

Research Paper

## Relationship between Health Promoting Behaviors, Self-compassion and Health Value among Medical Students

Manyeswari Gayathri R.<sup>1\*</sup>, Procheta Mahanta<sup>2</sup>, Vиграanth Babu K.G.<sup>3</sup>,  
Danasegaran M.<sup>4</sup>

### ABSTRACT

The role of doctors in educating and enhancing health promoting behaviors in the society is immense. In this view, the status of health promoting behaviors among medical students and its association with self-compassion and health value and to check for the presence of any differences between the genders with respect to these three variables is examined in this study. Using purposive sampling, data was collected from a sample of n=187 participants and after applying the inclusion and exclusion criteria, the analysis of correlation and independent sample t-test was done on the selected n=172 data. The results show that health promoting behaviors and self-compassion are at a moderate level and health value is high among medical students. The results also show that there is a significant positive relationship between health promoting behaviors, self-compassion and health value. However, no significant differences in gender has been found in all three variables. The implications of the study are discussed.

**Keywords:** Health Promoting Behaviors, Self-Compassion, Health Value, Medical Students

Health promotion is the process of enabling people to increase control over, and to improve their health (Nutbeam, 1998). Health promotion, along with health protection and illness prevention, has the potential to increase people's abilities to safeguard and enhance their health and well-being (World Health Organization, n.d.). Engaging in health promoting behaviors can have a positive relation with having good life satisfaction and has a negative relation with perceived stress (Badura-Brzoza et al., 2022).

Doctors have a huge role in educating the society on health promotion. The advice given by doctors to patients may be directly influenced by their own lifestyle choices and behaviors as doctors who lead healthier lifestyles are more willing to discuss these with their patients and persuade them to act in healthy ways while doctors who do not exhibit healthy behaviors are

<sup>1</sup>M.Sc. Clinical Psychology Student, Dept. of Psychology, Kristu Jayanti College, Bangalore, India

<sup>2</sup>Assistant Professor, Dept. of Psychology, Kristu Jayanti College, Bangalore, India

<sup>3</sup>Assistant Professor, Dept. of Psychology, Kristu Jayanti College, Bangalore, India

<sup>4</sup>Associate Professor, Dept. of Physiology, Vinayaka Missions Medical College, Karaikal, India

\*Corresponding Author

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less likely to urge their patients to do the same, and even if they do, patients are less likely to pay attention to them (Majra, 2013, as cited in Broquet & Rockey, 2004, Frank et al., 2000).

In this light, the health promoting behaviors of medical students, the future doctors, who are expected to bring awareness on the importance of such behaviors, was examined in this study. The health promoting lifestyle is defined as “a multidimensional pattern of self-initiated actions and perceptions that serve to maintain or enhance the level of wellness, self-actualization and fulfillment of the individual” (Walker et al., 1987).

The overall health promoting behaviors of medical students have been shown to be intermediate (Nacar et al., 2014). In fact, since joining medical college, medical students have engaged increasingly in health risking behaviors rather than health promoting behaviors (Majra, 2013). Students indulging in smoking and alcohol consumption have doubled and food habits have become steadily healthier while positive habits like engaging in physical activity have reduced to half (Majra, 2013). On examining the specific components of health promoting behaviors, it has been found that components like responsibility of health and nutrition and physical health were quite low among these students (Nacar et al., 2014).

Several factors like year of study (Alzahrani et al., 2019; Nacar et al., 2014), gender (Alzahrani et al., 2019; Masina et al., 2017), parental education (Nacar et al., 2014), income (Alzahrani et al., 2019) and socio-economic status (Nacar et al., 2014) influence the health behaviors of medical students. BMI has a significant negative correlation with interpersonal relations, a component of health promoting behaviors (Alzahrani et al., 2019).

