



Research Article

Lifestyle and Quality of Life Assessment of Israeli College Employees

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Abstract

Introduction: Health promotion in the workplace is a complex multidimensional challenge involving individual employees and their relationships with the work environment. The assessment phase is the basis for planning and implementing a successful health promotion program.

Purpose: To explore health status, lifestyle, four domains of college employees' quality of life (QOL), and expectations of the workplace.

Methods: Eighty faculty and 131 administrative staff of Yezreel Valley College in northern Israel completed an electronic questionnaire. The questionnaire surveyed demographics, health status, and personal lifestyle. A modified version of the QOL Index measured satisfaction and importance in four domains, 25 aspects.

Results: Health Status was good. Lifestyle: 30% reported/very good physical fitness; 72% regular physical activity; and 13% smoking. Almost all employees try to eat more fruits and vegetables and reduce sugar and calories. Only 5% ignore healthy nutrition. Total QOL score was 17.08 (out of max. 25), with family as the highest domain for both faculty and administrative staff, and significant differences in QOL in the social and economic domain (16.05 vs. 17.36, respectively). Two domains correlated positively with age, health/functioning and social/economic. Employees self-reporting in very good health and fitness, and non-smokers, perceived their total QOL as higher compared to those in poorer health, less physically fit, and smokers.

Conclusion: This study provides a baseline assessment for planning health promotion programs at the workplace, tailored to employee needs and expectations.

Keywords: College employees; Health promotion; Lifestyle; Quality of life

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Introduction

Health promotion is the process of enabling people to increase control over, and to improve, their health [1]. Health promotion in the workplace is a complex multidimensional challenge involving individual employees and their relationships with the work environment.

The workplace has been established as one of the priority settings for health promotion into the 21st century. The workplace directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society [2].

College employees are people who are being paid wages or salary by their employer, in our case from the college. Faculty essentially means the members of the academic staff comprising of teachers, lecturers, researchers, scholars and professors of different academic ranks in an educational institution. The members of the administration (e.g., department chairs, deans, vice presidents, presidents and librarians) are also faculty members; many of them begin (and remain) as professors. World Health Organization (WHO) defines Quality of Life as 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 their goals, expectations, standards and concerns [3]. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment. Quality of life is emerging as an increasingly important construct within the health profession. It has proven to be a valid and reliable marker of patient health and well-being. Ferrans defines quality of life as "a person's sense of well-being that stems from satisfaction or dissatisfaction with the areas of life that are important to him/her" [4].

Building a workplace health program requires a systematic and comprehensive approach that includes four main steps: workplace health assessment, planning, implementing and program evaluation. According to the Centers for Disease Control's (CDC) Workplace Health Model, the assessment phase should incorporate all factors that influence employee health including lifestyle behaviors, current health status, workplace factors and employee expectations. Involving employees reinforces responsibility and commitment from the employee and the organization. The assessment phase is the basis for planning and implementing a successful health promotion program [5].

According to the Luxembourg Declaration, workplace health and wellbeing promotion require support from employers, employees and society in order to improve the work organization and environment, promote active participation and encourage personal development both in theory and translated into practical programs. Decision makers' strategies and policies, quality of work environment, work organization and personal health practices determine healthy workplaces [6].

The health-promotion program must become an integral part of the organization's work culture. It is important to emphasize immediate and long-term contributions towards improving the health and well-being of employees, and that benefit the organization [7,8].

There is a lack of research examining the needs and expectations of employee health promotion in higher education organizations. Findings of this study may serve as a basis and a model for health promotion intervention programs. To the best of our knowledge, academic institutions in Israel have not yet been examined. Implementation of an effective health-promotion program in a college can serve as a model for other academic institutions.

The aim of this study was to assess college employees' health status, lifestyle, QOL perceptions and expectations from the workplace.

Methods

The health status, lifestyle and QOL of faculty members and administrative staff in a college in northern Israel were assessed. The college majors include nursing, communication, education, sociology, psychology, health systems management, economics, social work and political science. The position demands of faculty member are the same in all the departments.

