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Examining healthy lifestyle behaviours of academic personnel working at a university (sample of Gaziantep University)

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Abstract

The aim of this study was to examine healthy lifestyle behaviours of academic personnel working in a university in Turkey and determine the relationships between healthy lifestyle behaviours and demographic characteristics. For that purpose, the 376 participants participated voluntarily to the study. Personal information form, and Health Promoting Lifestyle Profile II which was developed by Walker et al. were used in the study. Descriptive statistics, independent simple t test and One Way ANOVA were used to analyze the data, and for all data, level of significance was determined to be 0.05. As a result of this study, the female personnel was more successful than man personnel in sub-dimensions of physical activity and stress management. Also, the academic personnel engaged in regular physical activity had healthier lifestyle behaviours than others in all sub-dimensions.

Keywords: Academic personnel, healthy lifestyle behaviours, sport, university.

INTRODUCTION

The Health Promotion Model was proposed in the early 1980's as a framework for factors influencing health behaviours (12). Health Promoting Lifestyle is theoretically defined as discretionary activities with significant impact on health status and a regular part of one's daily pattern of living. Health promoting behaviour is an expression of the human actualizing tendency that is directed toward optimal well-being, personal fulfilment, and productive living (12,11). Expanding conceptualizations of health promotion led to the term "wellness" which became popular in the 1970's. Wellness, on the other hand, is positive, holistic, and uses the desire for enhanced well-being rather than fear as a motivator. Wellness is not problem-oriented, but emphasizes the quality of life, rather than the quantity of life. It is internal and unique to the individual (1). Wellness focuses on what is right with the person, whereas illness focuses on a health problem or something wrong with the person. The wellness and health promotion movement is slowly replacing the biomedical model of healthcare, which focuses on illness, rather than health. Laffrey et al. (9) identify several elements that are linked in health behaviour, personal lifestyle, including how one chooses to behave at any given moment, occurs within an environment that continually interacts with the individual. Walker et al. (15) define health promoting lifestyle as a "multidimensional pattern of self-initiated actions and perceptions that serve to maintain or enhance the level of wellness, self-actualization, and fulfilment of the individual.

Literature stated that there are two theory about the health promotion models. According to this theory, The Health Promotion Model consists of expectancy-value theory and social cognitive theory. Expectancy-value theory describes behaviour as rational and economical. The outcome of behaviour must have value to the person and the person must believe that performing the behaviour will result in the expected desired outcome (12). Social cognitive theory states that there are relationships among behavioural factors, personal factors (inside the person), and the environment (the context in which behaviour takes place) that predict behaviour. The theory includes expectations

about one's ability to engage in a specific behaviour and about the outcomes resulting from engaging in the behaviour (14).

Moreover, Health Belief Model which was one of the first frameworks developed to predict individual health behaviour (13). The Health Belief Model purports that people who are knowledgeable about their risk of disease will strive to decrease that risk. This model was introduced at a time when the social and political environment of the mid-20th century contributed to the knowledge explosion in individuals o f industrialized countries like the United States. Generally, the model postulates that people will act to prevent, assess for, or control unhealthy behaviour if they feel they are susceptible to disease. Besides perceived susceptibility they must also believe that the disease has serious consequences and that certain actions will reduce the susceptibility. Benefits must be perceived as outweighing the barriers in order for people to act (4).

In this aspect, it is aimed to analyze the healthy lifestyle behaviours of the academic personnels working at universities according to gender and doing sports variables.

MATERIAL & METHOD

Subjects

376 (Male: 300 - Female: 76) academic personnel who have been working at University in Gaziantep were recruited in this study voluntarily.

Measures

Health Promoting Lifestyle Profile II (HPLP II) was developed by Walker et al. measures health promoting behaviour. The 52-item summated behaviour rating scales employs a 4-point response format to measure the frequency of self-reported health promoting behaviours in the domains of health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management (15).

Analysis of data

All data of the study were analyzed with SPSS 16.0 Package Program. Descriptive statistics, t test were used to analyze the data, and for all data, level of significance was determined to be 0.05.

RESULTS

In table 1, the comparison of the points that are gathered from Healthy Lifestyle Behaviours Scale sub dimensions in the aspect of gender variation of the control group ($p<0.05$)

In table 2, Independent samples t-test results are given according to doing sports condition of the points that are gathered from the sub dimensions of HLBS II of the research group. According to this, it is coincided in whole sub dimensions that there are meaningful differences in favour of the ones who do sports sometimes and who do sports regularly ($p<0.05$).

Table 1. Differences between male and female academic personnel.