Among the various factors associated with health promoting behaviors, self-compassion is an important factor. Self-compassion is having a non-critical stance towards one's own failures and inadequacies (American Psychological Association, n.d.). Neff (2003) has defined self-compassion as having three components - self kindness versus self-judgment defined as being understanding and kind to oneself when experiencing pain or failure rather than being severely critical of oneself, common humanity versus isolation defined as perceiving one's experiences as being a part of the greater human experience as opposed to seeing them as dividing and isolating, and mindfulness versus over-identification defined as holding up difficult thoughts and feelings in a balanced awareness as opposed to over-identifying with them.

Gender differences exist in self-compassion (Yarnell et al., 2015). Self-compassion has several benefits including benefits for health (Biber & Ellis, 2019; Phillips & Hine, 2021), physiological functioning (Arch et al., 2016), interpersonal relationships (Neff & Beretvas, 2013), positive mental health outcomes (Yarnell & Neff, 2013) and is negatively associated with physical symptoms (Dunne et al., 2018). More specifically, there is a positive association between the positive components of self-compassion and the positive components of health promoting behaviors (Gedik, 2019; Holden et al., 2021,) and a negative association between the negative components of self-compassion and health promoting behaviors (Holden et al., 2021). Among the components of self-compassion, self-kindness and mindfulness significantly predict health promoting behaviors after the demographics are controlled (Holden et al., 2021).

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Another factor that can be associated with health promoting behaviors is health value, defined as the value that an individual places on one's own health (Lau et al., 1986). Gender differences exist in health value (Lau et al., 1986). There is a strong association between health value and physical health, mental health and health related quality of life (Dobewall et al., 2017). Health value and health promoting behaviors share a significant positive relationship (Peker & Bermek, 2011). Meanwhile there is a lack of association between self-compassion and health value which could show that the correlation between self-compassion and the various constructs of health is not due to the value that people place on their health (Terry et al., 2013).

After careful consideration of the literature, the present study aims to examine the various components of health promoting behaviors among medical students and its relationship with self-compassion and health value and the gender differences in these variables.

### **METHODOLOGY**

#### *Objectives*

- To understand the status of health promoting behaviors, self-compassion and health value among medical students
- To examine the relationship between health promoting behaviors, self-compassion and health value.
- To examine the gender differences in health promoting behaviors, self-compassion and health value.

#### *Hypotheses*

- H1: There will be a significant correlation between health promoting behaviors, self-compassion and health value.
- H2: There will be a significant difference in health promoting behaviors between the genders.
- H3: There will be a significant difference in self-compassion between the genders.
- H4: There will be a significant difference in health value between the genders.

#### *Research Design*

A correlational research design was used to understand the relationship between the study variables without manipulating any of them.

#### *Sample and Sampling Technique*

Purposive sampling was used to collect data. The data was initially collected from 187 medical students of Tamil Nadu studying in various government and private institutions. After applying the inclusion and exclusion criteria, 15 data were discarded. The analysis was done on n=172 data (106 females and 66 males).

#### *Inclusion Criteria*

- Students pursuing UG in Medicine - MBBS
- Students studying in Tamil Nadu

#### *Exclusion Criteria*

- Students currently diagnosed with any psychiatric illness.
- Students recently diagnosed with any chronic physical illness.

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### Measures

#### Administration

Google forms was used to collect data. The first section of the form collected the demographic details and the further sections comprised of three questionnaires that measured the study variables.

#### Tools

- **Health Promoting Behaviors.** The 52 item Health Promoting Lifestyle Profile II (HPLP II) (Walker et al., 1987) was used to assess health promoting behaviors. It has 6 subscales - Spiritual growth, Interpersonal relations, Nutrition, Physical activity, Health responsibility and Stress management. It is rated on a four-point scale from 1-4, where Never (N) = 1, Sometimes (S)= 2, Often (O) = 3 and Routinely (R) = 4. The English version of HPLP II was used in this study and has a Cronbach's alpha of 0.94 for the overall scale and alpha ranging between 0.79-0.87 for the six subscales (Walker et al., 1987).
- **Self-Compassion.** The 12 item Self Compassion Scale Short Form (SCS-SF) (Raes et al., 2011) was used to assess self-compassion. It has 6 subscales - Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, Over-Identified. It is rated on a five-point scale ranging from 1 that stands for "Almost never" to 5 that stands for "Almost always". The SCS-SF has a Cronbach's alpha  $\geq .86$  across samples and has a near perfect correlation with the longer form of SCS ( $r \geq .97$  across samples).
- **Health Value.** The 4 item health value scale (Lau et al., 1986) was used to assess the value placed on health. It is rated on a 7 point scale ranging from 1 that stands for "Strongly Disagree" to 7 that stands for "Strongly Agree".

