THE HEALTH RELATED QUALITY OF LIFE AMONG ACADEMICIAN: A CASE STUDY

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There has been preconceived notion that lecturers suffer poor social and poor emotional functioning due to stress brought by excessive teaching, research and administrative workload. Lecturers and teachers claimed to be exposed to high risk of stress and occupational 'burnout'. The aim of this study was to investigate the factors that affect the health related quality of life (HRQoL) on academic staff. The instrument used in this study was taken from the Short Form Health Survey version 2 (SF36v2) questionnaires and sociodemographic information was also collected from the participants in July 2010. One hundred and sixteen lecturers in Shah Alam were enrolled in this study. Only one factor was significantly associated with mental component summaries of SF – 36 (R^2 =.17, F (6,108) = 3.77, p = .00) but there was no significant result for physical component summaries. Findings showed that the lecturers do not possess poor health status, however, general health and mental health were most affected. More complex models are essential to give a clearer and better picture of the real status of the HRQoL of lecturers as many factors may give influences on the health related quality of life on academicians.

Keywords: Lecturers, HRQOL, SF - 36, PCS and MCS, health status

1. INTRODUCTION

With the increasing number in enrollment of students in universities, the workloads of lecturers tend to increase. The contact hours with students in terms of teaching, supervision and consultation as well as research work that need to be done and the administrative work that have been allocated, have decrease the health condition and increase the stress among lecturers[1-2]. Academicians in varsities and academic institutions are assets of the varsities and institutions. The main post of academician is not only to educate, supervise and consult, involve in students' activities, but also need to conduct research, to be creative and innovative, providing professional services [3-4] and involve in community works or services [3]. The progress and achievement of a varsity greatly depends on the work performance of their staff, mainly the lecturers. There is no doubt that with good health and good quality of life, a lecturer is able to give the best teaching ability and conduct best research work.

The academic excellence of lecturers is being measured by the number of published articles in high impact journals and in terms of research works, the researcher is judged by the quality of research that have an impact in marketing the 'products' or that can be used and implemented in public policy [5]. Overall, the productivity of a lecturer is determined by their teaching and research work, in which adds to the faculty academic profile as well as the university profile. There has been

preconceived notion that lecturers suffer poor social and poor emotional functioning due to stress brought by excessive teaching, insufficient resource, time and funding research, administrative workload and insufficient recognition and rewards [6]. Lecturers and teachers are claimed to be exposed to high risk of stress and occupational burnout [7-8]. This in turn might affect their mental health. With an increasing number of students' enrollment each year and with the projection number of enrollment of approximately 1.4 million throught out Malaysia by the year 2020, this may increase the tense to the lecturers [9]. The scenario may lessen the quality of life as well as the health status of a lecturer. The health related quality of life (HRQoL) has become an important health outcome indicator as the number of people with chronic disease and disabilities have increased [10-11]. It encompass all the aspect in QOL that have an effect towards health of a person either physically or mentally [12]. The HRQoL defined by Juniper (2001) in Ampon et al. [13] as the component of the overall quality of life that is determined primarily by health status and focuses on the physical, psychological and social domains.

To date published, there are two studies on health related quality of life on academician and what are the factors affecting them [14-15]. Thus, it is worthwhile to investigate the HRQoL of lecturers to discover if they suffer poor emotional functioning, poor social functioning problem, low vitality, poor role physical, poor general health, poor mental health and suffers bodily pain. We would expect lecturers to have good health related quality of life to achieve good performance in teaching and research work. The findings from this study may be used as guidance to the administration and policy makers to find ways to improve the rules and regulations to enhance the quality of life of the lecturers in the university.

2. METHODS

2.1 Research design and sample

This is a cross sectional study conducted in July 2010 on lecturers from a university in Shah Alam. The questionnaire was distributed online. Lecturers who were on sabbatical and study leave as well as on unpaid leave were excluded from this study. After identifying the total number of lecturers in university a simple random sampling was used and the sample size was calculated [16]. The number of sample selected was increased to ten percent from the computed number required to overcome the nonresponse respondents or missing data.

2.2 Questionnaire

The instrument used in this study is the Short Form Health Survey version 2 (SF36v2) questionnaires [17] and a demographic questionnaire. The demographic information consists of gender, age, marital status, number of children, teaching workload,

servicing other faculties, administrative post, research work, supervising students, and consultation hours.

The SF36v2 questionnaire consists of 36 questions that yield eight different dimensions; physical functioning (PH), general health (GH), bodily pain (BP), vitality (VT), social functioning (SF), mental health (MH), role physical (RP) and role emotion (RE). These eight domains can be summarized into two categories which are physical component summary (PCS) and mental component summary (MCS). The PCS and MSC were derived using the standardized scale (using norm based (NBS) with mean = 50 and standard deviation = 10) [18]. The range of the SF-36 scoring is between 0 – 100 with the lowest possible score indicate poor health status [17].

2.3 Statistical analysis

Data entry and analysis were done using Statistical Program for Social Sciences (SPSS) version 16.0. Test for the normality, homoscedascity and multicollinarity were conducted before applying further analysis. Multiple linear regression analysis was used to test if the predictive variables significantly predicted the independent variables on the domains. For the data that is not normally distributed, the Spearman Correlation was carried out to look at the association between the domains and independent variables. The significant value of less than 0.05 ($p < 0.05$) was considered to be statistically significance for the entire test applied.

3. RESULTS

3.1 Demographic Profile

In total, 120 questionnaires were distributed randomly to the lecturers and the response rate was 100% since all the questionnaires were returned with full information. However only 116 of the questionnaires were valid to be used and the other four questionnaires have to be discarded because of different format in allocating the teaching, supervising and consultation hours according to faculty.

