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### A comparison of the Health Related Quality of Life of the Active and Sedentary Faculty Members of IAU

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#### ABSTRACT

Quality of life refers to an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to the irgoals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationship to salient features of their environment. Thus, quality of life has physical, psychological, and social aspects that must be taken into account. The purpose of the present research is to compare the health related quality of life of the active and sedentary faculty members of IAU, Qazvin Branch. 140 faculty members with an average age of 40 were randomly selected as the sample of this applied, descriptive research. The data was collected using a researcher-made demographics questionnaire, Short Form Health Survey (SF-36), and Becke's questionnaire. Based on the type and frequency of exercise per week, the samples were divided into an active group and a sedentary group. Descriptive statistics (mean, standard deviation, tables, and figures) and inferential statistics (Pearson correlation coefficient, t test and U Mann-Whitney and Tukey's test) were used for data analysis. The results showed active female members had a significantly better quality of life than sedentary female members. Also active male members had a significantly better quality of life than sedentary male members. Moreover, there was a significant difference between male and female faculty members in terms of quality of life, and men had better quality of life than women. It can thus be concluded that active people have better quality of life than sedentary people.

**Key Words:** Health, Quality of Life, Active, Sedentary, Members of IAU

#### INTRODUCTION

Universities are among the organizations that are responsible for training specialized and efficient workforce. One of the most important capitals of these organizations is the human resources who must healthily strive to achieve organizational goals. Faculty members are a skilled community that has the critical responsibility of training the intellectual capitals of a country and they deeply affect the culture and identity of people. Effectiveness of universities depends to a large extent on the faculty members and employees. Using a physically and mentally healthy workforce in educational institutions significantly increases individual and organizational productivity. Therefore, special attention must be paid to the general health and quality of life of these specialized human resources [1]. Unsuitable conditions and low levels of quality of working life can lead to undesirable behaviors and performance in faculty members. Quality of life is of utmost importance for faculty members due to their special working conditions and various stressors associated with their job. Employees' perception of their quality of working life is a driving factor in their behavior and has a direct effect on their moods and loyalty [4]. Today the issue of quality of life has received much attention and its relationship with other variables has been the subject of

many studies. Health related quality of life (HRQOL) is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact of health status on quality of life [1, 12, 13].

Studies have shown that individual characteristics such as age can affect quality of life, especially in terms of physical performance [1, 12]. Quality of life also depends on the amount of physical activity, diseases, socioeconomic status, and education. In WHO report in 2000, the main purpose of promoting health was adding years to life and much emphasis was placed on mortality and disease symptoms, while increased life efficiency and improved quality of life were the main goals of WHO in 2010.

Exercise can improve flexibility, cognitive functioning, psychological adaptation, and functional adaptation. It plays a significant role in increasing quality of life which cannot be achieved by other treatments [12, 13]. Quality of life is currently one of the major concerns of politicians, scientists, and public health specialists and it is recognized as a measure of health condition in medical research [17, 14]. Research has shown that quality of life has considerable effects on behavioral responses such as organizational Identification, job satisfaction, organizational involvement, job strain, and resignation [9, 15]. Sirgy et al. (2001) suggested that the key factors in quality of working life are: need satisfaction based on job requirements, need satisfaction based on work environment, need satisfaction based on supervisory behavior, need satisfaction based on ancillary programs, and organizational commitment [11]. Some researchers are of the opinion that active individuals have better general health and social relationships than sedentary individuals. They argue that participation in exercises and recreation activities act as a shield against the detrimental effects of stress and that active individuals have more life expectancy than sedentary individuals [6, 7, 2, 8]. It has also been shown that choosing an active life hinders the deterioration of cognitive and motor abilities. Hence, the purpose of the present research is to find whether physical activity can influence the quality of life of faculty members. Also the effect of age, gender, education, and income on quality of life has been examined.

## MATERIALS AND METHODS

The present research is applied in terms of purpose and descriptive-survey in terms of data collection. The main purpose of the research is to identify the current condition of the variables and the possible relationships between them. The population consists of all the faculty members of Islamic Azad University (IAU), Qazvin Branch. 140 faculty members ( $40.2 \pm 7.8$  years old) were selected as sample from a population of 253 members and completed the questionnaires.

A researcher-made demographics questionnaire (age, gender, teaching experience, and working conditions), Short Form Health Survey (SF-36), and Beck's questionnaire were used for data collection. The subjects were divided into an active group and a sedentary group based on the type and frequency of exercise per week. The Health Survey is used for patients, the elderly, and healthy individuals of any age group. This questionnaire includes 36 items in 8 scales, i.e. Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, and Mental Health.

Descriptive statistics (mean, standard deviation, tables, and figures) and inferential statistics (Pearson correlation coefficient, t test and U Mann-Whitney and Tukey's test) were used for data analysis.

