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THE RESEARCH OF INDIVIDUAL'S LIFE QUALITY LEVELS THAT PREFERS MASSAGE AND EXERCISING IN THERMAL HOTELS

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Abstract

Massage can be defined as systemic stimulation of soft tissues of body manually or mechanically to reduce pain, tiredness and tension by relaxing muscles. Besides, it is also used to reduce stress and ensure permanence of health.

The study was carried out simultaneously with the voluntary participation of guests staying in balneological water and demanding massage from spa centers.

The study was implemented with 173 people. The Quality of Life Scale, International Physical Activity Questionnaire and socio-demographic questionnaire, which was developed by the researcher, were used as data collection tools.

Physical component score (PCS)values of men who had massage were found to be significantly higher than women who had massage. Among the people who had massage, PCS values in one week of light physical activity; pain and general health, mental health and vitality in moderate physical activity; PCS, general health, social function values in vigorous physical activity of participants who had had physical activity for 5 and 7 days were found to be higher than the participants who had exercised for 1 and 2-4 days.

Preferring to have massage may stem from health, social and physical reasons. It is identified that general health, pain, physical function, physical role, mental health and vitality values and social function values of individuals who do exercise for 5 and 7 days in a week get more significance. It is observed in our study that, there are significant relations between reasons for preferring to have massage and exercise frequency and some values of quality of life.

Keywords: Massage, exercise, spa, health, quality of life

Introduction

Massage first appears in the ancient Chinese medical book Huangdi Neijing in 722-481 BCE, which specifies the medical uses of massage techniques in ailments and injuries (Calvert, 2002). Uniquely, Chinese massage combined with herbal ointment is one of the centuries-old complementary and alternative therapies for improving pain, anxiety and muscle stiffness (Kong, et al., 2012: 695-726). It is an ancient form of treatment that is gaining popularity as part of the complementary and alternative medical therapy movement today. It highlights a method of manipulating the soft tissues of the body using pressure and traction to enhance function, aid in the healing process, decrease muscle reflex activity, inhibit motor-neuron excitability, and promote relaxation and well-being (Kruk, 2007: 18-18, Lee, et al., 2011:1459-1461, Wyatt, et al., 2010: 58-66). The history of massage can be traced back thousands of years to ancient China, India and Egypt during the secondcentury BCE (Boal and Gillette, 2004: 314-326); it is one of the oldest of the healing artsand offers a drug-free, non-invasive and humanisticapproach working in concert with the body's own ability toheal itself (Fernandez-Lao, et al., 2012: 94-100).

It is an ancient form of treatment that is gaining popularity as part of the complementary and alternative medical therapy movement today. Massage has also been proposed to promote psychosocial relaxation and reduce stress (Field, et al., 2007: 38-45).The massage effect may vary in different studies.

The aim of this study is to investigate socio-demographic characteristics, quality of life and physical activity levels of people preferring to have massage and the effects of massage on people's quality of life and permanence of health.

Materials and Methods

Data were collected via questionnaire in thisdescriptive research. The questionnaire consists of two parts. In the first part, questions related to assessment of some socio-demographic characteristics and physical activity levels take place. Physical Activity Assessment Questionnaire This questionnaire which was developed by Karaca et al. assesses physical activity habits. Regular activities which are done at least once in a week and how long it takes to do these activities are questioned (Karaca, 2000: 17-28). The questionnaire includes descriptive information (age, height, weight), activities transportation activities, climbing up stairs, house activities, activities done as hobbies and sport activities parts. Reliability coefficient of value obtained from the total of seven parts of the questionnaire wascalculated as 0.68 by Karaca et al. The validity of the questionnaire was assessed by the same researcher via activity diary and the value of correlation between them was identified as 0.72. Identification of Activity Level The activities were grouped into three which are light, moderate and vigorous exercise (Karaca, 2000). In the second part, there is "quality of life measurement and assessmentscale", developed and put into service by Ware andSherbourneet al.in order to assess SF-36 quality of life.This scale was first used by Koçyigitet al.in 1999having done its validity studies (Koçyiğit, et al., 1999: 102-106). SF-36 examined 8 dimensions of health such as physical function, role limitations, social function, mental health, energy and perceiving health as pain in 36 items. The questions are Likert type and each one of the scalasis given points between 0 and 100. Scale assesses that quality of life gets better as points go up. This study was carried out with 173 participants who preferred thermal hotels and demanded massage and voluntarily accepted to take part in the study. Data

were analysed via SPSS 20 for Windowsand socio-demographic characteristics and obtained from question in the SF-36 quality of life measurement and assessment scale were analysed via descriptive statistics (percentage distribution, means and standard deviation). Besides, independent samples mann-whitney-U test and Correlation test were used in comparing some individual characteristics.