Data was collected during a 3-month period in 2018, at the Yezreel Valley College in northern Israel. The ethical committee of the college approved the study protocol, which adhered to the tenets of the Declaration of Helsinki. Participation was voluntary and confidential; answering via the college intranet does not reveal the respondent identity while answering the questionnaire.

Design: A descriptive, exploratory study.

Sample: A convenience sample of 670 college employees invited to participate in the study via institutional email were explained the study objectives, and ensured that participation was voluntary and confidential. The Google Docs web-based application (<https://forms.office.com/Pages/DesignPage.aspx>) was used to administer the survey.

Measures: The questionnaire included five areas: demographics, health status, personal lifestyle, QOL and expectations from workplace health-promotion programs.

Demographics: Questions referred to age, gender, and marital status, country of birth, religion, religiosity and job characteristic (academic, administrative).

Health status: Two yes/no questions aimed at evaluating self-reported general health, and having a health problem or chronic disease.

Personal lifestyle: Questions addressing history of cigarette smoking, physical activity, and dietary habits were used as lifestyle indicators.

Quality of life (QOL): Quality of life was assessed via a modified version of the Quality of Life Index (QOLI), originally developed by Ferrans and Powers in 1985 [4]. The QOLI measures satisfaction and importance of various aspects of life. Importance ratings weigh satisfaction responses, so that scores reflect satisfaction with aspects of life valued by an individual. The QOLI included 25 items in four domains: health/functioning, social/economic, psychological/spiritual

and family. Employees rated their responses on a 5-point Likert scale (5 - very satisfied) for all 25 aspects, both for satisfaction and importance. Examples of questions in each one of the domains respectively: "Are you satisfied with the amount of energy you have for everyday activities?"; "How well can you take care of your financial needs?"; "Are you satisfied with your peace of mind?"; "To what extent are you satisfied with your family's happiness?"

Workplace health-promotion programs: Employees' expectations from the workplace concerning health-promotion programs were measured by a question with seven close-ended choices of healthy lifestyle activities, among them smoking cessation, dietary consultation, physical exercises and stress-reduction workshops.

Analysis: All statistical analyses were performed using SPSS software, version 25.0 (IBM SPSS Statistics 25). Descriptive statistics were used to describe demographic variables. Reliability of the study instruments was tested using Cronbach's coefficient (alpha). ANOVA with repeated measures identified statistical differences among the QOL domains between faculty members and administrative staff. Spearman's rho correlation coefficients for each demographic variable with QOL were obtained, and a Student's t test evaluated differences among demographics and means of QOL domains between faculty members and administrative staff.

Results

Demographic data

The questionnaire was completed by 211/670 employees, a response rate of 32 percent, divided between 80 (38%) faculty members and 131 (62%) administrative staff. Among the participants, the majority (N = 93, 44%) were 41-50 years of age, the second largest group (N = 48, 22.7%) were 31-40 years of age and the rest were over 51 years of age. 163 (77.1%) female and 186 (88%) born in Israel. No demographic differences (gender, country of birth, religion, religious status, marital status) were found between the two groups except for age. Among the administrative staff, the prevalence of age is 63.5%, while in the academic faculty it is 83.3% ($\chi^2 = 9.226$, $df = 1$, $Sig. = 0.002$). Age had no effect on quality of life ($t = 0.530$, $df = 198$, $Sig. = 0.597$).

Health status

Only 7 (3.32%) reported poor health, 60 (28.6%) reported suffering from chronic health conditions (e.g., hypertension, diabetes mellitus, hypothyroidism) and 72.51% perceived their health status as excellent or very good.