#### Analysis

Statistical analysis of data was done using Statistical Package for the Social Sciences (SPSS) Version 23.

## RESULTS

Table 1 shows the demographics of the participants. The sample consisted of 38.37% males and 61.63% females. The mean age of the participants was  $20.09 \pm 1.626$  with a range of 17-25 years. 58.7% of the participants were from I Year, 31.4% were from III Year and the remaining 9.9% were from II, IV Year and CRRI. The interpretation of BMI scores was done according to the norms given by Centers for Disease Control and Prevention (2022). Of the 172 students, 55.23% fell in the healthy range while 44.77% fell in the underweight, overweight and obese range.

From Table 2, it can be seen that health promoting behaviors range from 1.23 - 4.00 with a mean of  $2.37 \pm .45$ . Under that, health responsibility has a mean of  $2.01 \pm .53$  (1.00-4.00), physical activity has a mean of  $2.10 \pm .66$  (1.00-4.00), nutrition has a mean of  $2.18 \pm .50$  (1.11-4.00), spiritual growth has a mean of  $2.72 \pm .65$  (1.00-4.00), interpersonal relations has a mean of  $2.77 \pm .56$  (1.33-4.00), stress management has a mean of  $2.41 \pm .55$  (1.25-4.00).

Self-compassion among the participants ranged from 1.33 - 4.66 with a mean of  $3.07 \pm .60$ . Under self-compassion, self-kindness has a mean of  $3.24 \pm .98$ , self-judgement has a mean of  $3.16 \pm 1.04$ , common-humanity has a mean of  $3.07 \pm .94$ , isolation has a mean of  $2.70 \pm 1.02$ ,

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mindfulness has a mean of  $3.46 \pm .94$ , over-identification has a mean of  $2.83 \pm .97$ . Health value of the participants ranged from 8.00 - 28.00 with a mean of  $20.04 \pm 4.70$ .

**Table 1 Sociodemographic Characteristics of Participants**

Characteristic	n	%
Gender		
Male	66	38.37
Female	106	61.63
Year of Study		
I	101	58.7
II	2	1.2
III	54	31.4
IV	7	4.1
CRR I	8	4.7
BMI		
Underweight	20	11.63
Healthy	95	55.23
Overweight	36	20.93
Obese	21	12.21

**Table 2 Mean, Standard Deviation and the range of the variables and their sub-components**

Variable	M	SD	Minimum	Maximum
Health Promoting Lifestyle	2.37	.45	1.23	4.00
Self-Compassion	3.07	.60	1.33	4.66
Health Value	20.04	4.70	8.00	28.00

Table 3 shows the results of the correlational analysis between the scores of HPLP II, SCS-SF and Health Value scale. Based on the results of the study, health promoting behaviors is significantly positively correlated with self-compassion  $r = .518, p < .01$  and with health value  $r = .230, p < .01$ . Self-compassion is significantly positively correlated with health value  $r = .235, p < .01$ .

**Table 3 Descriptive Statistics and Correlations for Study Variables**

Variable	Health Promoting Behavior	Self-Compassion	Health Value
1. Health Promoting Behavior	-		
2. Self Compassion	.518**	-	
3. Health Value	.230**	.235**	-

\*\*  $p < 0.01$ .