Pearson correlation coefficient was used to examine the relationship between quality of life and age and teaching experience. t-test was used to examine the relationship between gender and quality of life of the faculty members. U Mann-Whitney test and ANOVA were used for comparing the variables and Tukey's test was applied for pair wise comparison of the means.

## RESULTS

The results of the research showed that about 65 percent of the faculty members were male and 35 percent were female ( $40.2 \pm 7.8$  years old). 80 percent of the subjects were married and 20 percent were single. Moreover, 49 percent of the subjects had doctoral degree, 18 percent were PhD students, and 43 percent had master's degree. 47 percent of the subjects were full-time, 37 percent were probationary, and 16 percent were contract employees. The mean teaching experience of the faculty members was 12 years and 8-year teaching experience had the highest frequency among the subjects.

Pearson correlation coefficient was used to examine the relationship between quality of life and age. The results showed that there is a strong significant relationship between these two variables. Moreover, a significant relationship was observed between quality of life and teaching experience.

**Table 1. The relationship between quality of life, age, and teaching experience**

|                             | Correlation Coefficient | Significance Level |
|-----------------------------|-------------------------|--------------------|
| Age and QOL                 | 0.201                   | 0.004              |
| Teaching Experience and QOL | 0.213                   | 0.002              |

T-test was used to examine the relationship between gender and quality of life of the faculty members. A significant difference was observed between male and female faculty members; that is, men had a better quality of life than women. T-test was also applied to examine the relationship between marital status and quality of life. The results showed that there is no significant relationship between these variables.

Examining the quality of life of the faculty members using U Mann-Whitney test showed that:

1. Active people have better quality of life than sedentary people.
2. Male faculty members have better quality of life than female faculty members.
3. Active faculty members have less physical problems than sedentary faculty members.
4. Active faculty members are more psychologically healthy than sedentary faculty members.
5. There is no significant difference between active and sedentary faculty members in social functioning.
6. Active faculty members experience less bodily pain in their daily activities than sedentary faculty members.
7. Active faculty members enjoy a better general health than sedentary faculty members.

The table below shows the mean score of the faculty members in the subscales of quality of life.

**Table 2. The mean score of the subjects in quality of life subscales**

| Group     | Age   | N  | Physical Functioning | Role-Physical   | Role-Emotional  | Bodily Pain    | Vitality        | Mental Health   | Social Functioning | General Health |
|-----------|-------|----|----------------------|-----------------|-----------------|----------------|-----------------|-----------------|--------------------|----------------|
| Active    | 37.16 | 31 | 25.38<br>± 3.88      | 16.61<br>± 3.57 | 11.70<br>± 2.68 | 8.48<br>± 1.89 | 13.19<br>± 2.18 | 17.29<br>± 2.97 | 6.03<br>± 1.42     | 6.48<br>± 1.33 |
| Sedentary | 32.11 | 9  | 25.77<br>± 2.63      | 16<br>± 3.27    | 11.22<br>± 3.07 | 8.88<br>± 1.61 | 12.44<br>± 2.60 | 17<br>± 3.08    | 6.55<br>± 1.58     | 5.66<br>± 1.58 |

## DISCUSSION AND CONCLUSION

Based on the findings of the present research, there is a significant difference between the quality of life of active and sedentary faculty members and active members had better quality of life than sedentary members. This finding is in line with the results of Koltyn (2001) , Aarnio et al. (2002), von Strauss et al. (2003), Morimoto et al. (2006), Koltyn (2001) and Tomstad et al. (2012). However, this finding is inconsistent with the results of Sorensen et al. (1999) and Damush and Damush (1999) who believed that physical activity has no effect on quality of life. It appears that the majority of previous studies have reported the positive effects of exercise on quality of life.

Comparing the quality of life of men and women, it was revealed that men have better quality of life than women. Perhaps the less inclination of Iranian women for exercise is related to their living conditions and the dominating traditional gender roles that affect their quality of life. Exercise has various psychological effects on people. In fact, individuals who exercise more are more psychologically healthy. Exercise and physical activity can contribute to general health. In the present research, a significant relationship was observed between general health as a subscale of quality of life and physical activity. Numerous studies have shown that active individuals are less prone to cardiovascular diseases, musculoskeletal disorders, diabetes, cancers, pulmonary infections, and obesity. In the present research, a significant negative relationship was observed between physical activity and physical problems(role-physical)as one of the subscales of quality of life.

Organizations must pay attention to quality of working life for several reasons:

1. Quality of working life as a culture can create a high level of mutual commitment between individuals and the organization. That is, individuals will feel responsible for the organizational goals and the organization will feel responsible for individuals' needs.
2. Quality of working life as an objective can improve organizational performance through creating more challenging, more satisfying, and more effective jobs and workplaces.
3. Quality of working life as a process can lay the ground for achieving objectives through increasing organizational involvement among all the employees.
4. Quality of working life is a phenomenon that goes beyond the boundaries of organizations and companies and its effects can be seen in the personal lives of individuals and outside the organization.

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