Lifestyle

Among the respondents, 27 (12.8%) were smokers. Of these, 17 (63%) smoked up to 10 cigarettes a day, and 10 (37%) smoked 10-20 cigarettes a day. Regarding physical activity, 153 (72.5%) exercised for at least 30 minutes weekly and 59 (28%) not at all. Of those who exercised, 77 (36.4%) do so 1-2 times a week, 92 (43.5%) 3-5 times a week, 42 (20.1%) at least 6 times a week; 150 (71%) reported being in good or very good physical shape and 61 (28.9%) in poor shape. As can be seen in table 1, walking was reported as the most frequent physical activity (38.86) following by various classes. The nutritional habits, as can be seen in table 2, were mainly eating a lot of fruit and vegetables, reducing the number of calories and reducing the amount of sugar in their diet.

Sport type*	N	%
Walking	82	38.86
Running	40	18.96
Swimming	14	6.63
Biking	11	5.21
Gymnastics	19	9
Fitness room	24	11.37
Ball games	9	4.26
Classes (e.g., Pilates, judo, Zumba)	60	28.44
Other	6	2.84

Table 1: Types of physical activities pursued by respondents*.

*Some employees engaged in more than one activity.

Nutritional habits	N	%
Eats all, no special attention to quantity or nutritional value	29	4.67
Trying to reduce the number of calories	106	17.07
Trying to reduce the amount of sugar	111	17.87
Trying to eat a lot of fruit and vegetables	125	20.13
Trying to reduce the amount of food consumed	62	9.98
Trying to reduce the amount of fat consumed	76	12.24
Trying to reduce the amount of salt consumed	58	9.34
Trying to reduce the amount of meat consumed	32	5.15
Vegetarian	20	3.22
Vegan	2	0.32

Table 2: Nutritional habits.

Quality of life

The QOL score of faculty members was 16.20 (maximum score = 25). Family domain was the highest (19.26), and psychological/spiritual lowest (16.31).

A statistically significant difference was found in the mean score of the social/economic QOL domain between faculty members and administrative staff ($t = 2.71$, $df = 202$, $p < 0.01$). The administrative staff had a higher mean score in the social/economic domain, compared to the academic staff ($M = 17.36$ vs. 16.06 respectively, $p < 0.01$).

A statistically significant difference was found in the mean family-domain score between married and unmarried faculty members. The mean score among married respondents was higher ($M = 19.46$, $SD = 3.32$) than among unmarried ones ($M = 18.01$, $SD = 4.07$, $p < 0.05$). Married administrative personnel also had a higher mean score than their unmarried peers ($t = -2.07$, $df = -0.39$, $p < 0.05$).

A statistically significant difference was found in the mean score of the psychological/spiritual domain between secular and religious respondents. The mean score among religious faculty members in the psychological/spiritual domain was higher ($M = 17.48$, $SD = 3.71$) than among secular faculty members ($M = 15.98$, $SD = 3.38$).

In addition, we analyzed for correlations among the four QOL domains and age. A significantly positive weak correlation ($r = 0.160$, $p < 0.01$) was found between age and health/functioning, and age and

social/economic domain. Health/functioning and social/economic domains gave a significantly higher positive contribution to QOL in respondents > 50 years, compared to their younger counterparts.

Tables 3 and 4 present statistically significant differences in the perception of total QOL among respondents who defined themselves as being in excellent/very good health and fitness and non-smokers, compared to all others.

Quality of life (QOL)	N	Minimum	Maximum	Mean	SD
Total QOL score	207	10.09	23.41	17.0804	2.79223

Table 3: Total QOL scores.

Health and lifestyle dimensions	Perception of quality of life (QOL)	N	Mean	Std. Deviation	Sig.
QOL and perception of health	Excellent or very good	151	17.5442	2.70361	$p < 0.05$
	Not so good	56	15.83	2.66156	
QOL and smokers	Yes	27	16.0003	2.01143	$p < 0.05$
	No	180	17.2425	2.86051	
QOL and physical fitness	Excellent or very good	148	17.4478	2.76435	$p < 0.05$
	Not so good	59	16.159	2.66752	

Table 4: Perception of total Quality of Life (QOL).