Table 4 shows the results of the gender differences in the study variables. An independent sample t-test was conducted to compare health promoting behavior scores for males and females. There was no significant difference in the scores for males ( $M = 2.39, SD = .49$ ) and females ( $M = 2.35, SD = .42$ );  $t = -.609, p = .543$ . In the independent sample t-test

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conducted to compare self-compassion scores for males and females, there was no significant difference in the scores for males ( $M = 3.04$ ,  $SD = .61$ ) and females ( $M = 3.09$ ,  $SD = .60$ );  $t = -.617$ ,  $p = .538$ . In the independent sample t-test conducted to compare health value scores for males and females, there was no significant difference in the scores for males ( $M = 19.78$ ,  $SD = 5.13$ ) and females ( $M = 20.19$ ,  $SD = 4.43$ );  $t = -.555$ ,  $p = .580$ .

**Table 4 Results of gender difference among the three variables**

Logistic Parameter		n	M	SD	t	p
HPB	Male	66	2.39	.49	-.609	.543
	Female	106	2.35	.42		
SC	Male	66	3.04	.61	.617	.538
	Female	106	3.09	.60		
HV	Male	66	19.78	5.13	.555	.580
	Female	106	20.19	4.43		

## DISCUSSION

The aim of this study was to examine the health promoting behaviors of medical students who are the future doctors, expected to perform the crucial role of informing the society about the importance of healthy behaviors. The data was collected from 172 medical students of Tamil Nadu.

The score of HPLP II reflects the level of engagement in healthy behaviors. The mean of HPLP II was  $2.37 \pm .45$  (1.23 - 4.00) and 59% of the participants engaged in moderate levels of health promoting behaviors. Thus, overall health promoting behaviors among medical students is at a moderate level. This is consistent with the results of Nacar et al. (2014). The highest score was obtained in interpersonal relations ( $2.77 \pm .56$ ) and spiritual growth ( $2.72 \pm .65$ ) while the lowest score was obtained in health responsibility ( $2.01 \pm .53$ ), with the results being consistent with the results of Alzahrani et al. (2019) and Nacar et al. (2014).

The score of SCS-SF reflects the extent of self-compassion. The mean of SCS-SF was  $3.07 \pm .60$  (1.33 - 4.66) and 50.9% of the participants showed moderate levels of self-compassion. Thus, self-compassion is moderate among medical students. The score of the health value scale reflects the extent to which an individual values his/her own health. The mean health value was  $20.04 \pm 4.70$  (8.00 - 28.00) and 58.4% of the participants showed high levels of health value. Thus, health value is high among medical students.

Then the relationship between the three study variables was examined. There is a significant positive relationship between health promoting behaviors and self-compassion. This finding is consistent with several studies (Dunne et al., 2018; Holden et al., 2021; Homan & Sirois, 2017; Sirois et al., 2015). The association is such that health promoting behaviors partially mediate the relationship between self-compassion and physical health (Dunne et al., 2018; Homan & Sirois, 2017), while self-compassion in turn facilitates health-promoting behaviours like eating and sleeping habits, stress management and exercise through adaptive health-related cognitions and emotions (Dunne et al., 2018; Sirois et al., 2015; Terry et al., 2013).

There is a significant positive relationship between health promoting behaviors and health value. This finding is consistent with the results of Peker & Bermek (2011). Health value is

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strongly associated with physical and mental health (Dobewall et al., 2017), and so are health promoting behaviors (Dunne et al., 2018). This could be a possible explanation for the positive relationship between health promoting behaviors and health value.

There is a significant positive relationship between self-compassion and health value. However, this finding contradicts the results of Terry et al. (2013) who reported that the lack of relationship between the two variables could show that the correlation between self-compassion and the various constructs of health is not due to the value that people place on their health. This difference could be because of a variety of factors including the differences in the population and sample. While the sample in the present study is exclusively made of medical students of India between the ages of 17-25, the participants of Terry et al., (2013) belong to the community subject pool of the USA and the age range of 18-37 years.

In this study, no significant difference in overall health promoting behaviors was found between males and females. This is consistent with the results of Masina et al., (2017) and Nacar et al. (2014). Also, there was no significant gender difference in the components like physical activity, stress management etc. of health promoting behaviors. However, this contradicts the results of Alzahrani et al. (2019) and Masina et al. (2017) that male students are better at physical activity and stress management compared to females and Masina et al.'s (2017) report that females are better at health responsibility and interpersonal relations. This could be because of several factors including the population and culture where there are differences in expected gender roles and in access to health facilities. For instance, women in Saudi have less access to physical education/activities or sports (Alghamdi & Aldossari, 2022).

