

Introduction

People have always been interested in health and its determinants. For many decades, the number of scientific publications on the determinants of health and disease has increased significantly. Since the early 1970s we have known that our lifestyle largely determines the length and quality of our lives, which has led to an observable increase of interest in health behaviours. The issue is so socially important that it has become one of the most significant topics appearing in the media and popular publications. The average person wants to know more about health, has plenty of opportunities to seek such knowledge (from the internet to the family doctor) and increasingly wants to be sure that this knowledge is evidence-based.

Health professionals are perceived in society as a very important and reliable source of information on health and disease issues. On the other hand, medical treatment often dominates and obscures the role of preventive and promotional activities. The overwhelming obstacle to encouraging such actions (aside from insufficient substantive preparation) is the fact that in medical practice in Poland preventive and promotional activities are not paid for or are paid less by the state. Another significant obstacle may be the lack of consistency between recommendations for successful health behaviour promotion and choices made by health professionals. Physicians, nurses or physiotherapists who do not serve as role models for their patients are much less efficient and, as evidence suggests, they are also less likely to take health promotion actions since they themselves are not fully convinced of the efficacy of such advice.

As a social group, health professionals are representatives of so-called professions of public trust, what translates into their high credibility. This applies particularly to physicians, but other positions held in similar regard are those examined in this study: physiotherapists and nurses. The health condition of the respondents, both during their studies and professional work, has been traditionally considered from the perspective of mental overload, job stress and burnout. Health behaviours and determinants among these socio-economic groups are less frequently the subject of comprehensive analysis. Particularly in the USA and Canada, health behaviours of physicians differ significantly from those of average residents of these countries although not so obviously when compared to individuals of high socio-economic status. Irrespectively, it is postulated that more effort should be made to improve the perception of the medical community by patients in terms of serving as an example (Puddester, Flynn, & Cohen, 2009). This report also indicates areas that require special improvement (e.g. proper diet).

In Poland, there are even fewer studies of this type dedicated to the medical community. Considering the process of transformation in Eastern European countries and the accelerated course in democracy and free market we had to take, certain costs (e.g. health costs) of respective socio-professional group could be expected. Health professionals have been given the opportunity to earn more, to work several jobs and

many of them have seized it eagerly. At the same time, these professionals are aware of health determinants and have the relevant knowledge in this area, but a question is whether they can incorporate this knowledge into life. The objective of this study was to describe the strengths and weaknesses of the lifestyle of both the current and future medical staff and to identify some of their subjective determinants.

The author hopes that due to this study's opportunity to "take a look in the mirror" that current and future health professionals will be encouraged to stop and reflect on their own lifestyle and consider the phrase "*Physician Heal Themselves*". The results of the study may also be considered in the context of preparing health promotion programmes for medical staff.

Furthermore, since most patients believe that "a good doctor is a healthy doctor", the results may also contribute to the formulation of recommendations (already successfully implemented, for example, in the USA and Canada) for the medical community regarding the implementation of a healthy lifestyle, with consideration given to specific challenges faced by health professionals.