Evaluation of Healthy Lifestyle Behaviours of faculty Members

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Abstract. The aim of this study is to evaluate the healthy lifestyle behaviours of the faculty members. Population of the research is consisted of the faculty members in Fırat University in Elazığ province. Its sample consisted of 150 faculty members randomly selected among the faculty members. In our study, the validity of the scale developed by Walker et al. (1987) and subsequently revised (1996), in Turkey was done by Bahar et al. (2008). Accordingly, sub-dimensions of SYBD (Healthy Lifestyle Behaviours) consisted of 52 questions and come under 6 dimensions are as follows: Spiritual development, health responsibility, physical activity, nutrition, interpersonal relationships, and stress management. All questions regarding SYBD are never calculated by likert scale such as never (1), sometimes (2), often (3), regularly (4). In the analysis of data in the study and the calculation of results obtained, SPSS 22,0 statistical program was used. The significance level was determined as P<0,05 in the analyses carried out. In the study we carried out, statistical significance was found in the sub-dimensions of health responsibility, physical activity, and stress management in the analysis of the sub-dimensions of the SYBD scale of the gender variable of the members according to the T test, in the analysis of the sub-dimensions of the SYBD scale of the marital status variable according to the T test, it was determined that there was statistical significance in the sub-dimensions of spiritual development and stress management (p <0.05). In Anova analysis of age, 36–40-year-old faculty members were determined as the group made difference. As a result, through this research, it was observed that the values were above average looking at the sub-dimensions of the evaluation of healthy lifestyle behaviours of Faculty Members. It was determined that the faculty members have healthy lifestyle behaviours.

Key words: Faculty Member, Health, Healthy Lifestyle

Introduction

Since they are role models for students, being physically healthy is a requirement of education. Faculty members are required to pay attention to their health as they assume role models in the education process and in the social field. Health, according to the definition of the World Health Organization; is not only the absences of an illness or a disability but also a state of complete well-being in terms of body, mind, and social life (1). Today's understanding of health predicts a health centred approach that protects, sustains, and improves the health of the individual, family, and society. This understanding is based on ensuring that an individual acquires behaviours that will protect, sustain, and improve their state of well-being and make right decisions about their own health (2). Improvement of health is the process of helping individuals make conscious decisions to improve their physical and mental health to the optimum level and to improve their physical and social environment (3). Improvement of health can be provided by achieving a complete health potential by people's coordinating and controlling their own health. To achieve this goal; it is necessary to avoid risky behaviours such as smoking, use of alcohol and substances, nutritional behaviours,

physical activity, violent behaviour, sexual behaviour, unhealthy weight control, family and communication problems and stress management (1). As a result of some exercises, people need different sport branches to be able to live better and improve themselves. Çelikel et al. 2020 mentions that people should be oriented to sports branches that appeal to their lifestyles and that will improve them in the best way and help lead a healthy life away from stress(4). Lifestyle is all behaviours that are under the control of individuals and that affect the health risks of individuals. As a result of exercises done by individuals, it has been observed that health problems and health risks are eliminated (5). According to the Holistic health view, behaviours aimed at protecting health (risk reduction and prevention) and encouragement of health are an integral part of a healthy lifestyle. Encouragement and improvement of health are important strategies for improving the overall health status of the society and providing basic care services (6). Healthy Lifestyle Behaviour (HLB) is all behaviours affecting individuals' health and that can be controlled against factors having a significant effect on health (7). In HLB, the individual "willingly" engages in disease prevention activities. Examples of HLB may include desired behaviours such as maintaining being healthy, living balanced, engaging in sports, efforts for cognitively, emotionally, psychologically, physically, or mentally well-being. An individual's personal characteristics and experiences may be significantly determinant in displaying HLB. Individuals' personal characteristics and experiences reflect psychological, biological, and socio-cultural factors. Biological factors include variables such as; age, gender, strength, sportive capacity, agility, body mass index and development. Physchological factors consist of elements such as self-respect, motivation, perceived health status and a healthy lifestyle of an individual. Socio-cultural factors include sub-factors such as individual's culture, ethnic structure, health encouragement, improvement behaviours, general education, socio-economic status, and cultural interaction. Health and life is a big factor in preventing the recurrence of chronic diseases. Because a healthy lifestyle minimizes the risk of chronic diseases (8).