	Gender	n	Mean	SD	F	p
Health responsibility	Female	76	20.84	5.14	.002	.998
	Male	300	20.84	6.97		
Physical activity	Female	76	14.47	5.15	-4.204	.000
	Male	300	18.28	7.45		
Nutrition	Female	76	22.00	4.13	1.963	.051
	Male	300	20.88	5.50		
Spiritual development	Female	76	29.21	4.20	-.905	.366
	Male	300	29.73	4.57		
Interpersonal relations	Female	76	27.63	3.52	-.823	.411
	Male	300	28.05	4.10		
Stress management	Female	76	18.32	3.52	-2.817	.005
	Male	300	19.72	3.97		

Table 2. The comparison of the points that are gathered from the sub dimensions of the HLBS II according to doing sports conditions of the research group.

		Sum of Squares	df	Mean Square	F	p
Health Responsibility	Intergroup	512.41	2	256.21	5.981	.003
	Intragroup	15978.01	373	42.84		
	Total	16490.43	375			
Physical activity	Intergroup	6065.52	2	3032.76	84.391	.000
	Intragroup	13404.44	373	35.94		
	Total	19469.96	375			
Nutrition	Intergroup	155.13	2	77.57	2.821	.041
	Intragroup	10256.61	373	27.50		
	Total	10411.75	375			
Spiritual development	Intergroup	174.66	2	87.33	4.392	.013
	Intragroup	7417.21	373	19.89		
	Total	7591.87	375			
Interpersonal relations	Intergroup	201.26	2	100.63	6.514	.002
	Intragroup	5762.36	373	15.45		
	Total	5963.62	375			
Stress management	Intergroup	494.64	2	247.32	17.532	.000
	Intragroup	5261.83	373	14.11		
	Total	5756.47	375			

1. group: Never, 2. group: Sometimes, 3. Group: Regularly

DISCUSSION

The aim of this study was to examine healthy lifestyle behaviours of academic personnel working in a university in Turkey and determine the relationships between healthy lifestyle behaviours and demographic characteristics. The results of our study revealed that the female personnel was more successful than man personnel in sub-dimensions of physical activity and stress management and also the academic personnel engaged in regular physical activity had more healthy lifestyle behaviours than others in all sub-dimensions.

Ovens' study (11) was to determine if there was a significant difference in the self care agency, health promoting lifestyle, and satisfaction with life of postmenopausal women who participate in a mall walking program compared to postmenopausal women who do not engage in regular exercise. Findings revealed significantly higher mean scores for participants in the mall walking group than the no regular exercise group on the Exercise of Health Promoting Lifestyle Profile II Questionnaire. In our study, findings supported the results of ovens' study (11).

Kocoglu (8) revealed that man have higher scores than female in sub-dimensions of physical activity (8). Kafkas et al. (7) investigated health promoting lifestyle profiles of physical education teachers. They stated that there was not a statistically significant difference between male (X=22.05) and female (X=22.30) teachers. In their study, Ilhan et al. (6) conducted a research on health promoting lifestyle profiles of university students. They found that there was not a statistically significant difference between male (X=10.88) and female (X=10.41) university students.

When we look at our study, the average of the females X=14.47, the average of the males X= 18.28 is found in physical activity sub-dimension. While there is no meaningful difference in physical activity sub-dimension in the study done by Ilhan et al. (6) on the university students, they found that the average of Female (X=10.41) and Male (X=10.88) students are lower than the value that we got from our study (6).

We can say that, the averages in the study of Kafkas et al. (2012) being higher than our stuy & Ilhan et al., is because it stems from the different age and vocational situations of the study groups (7).

In another aspect, the whole of the group took part in the study of Kafkas et al. (7) is physical education and sports teacher and because of their vocational reputation, it is expected that they do more physical activity.

When we look at sub dimensions according to doing sports conditions of the study group, it can be said that the health responsibility of the academic personnel doing sports regularly and doing sports sometimes, in physical activity, nutrition, spiritual development, interpersonal relations and stress management sub- dimensions together with meaningful differences are seen it can be said that they develop healthy lifestyle behaviour. We can say that the people who do regularly sports, not only physically but also psychologically healthier and happier than according to who do not.

In the study of Guler et al. (5) they detected that the academic personnel do not do enough physical activity on this study shows parallelism with our study.

In the doing insufficient physical activity of teaching staff, the individuals realty it with different reasons to not spearing adequate time to exercise in their daily lives. However the changes coming into the lives of individuals and especially the problems that come out related to sedater living are the most important chronic diseases and death causes of today

For this reason, in protection of this reasons, spearing time to exercise in the daily life of individual is important (2,3).

When we consider the position, knowledge, skill, behaviours and education of the academic personnel working at universities, they undertake an important duty as role model. In order to the development of the healthy lifestyle behaviours and being stable, it can be given that the educations like inter-university healthy lifestyle behaviours seminars, conferences.

In order the female academicians successful in doing regularly sports and stress management, the precautions like living their life in accordance to regularly and planned programme can be taken.

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