All respondents had expectations from the workplace regarding their health and QOL (Table 5), emphasizing the importance of offering access to activities, and initiating employee welfare workshops and physical activities.

Expectations	N	%
Initiate physical activities	96	16.08
Health enrichment lectures	73	12.23
Smoking-cessation workshops	21	3.52
Nutritional advice	83	13.9
Employee welfare workshops	111	18.59
“Annual Health Week”	48	8.04
Team-building activities	122	20.44
Other	43	7.2

Table 5: Expectations from the workplace*.

*Some employees chose more than one category.

Discussion

The purpose of this study was to assess college employees' health status, lifestyle, QOL perceptions and expectations from the workplace. The findings provide valuable baseline information essential for planning health promotion programs tailored to employees' needs and expectations.

The health status and fitness of most employees was found to be very good; most did not smoke, were minded to food intake and participated in some type of physical activity. Approximately one third reported having chronic diseases. Employees' unhealthy lifestyles are related to a decreased sense of wellbeing, and increased risk of

developing chronic diseases such as heart disease, diabetes and cancer. A recent research found that healthy lifestyle was associated with lower risk of dementia among participants with low or high genetic risk [9].

Perception of health affects employees' behavior and how they feel about their environment and themselves. Awareness of the concept of health is essential for personal, economic and social development; a central dimension in QOL [10].

Our study found awareness of a healthy lifestyle among the staff. Respondents self-reporting as in excellent/very good health and fitness, or as non-smokers, perceived their QOL as higher compared to others. This could be explained by higher health literacy among people of middle and high socioeconomic status [11, 12]. Adequate health literacy is required to fulfill an active role regarding health and healthcare. Health literacy is also an asset, a means to exert greater control over health and personal, social, and environmental determinants of health [11].

The mapping of health, wellbeing, and QOL at the college showed that respondents' QOL improved with age, until age 60. This differs from previous findings indicating deterioration in health status with age [13]. Blane, et al., suggested that QOL in early old age is primarily influenced by current contextual factors, such as material circumstances and serious health problems [14]. The college faculty is of middle and high socioeconomic status, and most indicated to be in very good health. The most important domain of QOL was found to be the family. Work and family lives are intertwined in many respects. Experiences at work can influence the quality of family life, and family experiences can affect the quality of work life [15]. Organizations and individuals can act to relieve stress arising from the intersection of employees' work and family roles, and strengthen the positive effect of each role on the other.

The administrative staff perceived the QOL of their social/economic status as significantly higher compared to that of faculty members. The MIT council found that employees' ability to balance work with their personal life influenced their degree of satisfaction and improved their QOL [16]. This suggests that administrative staff are better in their ability to balance work with home life. Further research is needed to explore this finding. Promoting individual wellbeing and health should be tailored to the various needs and expectations of all sectors, with special focus on groups at risk. In the current study, four groups at greater risk for their health were identified: unmarried, physically inactive, smokers and chronically ill. The three leading expectations that the respondents expressed: team-building activities, wellbeing workshops, and initiation of physical activities at work, should be incorporated in planning health promotion programs.

Workplace health-promotion policies in universities and colleges should encourage interventions aimed at changing individuals' health behavior and organizational healthy working conditions [17]. College members can offer health education to employees, students and community via lectures, workshops, health days/weeks, conferences, and health information centers.

Implications for intervention

Health promotion services in colleges and universities support the academic mission by engaging students, faculty, and staff in leading

healthier lives, and in building supportive and sustainable environments, so that health can advance the capacity to learn and work.

At colleges and universities, health promotion serves as one of the core missions of higher education by supporting its staff and students, and creating healthy learning environments.

The results of the present study are important for understanding and identifying the health needs and expectations of college employees as a basis for health promotion policy, interventions and further research. Promoting wellbeing and health at the workplace may reduce morbidity; improve on-the-job QOL and satisfaction; reduce the economic burden of health costs; and increase productivity of the organization.

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