Stress is a term of Latin origin and used in the English language. Its first meaning as a noun is "uneasiness, tension and pressure". Even though it has been used in different meanings in different times, this concept was used for objects and people with meanings such as "strength, pressure, hard" in 18th and 19th centuries. In another meaning, stress is all the factors that may disrupt the balance of the organism. From a medical point of view, stress may be expressed as psychological, physiological, and behavioral reactions that people produce when they come across to situations where they are threatened by their external and internal words and recalcitration. Stress can be good or bad. Situations in which stress gives a person strength and alertness that s/he needs are good, and situations in which stress is not managed well and becomes harmful for people, leading to diseases are bad. In most cases, the equivalent of the term stress colloquially reflects something bad. Acute or chronic internal or external stimulus or situations forcing the organism are defined as stress factors. Stress factors (stressors) are usually divided into 3 1- Physical: Trauma, hunger, noise, intense exercise, surgical intervention etc. 2- Social: Individual-environment relationship/conflict 3-Psychological: Like frustration, isolation that occur because of physical and social factors or automatically. (9) A sequence of physical and psychological stress begins to create several changes in the person and this formation continues in phases. Researchers define this as "General Adaptation Syndrome". The individual shows an alarm reaction first with the involvement of the adaptation mechanism developed by the person in order to resist to the problems in the workplace. Then the resistance phase begins and eventually s/he encounters exhaustion. (10)

Materials and Methods

The aim of this study is to evaluate the healthy lifestyle behaviours of the faculty members. Population of the research is consisted of the faculty members in Fırat University in Elazığ province. Its sample is consisted of 150 faculty members randomly selected among the faculty members. This study was conducted in 2020, Quantitative research type, one of the types of research, was used, and an answer was sought for the question of healthy lifestyle behaviors of faculty members

Data Collection Tool

The validity of the scale developed by Walker et al. 1987 and subsequently revised (1996), in Turkey was done by Bahar et al. 2008 (7,11). Accordingly, sub-dimensions of HLB (Healthy Lifestyle Behaviours) consisted of 52 questions and come under 6 dimensions are as follows: Spiritual development, health responsibility, physical activity, nutrition, interpersonal relationships, and stress management. All questions regarding HLB are never calculated by likert scale such as never (1), sometimes (2), often (3), regularly (4). The lowest score for your scale is 52, the highest score is 208. Alpha reliability of the scale coefficient is 0.94. Alpha of the sub-factors of the scale coefficient reliability value between 0.79-0.87 varies.

Data Analysis

In the analysis of data in the study and the calculation of results obtained, SPSS 22,0 statistical program was used. It was determined that data of the research was parametric as a result of skewness and kurtosis tests in order to detect whether data is normally distributed. In the analysis of the research, % Frequency, Independent Samples T Test, One Way Anova test were applied. The significance level was determined as P<0,05 in the analyses carried out.

Findings

In Table 1, the frequency analysis and percentage values of demographical features of the faculty members who participated in the study were presented. When the table is examined, 58,66% of the participants is men and 41,4% of them is women faculty members. 63,4% of the faculty members are single, 36,6% of them is married, when their weight is examined 14.7% consists of 60 and below kilograms, 29.3% 61-70 kilograms, 42.6% 71-80 kilograms, 13.4% 81 and above kilograms. When ages of the faculty members are examined, 31.3% is 25-30 years old, 44.7% is 31-35 years old, 24% is between 36-40 years old.

When Table 2 is examined, in the analysis of the sub-dimensions of the healthy lifestyle behaviours

scale of the gender variable of the faculty members according to the T test, it was determined that there is statistical significance in the sub-dimensions of health responsibility, physical activity and stress management (p <0.05). It was determined that there is not a significance in the spiritual improvement and interpersonal relationship sub-dimensions of healthy lifestyle behaviours (p>0,05).

When Table 3 is examined, in the analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the marital status of the faculty members according to the T test, it was determined that there is a statistical significance in the sub-dimensions of spiritual improvement and stress management (p <0.05). It was determined that there is not a significance in the interpersonal relationship sub-dimensions of healthy lifestyle behaviours (p>0,05).

When table 4 is examined, it was determined that in the analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the weight variable of the faculty members according to Anova, there is not a significant difference between groups (p>0,05).

