

Critical Review of Health Promoting Lifestyle of University Staff

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Abstract: Globally the concept of health is gradually shifting to focus on maintaining, improving and protecting the health of an individual, family and community, based on what an individual known about his or her health. The acquisition of this knowledge will enable him/her to make an informed decision about his/her health. The aim of this review is to assess the health promoting lifestyle of the university staff. Five electronic databases (ScienceDirect, EBSCOhost, PubMed, ClinicalKey and Cochrane) were searched. Only two articles provided information and statistics on health promoting lifestyle practices of academic staff. The findings of the two studies were similar. The results revealed that the subset of health promoting lifestyle profile mostly practiced was self-actualization and it has the highest mean score value while the remaining subscales were minimally practiced evidence by low mean score values. There were scanty literature and data available on the health promoting lifestyle profile of university staff. Health promoting lifestyle has been documented to play a key role in prevention and control of non-communicable diseases. As well as improved the quality of an individual life. Therefore, university staff need to be aware and practiced health promoting lifestyle effectively and efficiently to the level of preventing and controlling non-communicable diseases.

Keywords: Health; health promoting lifestyle profile, health promoting lifestyle practices, non-communicable diseases, university staff

I. Introduction

Health has different meaning to different people. The majority of people view health as a state of not being sick and ability to go about your daily activities without any hitch. Irrespective of individual view and definition of health, World Health Organization (WHO) has given the most and comprehensive definition of health as a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity (Lee et al., 2011, Pirincci et al., 2008). This definition has been in existence since 1948 and it has not being amended since its adoption. Currently there is a paradigm shift in concept of health as it is not just the responsibility of the health sector alone but responsibility of an individual. It is a positive concept emphasizing social and personal resources as well as physical capacities (World Health Organization, 2015).

According to WHO definition of health, to be healthy an individual has to put in an effort. An individual must be able to identify and realize aspirations, satisfy needs and finally change or cope with his/her environment (World Health Organization, 2015, Keshavarz et al., 2013). Therefore to maintain an optimal health goes beyond healthy lifestyle to well-being.

Also Pirincci et al. (2008) mentioned that the concept of health currently focuses on understanding health centred care that protects, maintains and improves the health of an individual, family and community based on the acquisition of knowledge and behaviours of an individual that will protect, maintain and promote his/her well-being as well as enable the individual to make decisions about his/her own health.

Lifestyle-related diseases are increasing, and today non-communicable diseases such as cardiovascular illnesses, cancer, and diabetes are reaching epidemic proportions worldwide (Jonsdottir et al., 2011). Sixty-three percent of all deaths globally are caused by chronic diseases which is the leading cause of mortality in the world. (Kirag & Ocaktan, 2013). It was also reported that morbidity attributed to non-communicable diseases account for nearly half of the global burden of disease (Nassar & Shaheen, 2014). A number of chronic diseases are strongly associated with unhealthy lifestyle including poor nutrition and being sedentary, overweight or obese (Schröer et al., 2013). In the United State cardiovascular diseases (CVD) is the leading cause of deaths in both men and women, killing an average of one person every 37 seconds (Artinian et al., 2010).

Health Promoting Lifestyle

According to Tsai & Liu (2012), health-promoting behaviours were described by Walker et al. as behaviors that were directed towards sustaining or increasing the individual's level of well-being, self-actualization and personal fulfillment. Health promoting lifestyle behaviours are activities focussing on improving the level of well-being of an individual, family and community as a whole (Turkmen et al., 2015). A lifestyle of an individual constitutes what he/she eats, drinks, smoke, level of physical activities participation,

sexual behaviour, interpersonal relationship and stress management. The effect of all the aforementioned lifestyle contributed to most degenerative and chronic diseases that has had high prevalence rate in the recent time.

There is a link between some socio-demographic variables and health promoting lifestyle behaviour generally (Pirincci et al., 2008, Turkmen et al., 2015, Joseph-Shehu & Irinoye, 2015, Zhang et al., 2011). With increases in the development of technology and intensive workload, many staff in the universities live a sedentary lifestyle which makes them to be physically inactive (Pirincci et al., 2008, Turkmen et al., 2015). Literature revealed that sedentary lifestyle leads to a greater risk of developing a coronary heart diseases, hypertension, high blood lipid profile, type II diabetes, obesity and some form of cancers like colon and breast cancer (Turkmen et al., 2015, Artinian et al., 2010, Shehu et al., 2013). This review aims at exploring health promoting lifestyle behaviour of university staff and factors that influencing it.

