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Examine the role of public health and a healthy lifestyle on life satisfaction of female teachers

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A B S T R A C T

This study examined the impact of public health and healthy life style on satisfaction of teachers were female teachers in Bandar Abbas city. This is a descriptive correlation. Study population consisted of 1421 female teachers in Bandar Abbas city which among them, a sample of 316 people was selected based on Cochran formula and the multi-stage cluster sampling was used. To collect data, the below questionnaires were used 1. General Health Questionnaire (1979), 2. Walker Health promotion lifestyle (1990) 3. Life satisfaction. Data analysis was done using Pearson correlation, regression multivariate methods by SPSS software simultaneously. Results showed that general health and healthy life styles influence on life satisfaction teachers involved in it.

Keywords: General Health, Healthy Lifestyle, Life Satisfaction.

INTRODUCTION

Mental health is one of the social needs, because the optimal performance of a community requires people who have favorable mental health (Amrai, Motlagh, Zalani, & Parhon, 2011). To define the mental health, it should be borne in mind that every man who can cope with own problems, be in compromise with himself/herself and others, and not frustrated in his/her inevitable inner conflicts as well as not avoid the community, so he has mental health.

Today, all people have accepted that mental health is an integral part of public health. Mental health can make aware the person of the aspects of cognitive, emotional, ability and communication skills with others. It can empower one who can overcome the problems caused by stress, and in a word, mental health, given the dramatic changes in decades such as the recent urban expansion, immigration, lifestyle changes and habits of technology driven lifestyle, require the people recognize, such as respect for their character and others' character, to identify limitations in themselves and others, to identify the needs and drivers of

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behavior and areas of vulnerability, to keep and supply the same lifestyle (Mohammad Narimani, AGHA, & Rajabi, 2007; M Narimani, Mohammadiyan, & Rajabi). Lifestyle is the way of a person during his life and is considered as a very important factor in a person's physical and mental health and also influenced by culture, race, religion, geography, socio - economic factors and beliefs (Estaji et al., 2006). Healthy lifestyle means the procedures through which people can have healthier and better life. Some healthy lifestyle behaviors and patterns are appropriate and balanced nutrition, physical activity, such as exercising regularly, get enough rest and sleep, having good social relationships, using appropriate skills to deal with stress and life problems (Falk, Sobal, Bisogni, Connors, & Devine, 2001; Lyons & Langille, 2000). The current evidence for developed countries, indicate that many mortalities caused by an unhealthy lifestyle and undesirable behavior, unhealthy diet, lack of exercise, high stress and lack of proper social relations are considered among them.

The World Health Organization (1998) defined a healthy lifestyle as efforts to achieve the complete welfare state of physical, mental and social. Healthy lifestyle includes behaviors that guarantee physical and mental health; in other words, a healthy lifestyle includes different physical and mental aspects, physical dimension includes nutrition, exercise and sleep, while the psychological dimension includes social relationships, coping with stress and spirituality (Mohammadi, Samavi, & Ghazavi, 2016).

Healthy lifestyle is a concept frequently used in discussions of health promotion, public health and health-related intervention. Healthy lifestyle is a valuable agent in reducing the incidence of health problems and also as a health promotion source, comply with stressors of life as well as to improve the quality of life (Brouwer et al., 2011; Lupton, 2012). Life satisfaction is the field of positive psychology, which tries to examine cognitive (overall judgment about life satisfaction) and emotional (experience positive and negative emotions) assessments of people about their lives. Satisfaction and life satisfaction is a positive attitude factor of people to the world that they live in (Diener, Inglehart, & Tay, 2013; Moreira-Almeida, Koenig, & Lucchetti, 2014). Life satisfaction is contributed various factors. Life satisfaction is associated with high level of mental health (Gottman, 1993). The higher life satisfaction is likely to experience positive emotions.

Statement of the problem:

With population growth, urbanization and industrialization, the mental illness is among the top causes of disability and early death and the high prevalence of these diseases and long-term and chronic disability have caused these problems be considered in all communities as a health priority (Bauer, Briss, Goodman, & Bowman, 2014). Mental health is one of the most important aspects of health and

