sustainable healthcare workforce development.

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