The demographic characteristics of the participants are summarized in Table 1. Majority of the respondents are Malays (89.70%) and females (69.80%). The mean age of the respondents were 39.45 years (SD = 9.83) with almost half (41.40%) of the lecturers were between 24 to 34 years of age. The mean lengths of servicing in the university was 129.33 months (SD = 110.65) which is equivalent to 11 years of working. On the average, the lecturers was allocated 15.71 hours (SD = 5.34) per semester for teaching session and two hours for supervision and consultation for the students respectively.

Table 1 Sociodemographic characteristics of respondents

Variables	Frequency (%)
Gender	
Male	35 (30.20)
Female	81 (69.80)
*Age group (years)	
24 to 34	48 (41.40)
35 to 44	21 (18.10)
45 to 54	40 (34.50)
55 and above	6 (5.20)
Marital status	
Single	16 (13.80)
Married	961 (82.80)
Widowed/divorce	4 (3.401)
No. of children	
≤ 3	91 (78.40)
> 3	25 (21.60)
Length of service (months)	
0 – 60	50 (43.10)
61 – 120	15 (12.90)
121 – 240	25 (21.60)
241 – 360	25 (21.60)
361 and above	1 (0.90)

*Missing values

3.2 Comparing the Mean of HRQOL and Multiple Regression Analysis

Based from the MOS approach [17], seven out of eight domains indicate that the quality of life of lecturers was in a good health status (71 – 83 percent) for PF (M = 72.89, SD = 22.63), RP (M = 70.69, SD = 30.29), BP (M = 74.27, SD = 23.16), GH (M = 63.63, SD = 23.28), SF (M = 71.41, SD = 22.61), RE (M = 70.15, SD = 27.33) and MH (M = 62.75, SD = 21.33) except for vitality which is recorded as fair (M = 47.56, SD = 20.29). The mean scores of the six domains in HRQOL – physical functioning, mental health, role emotion, social functioning and vitality were lower compared to Malaysian population norms [19]. However general health and bodily pain seems to have almost similar mean score to those general population norms.

Three domain namely GH, SF, RE and MH are statistically significant for further multiple regression analysis. The predictor variables namely age, gender, teaching workload, administrative post, marital status, servicing and number of child in family were test to determine which set of variables are affecting the domain. Using the block enter method, the multiple regression analysis results indicated two variables, gender (β = -.19, t (115) = -2.05, p=.04) and servicing other faculty (β = -.20, t (115) = -2.14, p =.03) significancly predictive the GH and explained 13% of the variance in GH

(R^2=.13, F (6,108) = 2.58, p=.23). The age of respondents predict significantly for the MH domains (β = .21, t (115) = 2.06, p=.04). It explained 36% of the variation of MH (R^2=.36, F (8,103) = 1.85, p=.01). A significant model emerged and result showed the age of respondents can account for 17% of the variation in MCS domains (R^2=.17, F (6,108) = 3.77, p=.00), however there was no significant model emerged for the PCS domain (R^2=.09, F (6,108) = 1.78, p=.11) (Table 2).

The Spearman correlation for the consultation hours indicates no association with the social functioning, role emotion, mental health, MCS and PCS. There was a significant correlation between supervision hours with role emotion (r_s (112) = .21, p=.00) but there were no correlation between social functioning, mental health, MCS and PCS.

Table 2 Block enter regression analysis for the factor affecting HRQoL

Independent Variables	**B**	**SE B**	**β**
MCS			
Constant	35.82	4.90	
Marital Status (0=single, 1=married)	-5.46	2.97	-.19
Servicing other faculty (0=no, 1=yes)	.81	2.27	.03
Gender (0=male, 1=female)	-2.39	2.16	-.10
Administrative post (0=HOD, 1=Coordinate)	-8.28	4.85	-.15
Number of child	1.20	.69	.20
Age of respondent (years)	.28	.11	.25*
PCS			
Constant	56.85	4.85	
Marital Status (0=single, 1=married)	-3.07	2.95	-.11
Servicing other faculty (0=no, 1=yes)	-1.71	2.25	-.07
Gender (0=male, 1=female)	-3.42	2.14	-.15
Administrative post (0=HOD, 1=Coordinate)	4.85	4.81	.10
Number of chlid	-.89	.69	-.16
Age of respondent (years)	-.05	.11	-.05

*p<.05

4. DISCUSSION AND CONCLUSION

The results from this study show that lecturers are more affected in their general and mental health. This may be due to changes in policies of conducting research and publications which is required for by university to acquire the research university (RU) status as well as for the academic advancement. The findings showed that lecturers have

lower HRQoL compared to the general Malaysian population norm. This is true for all domains except for bodily pain. Similar findings have been reported in past studies regarding teachers' HRQoL [15].

Although there were only two dimensions that have significant affect (GH and MH), the HRQoL of lecturers were stated to be in a good condition although the vitality was not in the same range. The results support the finding by Johnson et al. on the experience of work-related stress across occupations [20]. Age of respondent had a significant effect on MCS. The changes in policies and management may affect the capability of the lecturers to cope with it as age increases in terms of mental and general health [21].

5. LIMITATION OF STUDY

The samples selected consist of one public university in Shah Alam that may limit the generalization of the results. A large sample size and a more appropriate statistical technique is required to ensure better results in indicating the health related quality of life of lecturers as many factors might influence on HRQOL such as occupational stress, working environmental, psychological strain or non-job stress, new policies that has been and going to be implemented and the increasing number of students enrollment into the university.

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