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according to the World Health Organization, the mental health is a concept of general health is placed within the general meaning of health that means the full potential to contribute socio-psychological and physical, not disease and mental retarders. Psychologists believe that personal characteristics, psychological and environmental pressures, economic, social and familial status, failure to achieve life goals and lack of motivation are effective on mental health(Kobasa, 1982) In recent years the principles of lifestyle, has attracted a lot of attention of researchers, The result of research has brought effective practices for a better life in the society, especially the elderly(Kane, 2003). Lifestyle often contain a set of behaviors that deal with risk factors. The lack of diseases-related sanitation can cause diseases and various risks of individual's life and will encounter problems in the path of life. Some of them are biological risk factors, such as inheritance of specific genes, some of them are behavioral that regardless of biological agents, can institutionalize the life principles defined by the researchers and experts and caused to improve the quality of life, in particular the elders(Pervin & John, 1999). The World Health Organization (1998) defined a healthy lifestyle as efforts to achieve the complete welfare state of physical, mental and social. Healthy lifestyle includes behaviors that guarantee physical and mental health(Organization & Corporation, 1998); in other words, a healthy lifestyle includes different physical and mental aspects, physical dimension includes nutrition, exercise and sleep, while the psychological dimension includes social relationships, coping with stress and spirituality(Manolis, Burns, Assudani, & Chinta, 2013).

Happiness Experience and life satisfaction are considered as superior goals in human life, so the people in their entire lives trying to achieve it. Life satisfaction is one of the oldest and most persistent issues which is studied about the adult life Generally is expressed as a general review of the situation by comparing the individual wishes to express their real truth(O'Sullivan, 2011).

Lack of life satisfaction is correlated to weaker health status, symptoms of depression, personality problems, inappropriate behavior and poor state of social health.

Necessity of research:

Life satisfaction of teachers as a job which is connected to students, will lead to training in calm space, more appropriate relationship to students and so on and finally better learning process(Reece & Walker, 2016). We examined the factors and variables that appear to be connected with life satisfaction of teachers, or at least it effects on it, but more study must be done which the general health and lifestyle are among the same variables. Considering the importance and necessity of public health and healthy lifestyles associated with life satisfaction of teachers, the question arises whether public health and healthy lifestyles can be considered as main variables to predict life satisfaction or not?

METHODOLOGY

This research method is descriptive and correlation. The population of this study included all female teachers in Bandar Abbas, whose number was 1421. The final number of selected sample consisted of 316 subjects were studied. This study was made taking into account the 95% confidence level and 5% error. The Research tools was:

General Health Questionnaire: To assess the general health of people, the Goldberg (1979) general health questionnaire with 28 questions of people with mental disorders of patients referred to medical centers were used, the original questionnaire consisted of 60 items (Apidechkul, 2011). According to circumstances, shorter forms of the General Health Questionnaire including 12, 28, 30 items have been prepared. The results of several studies done by Benjamin, Decalmer, and Haran (1982) indicated the existence of a strong correlation between the results of the general health questionnaire with 28 and 60 items and psychological disorders are diagnosed. Text of questionnaire is about general health status of people with an emphasis on psychological issues in the present time. In all the questions, participants must determine the items that complies with the current conditions further. Participant's response to any of the questions was determined in four degree rank, which lower degrees represents health and high degree indicate a lack of health. This questionnaire includes four subscales and each scale with 7 questions as follows: 1. Physical symptoms scale 2. Symptoms of anxiety and sleep disorders 3. Social function scale 4. Depression scale. Cronbach's alpha for general health questionnaire was 0.928 in this study.

Inventory healthy lifestyle: health-promoting lifestyle questionnaire was built by Walker et al (1990) (Gillis, 1993). Questionnaire has 54 questions aimed at measuring the health promoting behaviors (diet, exercise, health responsibility, stress management, interpersonal support, and self-actualization).

Life satisfaction inventory: Life satisfaction inventory with five items was provided by Diener, Emmons, Larsen, and Griffin (1985), to measure the overall life satisfaction and it has 5 questions and each question has 5 options

Validity and reliability of the inventory: Diener et al. (1985) obtained reliability and Validity of life satisfaction on a group of students, and correlation coefficient of test-retest after two months of operation, as 0.82 and Cronbach's alpha coefficient equal to 0.87. Ahadi, Narimani, Abolghasemi, and Asiaei (2009) reported the reliability 0.87. After collection of research data, the reliability was provided using Cronbach's alpha as 0.848.