No significant difference in self-compassion was found between the genders in this study. However, Yarnell et al.'s (2015) meta-analysis shows a small but significant difference between the genders, where males show slightly higher self-compassion than females, but the majority of the variance is shared and hence the researchers recommend that the gender difference is not to be overemphasized. Thus, it could be possible that the male and female participants of the current study shared variance to a good extent and this might have resulted in no significant difference between the genders.

No significant difference in health value was found between the genders in this study. This contradicts Lau et al.'s (1986) report that women tend to place higher value on health than men. This contradiction could be because of the differences in the population.

This study was however limited by the sampling technique chosen, and its restriction to one specific geographical location. Other variables like BMI, year of study, age were not examined in this study. Also, healthy behavior patterns of independent students were not exclusively examined.

## CONCLUSION

The purpose of this study was to examine the status of health promoting behaviors among medical students and its association with self-compassion and health value and to check for the presence of any differences between the genders with respect to these three variables. The study has shown that health promoting behaviors and self-compassion are moderate while health value is high among medical students. All three variables do not have

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significant differences between the genders. Health promoting behaviors, self-compassion and health value are all significantly positively related with each other. However, despite having high health value, the health promoting behaviors of these medical students is only at a moderate level. This suggests that having the knowledge about health might not necessarily result in acting accordingly.

### *Implications*

The major implication of this study is that there is a huge need to improve the self-compassion and engagement in health promoting behaviors among medical students as it is important to improve the health of the society at large. The immense stress and pressure associated with being in the medical field could account for the discrepancy between the knowledge and engagement in healthy behaviors which gives the implication that there is a need for intervention to enhance the health promoting behaviors and self-compassion of medical students. One possible intervention could be to include awareness of health by making medical students monitor their own healthy behaviors and attitudes towards self in the education programmes for them and also by meeting counsellors who help them stay on the track of being healthy and self-compassionate. Other ways to enhance health behaviors and self-compassion include removing potential barriers to health behaviors, making them observe models who demonstrate health-behaviors and self-compassion, providing constant reminders about the benefits of self-compassion and health behaviors through posters, awareness videos etc.

### **REFERENCES**

- Alghamdi, A. K. H., & Aldossari, A. (2022). Healthy lifestyle, physical education, and sports for Saudi women. *Physical Education and Sport Pedagogy*, 1-16.
- Alzahrani, S. H., Malik, A. A., Bashawri, J., Shaheen, S. A., Shaheen, M. M., Alsaib, A. A., ... & Abdulwassi, H. K. (2019). Health-promoting lifestyle profile and associated factors among medical students in a Saudi university. *SAGE open medicine*, 7, 2050312119838426.
- American Psychological Association. (n.d.). Self-compassion. *In APA dictionary of psychology*. Retrieved February 8, 2023, from <https://dictionary.apa.org/self-compassion>
- Arch, J. J., Landy, L. N., & Brown, K. W. (2016). Predictors and moderators of biopsychological social stress responses following brief self-compassion meditation training. *Psychoneuroendocrinology*, 69, 35-40.
- Badura-Brzoza, K., Dębski, P., Głowczyński, P., Dębska-Janus, M., & Gorczyca, P. (2022). Life satisfaction and perceived stress versus health promoting behavior among medical students during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 19(11), 6706.
- Biber, D. D., & Ellis, R. (2019). The effect of self-compassion on the self-regulation of health behaviors: A systematic review. *Journal of health psychology*, 24(14), 2060-2071.
- Broquet, K. E., & Rockey, P. H. (2004). Teaching residents and program directors about physician impairment. *Academic Psychiatry*, 28(3), 221-225.
- Centers for Disease Control and Prevention. (2022, June 3). *About adult BMI*. Centers for Disease Control and Prevention. Retrieved April 1, 2023, from [https://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html](https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html)
- Compassion. Self. (2022, September 23). Retrieved April 1, 2023, from <https://self-compassion.org/>