When table 5 is examined, in the analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the age variable of the faculty members

Table 1. Demographic features of faculty members

Variables	Category	F	%
Gender	Male	88	58,66
	Female	62	41,4
	Total	150	100
Marital Status	Single	95	63,4
	Married	55	36,6
	Total	150	100,0
Weight	60 and below	22	14,7
	61-70	44	29,3
	71-80	64	42,6
	81 and above	20	13,4
	Total	150	100
Age	25-30	47	31,3
	31-35	67	44,7
	36-40	36	24
	Total	150	100

Table 2. The analysis of the sub-dimensions of the HLB scale of the gender variable of the members according to the T test,

Independent Samples T Test					
Sub Dimensions	Gender	N	Mean	SS	P
Health Responsibility	Male	88	2,943	,5275	0,012 *
	Female	62	2,657	,6471	
Physical Activity	Male	88	2,842	,5148	0,020*
	Female	62	2,532	,8265	
Nutrition	Male	88	3,015	,5321	0,121
	Female	62	2,872	,4175	
Spiritual Improvement	Male	88	3,078	,3077	0,145
	Female	62	2,891	,4745	
Interpersonal Relationships	Male	88	2,875	,7421	0,127
	Female	62	2,712	,3214	
Stress Management	Male	88	3,124	,6452	0,009*
	Female	62	2,784	,7423	

P<0,05

Table 3. The analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the marital status variable of the faculty members according to the T test,

Independent Samples T Test					
Sub Dimensions	Marital Status	N	Mean	SS	P
Health Responsibility	Single	95	3,011	,02307	0,197
	Married	55	2,940	,01202	
Physical Activity	Single	95	3,203	,03261	0,127
	Married	55	3,043	,01214	
Nutrition	Single	95	3,094	,02671	0,412
	Married	55	3,142	,01494	
Spiritual Improvement	Single	95	2,875	0,4852	0,011*
	Married	55	3,074	0,1687	
Interpersonal Relationships	Single	95	3,049	,04771	0,213
	Married	55	3,124	,04394	
Stress Management	Single	95	2,705	0,3452	0,001*
	Married	55	3,114	0,2387	

P<0,05

according to Anova, it was determined that there is a statistical difference in the health responsibility sub-dimension between ages 25-30, in the physical activity sub-dimension between ages 36-40 and 31-35, in the nutrition sub-dimension between ages 36-40 and 25-30, in the stress management sub-dimension between ages 36-40 and 25-30 (p<0,005). And in the spiritual improvement sub-dimension, there is no statistical significance.

Table 4. The analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the weight variable of the faculty members according to Anova

Sub Dimensions	Weight	N	M	SS	F	P
Health Responsibility	60 and below	22	3,218	0,5451	1,618	0,128
	61-70	44	3,151	0,5674		
	71-80	64	3,315	0,6564		
	81 and above	20	3,139	0,5311		
	Total	150	3,205	0,5750		
Physical Activity	60 and below	22	3,213	0,5445	1,549	0,099
	61-70	44	3,114	0,6694		
	71-80	64	3,275	0,7781		
	81 and above	20	3,142	0,5107		
	Total	150	3,186	0,6256		
Nutrition	60 and below	22	2,985	0,5745	1,221	0,172
	61-70	44	3,012	0,5831		
	71-80	64	3,035	0,5741		
	81 and above	20	3,142	0,6204		
	Total	150	3,043	0,5880		
Spiritual Improvement	60 and below	22	3,211	0,6569	1,523	0,053
	61-70	44	3,099	0,5953		
	71-80	64	3,171	0,6452		
	81 and above	20	3,412	0,5982		
	Total	150	3,043	0,6239		
Interpersonal Relationships	60 and below	22	3,021	0,5321	1,402	0,089
	61-70	44	3,231	0,5896		
	71-80	64	3,102	0,6341		
	81 and above	20	3,039	0,5024		
	Total	150	3,098	0,5637		
Stress Management	60 and below	22	3,148	0,6652	1,765	0,225
	61-70	44	3,216	0,5657		
	71-80	64	3,005	0,5251		
	81 and above	20	3,109	0,5432		
	Total	150	3,119	0,5458		