RESULTS

Table 1. Descriptive characteristics mean, Standard deviation, Variance, Kurtosis, Skewness variables

| variables | Number | Mean | Standard deviation | Variance | Kurtosis | Skewness |
|--------------------|--------|--------|--------------------|----------|----------|----------|
| Public health | 316 | 45.81 | 15.47 | 239.42 | 0.34 | 0.83 |
| Healthy life style | 316 | 124.95 | 26.97 | 727.5 | -0.78 | -0.23 |
| Life satisfaction | 316 | 17.27 | 4.34 | 18.86 | -1.01 | -0.24 |

Table 2. Summary of regression model, the variables of general health and healthy life style on life satisfaction of female teachers

| Model No | Variables | Multiple correlation coefficient | coefficient of determination | Adjusted coefficient of determination |
|----------|--------------------------------------|----------------------------------|------------------------------|---------------------------------------|
| 1 | public health and healthy life style | 0.696 | 0.485 | 0.482 |

The above table can be seen, the multiple correlation coefficient between the variables of general health and healthy lifestyle on life satisfaction (0.696), coefficient of determination (0.485) and adjusted coefficient of determination (0.482), in other words 48% of the life satisfaction variable of female teachers was explained by public health and a healthy life style variables.

Table 3. Analysis of variance, healthy life-style and public health variables on female teachers' life satisfaction

| method | Model number | Model index | Sum of squares | df | Average squared | F | p |
|---------------------|--------------|-------------------|----------------|-----|-----------------|---------|-------|
| concurrent Enter | 1 | Regression effect | 11.043 | 2 | 5.522 | 139.880 | 0.001 |
| | | residual | 11.724 | 297 | 0.039 | | |
| | | Total | 22.767 | 299 | | | |

The above table shows that the variance analysis and showed the regression of healthy life-style and public health variables have been used in life satisfaction of female teacher at the same time. $F = 139.880$, was obtained in the amount of alpha (0.001) which was significantly smaller in the level of ($p < 0.01$), this means the significant multivariate regression of above model.

According to the results, it can be concluded that public health and healthy life style incorporated the life satisfaction of female teachers.

Table 4. Regression coefficient, healthy life-style and public health variables in life satisfaction of female teachers

| Model number | healthy life-style and public health variables | Nonstandard coefficient | | Standard coefficient | t | p |
|--------------|--|-------------------------|----------------|----------------------|--------|-------|
| | | B | Standard error | Beta | | |
| 1 | intercepts | -1.284 | .245 | | -5.232 | 0.001 |
| | public health | 0.215 | .040 | .241 | 5.410 | 0.001 |
| | healthy life-style | 0.682 | .053 | .574 | 12.897 | 0.001 |

The results of regression coefficients. Public health variable was found with the standard beta (0.241) in the alpha (0.001) which is smaller significantly ($p > 0.01$). This means that public health influence on life satisfaction of female teachers in Bandar Abba city, and healthy life was found with the standard beta (0.574) in the alpha level (0.001) which is smaller significantly. This means that a healthy lifestyle incorporates life satisfaction of female teachers

CONCLUSION

The results of the statistical analysis of multivariate regression coefficients derived from the questionnaires showed that there is significant positive relationship between variables of general health and a healthy lifestyle ($0.001 = P$) in life satisfaction of female teachers. The results of the study is consistent with the results of Hekmatpou, Shamsi, and Zamani (2013), as the healthy lifestyles education on quality of life of the elder, YOUSEFI, AHMADI, and TADIBI (2012) as the relationship between physical activity and quality of life as well as life satisfaction, KAVEH, MORADI, GHAHREMANI, and TABATABAEE (2014) as a effectiveness of a healthy life style education on life satisfaction in Shiraz, Jahani et al. (2013), the relationship between spiritual health and life satisfaction, Clark et al. (2012), as the effectiveness of life style promotion based interventions on the increased general health and life satisfaction among the elderly and Inal, Subasi, Ay, and Hayran (2007), as the relationship between promoting health lifestyle and life satisfaction among the elderly.

In explaining these findings, it can be said that there is positive and significant relation between the variables of general health and healthy lifestyle in life satisfaction of female teachers in Bandar Abbas, this means that when there is public health and a healthy lifestyle variables increase positively and directly, the life satisfaction of teachers has increased.

Limitations:

In this study it can be stated that the lengthy response to the questionnaire may cause respondents fatigue and thus leads to inaccuracy them. Lack of control on variables such as socio-economic status of teachers is other limitations of this study. It is probable that teachers reflect their conditions better or worse than what is in real, so the results generalization should be considered carefully. Since the study was done in Bandar Abbas, therefore its extension to other subcultures is not correct. It seems useful to conduct quantitative and qualitative research with bigger samples or combined research methods to study the public health and healthy life satisfaction. Psychological variables such as socioeconomic characteristics and socio-economic variables can have a better effect on research.

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