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- Dobewall, H., Tark, R., & Aavik, T. (2018). Health as a value and its association with health-related quality of life, mental health, physical health, and subjective well-being. *Applied Research in Quality of Life*, *13*, 859-872.
- Dunne, S., Sheffield, D., & Chilcot, J. (2018). Brief report: Self-compassion, physical health and the mediating role of health-promoting behaviours. *Journal of health psychology*, *23*(7), 993-999.
- Frank, E., Rothenberg, R., Lewis, C., & Belodoff, B. F. (2000). Correlates of physicians' prevention-related practices: findings from the Women Physicians' Health Study. *Archives of family medicine*, *9*(4), 359.
- Gedik, Z. (2019). Self-compassion and health-promoting lifestyle behaviors in college students. *Psychology, health & medicine*, *24*(1), 108-114.
- Holden, C. L., Rollins, P., & Gonzalez, M. (2021). Does how you treat yourself affect your health? The relationship between health-promoting behaviors and self-compassion among a community sample. *Journal of health psychology*, *26*(12), 2330-2341.
- Homan, K. J., & Sirois, F. M. (2017). Self-compassion and physical health: Exploring the roles of perceived stress and health-promoting behaviors. *Health psychology open*, *4*(2), 2055102917729542.
- Lau, R. R., Hartman, K. A., & Ware, J. E. (1986). Health as a value: methodological and theoretical considerations. *Health psychology*, *5*(1), 25.
- Majra, J. P. (2013). Do our medical colleges inculcate health-promoting lifestyle among medical students: a pilot study from two medical colleges from southern India. *International journal of preventive medicine*, *4*(4), 425.
- Mašina, T., Madžar, T., Musil, V., & Milošević, M. (2017). Differences in health-promoting lifestyle profile among Croatian medical students according to gender and year of study. *Acta clinica Croatica*, *56*(1.), 84-91
- Nacar, M., Baykan, Z., Cetinkaya, F., Arslantaş, D., Özer, A., Coşkun, Ö., ... & Yilmaze, G. (2014). Health promoting lifestyle behaviour in medical students: a multicentre study from Turkey. *Asian Pacific journal of cancer prevention*, *15*(20).
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, *2*(2), 85-101.
- Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and identity*, *12*(1), 78-98.
- Nutbeam, D. (1998). Health promotion glossary. *Health Promotion International*, *13*(4), 349-364. <https://doi.org/10.1093/heapro/13.4.349>
- Peker, K., & Bermek, G. (2011). Predictors of health-promoting behaviors among freshman dental students at Istanbul University. *Journal of dental education*, *75*(3), 413-420.
- Phillips, W. J., & Hine, D. W. (2021). Self-compassion, physical health, and health behaviour: A meta-analysis. *Health Psychology Review*, *15*(1), 113-139.
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self-compassion scale. *Clinical psychology & psychotherapy*, *18*(3), 250-255.
- Sirois, F. M., Kitner, R., & Hirsch, J. K. (2015). Self-compassion, affect, and health-promoting behaviors. *Health Psychology*, *34*(6), 661.
- Terry, M. L., Leary, M. R., Mehta, S., & Henderson, K. (2013). Self-compassionate reactions to health threats. *Personality and Social Psychology Bulletin*, *39*(7), 911-926.
- Walker, S. N., Sechrist, K. R., & Pender, N. J. (1987). The health-promoting lifestyle profile: development and psychometric characteristics. *Nursing research*, *36*(2), 76-81.

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- Well-being and Health Promotion - World Health Organization*. (n.d.). Retrieved March 16, 2023, from [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\\_R19-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R19-en.pdf)
- Yarnell, L. M., & Neff, K. D. (2013). Self-compassion, interpersonal conflict resolutions, and well-being. *Self and Identity*, 12(2), 146-159.
- Yarnell, L. M., Stafford, R. E., Neff, K. D., Reilly, E. D., Knox, M. C., & Mullarkey, M. (2015). Meta-analysis of gender differences in self-compassion. *Self and identity*, 14(5), 499-520.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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