Health promoting lifestyle profile was developed by Pender in 1987 and reversed in 1996. It consist of self-actualization, nutrition, stress management, physical activity, interpersonal relationship and health responsibility (Beser et al., 2007, Kirag & Ocaktan, 2013). This instrument has been widely used by many researchers to assess the health promoting lifestyle. Pirincci et al. (2008) gave a comprehensive definition of all the subsets of health promoting lifestyle as follows: physical activity is the amount of exercise needed by an individual to maintain a healthy life. 'Self-actualization is about a person's positive approach to himself/herself and his/her abilities in terms of improving his/her talents and creativity to achieve his/her goals in life. Health responsibility is about a person's attention and sensibility for his/her own health. Interpersonal relations is the ability to communicate with and sustain one's close environment. Nutrition is about a person's eating habits and meal choices. Finally, stress management is about knowing the factors that affect a person's stress level and their ability to control them'.

Health Promoting Lifestyle Of The University Staff

There is limited literature addressing health promoting lifestyle profile of university staff. Pirincci et al. (2008) conducted a descriptive survey of factors influencing health promoting lifestyle of academic staff of a university. The result revealed that the academic staff practiced health promoting lifestyle profile (HPLP) as the mean score was 2.98 ± 0.39 . The highest mean score for HPLP is 4.00. Staff scored highest on self-actualization subscale (2.98 ± 0.44) and lowest for exercise or physical activity subscale (2.05 ± 0.76). Similar results were obtained from another study conducted among academic staff where the highest HPLP subscale was self-actualization and the lowest was exercise or physical activity (Turkmen et al., 2015). Pirincci et al. (2008) also reported that total HPLP were higher for subject with a chronic disease compared with staff without a chronic diseases and the difference was statically significant ($t/43.06$, $P/40.03$). The authors concluded that the academic staff in this study showed intermediate level of health promoting behaviour and it was earlier mentioned that education is part of the socio-demographic variable that has positive influence on health promoting lifestyle. It was therefore expected that as academic staff they have a high level of health promoting lifestyle which was not so in this study.

Focused of health promotion has been mainly on nutrition and exercise for a very long time. Critical examination of advent in increased in prevalence of non-communicable diseases calls for attention to other aspect of health promoting lifestyle. To this effect health promoting lifestyle profile which consists nutrition, exercise, health responsibility, stress management, interpersonal relationship and self-actualization should be more focus when considering health promoting lifestyle. The findings of Turkmen et al. (2015) and Shehu et al. (2013) is more on physical activity than health promoting lifestyle. Pirincci et al. (2008) reported that staff with non-communicable diseases had a high mean score compared to staff without non-communicable diseases and this is also statistically significant.

II. Conclusion And Recommendation

Epidemiologic studies have revealed that unhealthy behaviours influences most of non-communicable diseases. It's also found to improve the quality of life of an individual. According to Kirag & Ocaktan (2013), World Health Organization (WHO) predicted that 70-80% of deaths in developed countries and 40-50% of deaths in less-developed countries are due to diseases associated with lifestyle. Furthermore, approximately 80% of deaths attributed to non-communicable diseases occur in developing countries (Nassar & Shaheen, 2014). According to Pirincci et al. (2008), the reason for low level of health promoting lifestyle behaviour of academic staff of the university might be traced to heavy workloads. With the menace of non-communicable diseases, it is better prevented than cure. Therefore it is vital to practice health promoting lifestyle that has been tested and approved globally to be a means of preventing and controlling most and if not all non-communicable diseases. Currently there is scanty information and statistics on health promoting lifestyle practices of university staff in Nigeria. Out of 3372 articles searched from five electronic databases (ScienceDirect, EBSCOhost, PubMes, ClinicalKey and Cochrane) only two of the articles provided information and statistics on health promoting

lifestyle practices of university staff. The search revealed that the health promoting lifestyle mostly practiced among the university staff was self-actualization while the least practiced was physical activity/exercise. With pockets of information on people slumping and dying in their offices, homes and public places, it is eminent to know the health promoting lifestyle practices of this set of population in order to encourage the practice of effective and efficient health promoting behaviour and lifestyle modification.

Hence following this review, there is need to assess the health promoting lifestyle of staff in Nigerian Universities, what are the resources available for staff of the universities that will encourage them to participate in efficient and effective health promoting activities. There is also a need to develop an integrated institutional health promotion model for universities' staff that will put into consideration day-to-day activities of academic (university) environment, considering the key role environment plays in health promotion and behaviour modification of an individual.

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