Discussion and Conclusion

The aim of this study is to evaluate the healthy lifestyle behaviours of the faculty members. 150 people, 88 of which is men and 62 of which is women participated in our study. In our study, when responses of faculty members to the sub-dimensions of HLB scale are examined, it was observed that they were above the average. In the analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the gender variable of the faculty members according to the T test, it was determined that there is statistical significance in the sub-dimensions of health responsibility, physical activity, and stress management ($p < 0.05$). It was determined that there is not a significance in the spiritual improvement and interpersonal relationship sub-dimensions of healthy lifestyle behaviours ($p > 0.05$). The evaluation of healthy lifestyle behaviours of Sunger et al in the year (2010): it was

Table 5. The analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the age variable of the faculty members according to Anova,

Sub Dimensions	Age	N	M	SS	F	P	
Health Responsibility	25-30	47	3,164	0,5949	0,945	0,026*	A-C
	31-35	67	2,922	0,5609			
	36-40	36	2,712	0,6107			
	Total	150	2,932	0,5888			
Physical Activity	25-30	47	2,936	0,5870	0,798	0,021*	B-C
	31-35	67	3,174	0,5423			
	36-40	36	2,837	0,5788			
	Total	150	2,982	0,5693			
Nutrition	25-30	47	3,036	0,5795	0,721	0,039*	C-A,B
	31-35	67	3,057	0,6642			
	36-40	36	2,778	0,6803			
	Total	150	2,957	0,6413			
Spiritual Improvement	25-30	47	3,068	0,5809	0,842	0,072	
	31-35	67	2,964	0,5235			
	36-40	36	2,802	0,5873			
	Total	150	2,970	0,5639			
Interpersonal Relationships	25-30	47	3,136	0,5109	0,635	,005*	C-A
	31-35	67	2,968	0,6235			
	36-40	36	2,797	0,5983			
	Total	150	2,967	0,5775			
Stress Management	25-30	47	3,042	0,5909	0,575	0,001*	C-A
	31-35	67	2,964	0,5635			
	36-40	36	2,697	0,6683			
	Total	150	2,914	0,6075			

25-30 age   B) 31-35 age C) 36-40 age * P<0,05

observed that responses given were above the average when looking at the sub-dimensions of the study named a research on patients receiving clinical health service. In the same study, they determined that there was only a statistically significant difference between men and women and that there was a statistically significant difference in the spiritual improvement dimension, which bears a resemblance to our study. This situation is similar to the findigs obtained in the literature. In studies carried out by Kılınç et al. 2016 (12), Özkaraman et al. (2016) and Küçükberber et al. (2011), it was also found out that men display more HLB behaviour than women(13,14).

In the analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the marital status variable of the faculty members according to the T test, it was determined that there is a statistical significance in the sub-dimensions of spiritual improvement and stress management (p <0.05). It was determined that there is not a significance in the interpersonal relationship sub-dimensions of healthy lifestyle behaviours (p>0,05).

It was determined that in the analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the weight variable of the faculty members according to Anova, there is not a significant difference between groups (p>0,05). As a result of studies that we carried out in our study, it was found out that faculty members between 71-80 are higher than other groups. It was determined in the study carried out by Erdoğan in the

year (2021) for the students of Physical Education and Sports High School, that there is a significant difference in the weight variable (15). In the analysis of the sub-dimensions of the healthy lifestyle behaviours scale of the age variable of the faculty members according to Anova, it was determined that there is a statistical difference in the health responsibility sub-dimension between ages 25-30, in the physical activity sub-dimension between ages 36-40 and 31-35, in the nutrition sub-dimension between ages 36-40 and 25-30, in the stress management sub-dimension between ages 36-40 and 25-30 (p<0,005) And in the spiritual improvement sub-dimension, there is no statistical significance. In the study, Sungur et al (2010) determined that individuals between the age range of 40-65 have a higher average compared to other age groups in terms of HLB and the lowest HLB was determined in individuals over the age of 66. Similar findings are included in the literature (16). In the study carried out by Özarslan et al. (2013) on patients, the lowest HLB average was observed in individuals over the age of 65 (17). In the meantime, in the study carried out by Küçükberber et al. 2011 (14), it was found that the age group with highest HLB average consisted of individuals between the age range of 49-60. In the study we carried out, it was found that the faculty members between the age range of 25-30 have a higher average compared to other age groups.

As a result, through this research, it was observed that the values were above average looking at the sub-dimensions of the evaluation of healthy lifestyle behaviours of Faculty Members. It was determined that the faculty members have healthy lifestyle behaviours.

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