Results

173 individuals participated to this study which researched how ‘’the reasons of individuals preferring massage’’and’’active or sedanter life choices’’ affect the quality of life.In order to gather data,’Quality of Life scale’ and ‘Socio-demographic questionnaire form which was prepared by the International physical activity questionnaire and the researcher’ questionnaire forms were implemented.88 women (50.9 %) and 85 men (49.1 %), 173 people in total, participated in the study and 18 of them (10.4 %) were primary school graduates, 53 (30.6 %) were high school graduates and 102 wereuniversity graduates. Of the participants, 37.6 % had an income of 1005-3000 TL and 57.8 % had an income of over 3000 TL. 116 participants (67.1 %) had their own cars and 56 participants (32.4 %) didn’t have a car.In our study;the realtions of quality of life scale were compared with PCS and MCS and sf-36 total score,physical activity level and immobile life style.

There is a statistically significant differencebetween the state of health of people who have mid and low level physicalactivities andbetween physical function, pain, general health, socialfunction values ($p<0,05$, $p<0,01$, Table 1).

Table 1. Analysis of Quality of Life (SF - 36) by gender

	Kadın N=88	**Erkek N=85**	**P**
PCS	54,47±11,11	58,57±9,78	0.013
MCS	43,69±5,42	44,42±5,41	0,394
SF-36 Toplam			0,038

There is a significant difference between gender based physical and mental health score, physical function. the average value between males was 58,57±9,78 the average value between females was 54,47±11,11($p<0,05$).

There is a significant difference between gender based physical and mental component score, physical function, pain, social function values. While the average value between males was 58,57±9,78,the average value between females was 54,47±11,11.

The physical health score between females was lower than the male participants and the difference was statistically significant (p<0,05). It was seen that as older an indiviual gets as lower their PCS (physical component score) gets when physical activity score corelated to age also.So it was found that PCS shows negative corelation to age.Likewise mental component score (MCS) was also negative corelated to age.Total score of quality of life showed that it has negative corelation with age by reducing related with the increase of age.When life style and habits researched of individuals who prefer massage,it was seen that 16%of them don't have any exercising habits,28,7% walk with gentle pace once or twice a week.

Table 2. The analysis off quality off life according as exercising habits

	<=6 Aktif **N=91**	>6 SEDANTER **N=82**	**P**
PCS	59,73±9,57	52,89±10,68	0.000
MCS	45,05±5,21	42,93±5,45	0,011
SF-36 Toplam			0,000

In table 2, it's seen that the participants who sits only 6 hours a day have a higher physical and mental health score than the participants who have a longer period of sedanter life.

Discussions and Conclusion

In 400 BC, Hippocrates reputedly said that "medicine was the art of rubbing," a practicethat came to be called massage therapy (Vitsarut, et al., 2011: 15-23). Published research on massage therapy dates back to The samples were often comprised of self-selected, clinical patients undergoingtreatment for various conditions. The researchers typically used physiological measuresincluding heart rate, blood pressure, and temperature. Massage therapy was then compared to other therapies such as relaxation therapy (Field, et al., 2007:75-89, Vitsarut, et al., 2011: 15-23)

It is an ancient form of treatment that is gaining popularity as part of the complementary and alternative medical therapy movement today (Moraska, et al., 2010: 409-418). This research aiming to investigate reasons for preferring massage which is also considered among the alternative treatments and its effects on individuals' quality of life was carried out with the participation of 173 individuals. Our In this study, questionnaires measuring quality of life, physical activity levels and socio-demographic characteristics of people who generally prefer massage to reduce tiredness and stress were implemented.

It was identified that of the participants that voluntarily answered the questions in the questionnaire, are 49 % are university graduates.Similarly, most of the participants, 57,8 %, have an income of 3000 or over Turkish Liras and 67,1 % have their own cars.

Health-related quality of life (HRQOL) is a multidimensionalconstruct, and measures of HRQOL typically assessaspects of physical and mental health, social functioning,and self-perceptions of health. Research shows a positive relationship between physicalactivity and HRQOL (Brown, et al., 2014: 2673-2680).

In our study of Quality of Life Scale, (physical component score) PCS and (mental component score) MCS, and the total score, physical activity level and immobile lifestyle relationships were compared. A total score between 0-100 is used for quality of life scale in similar studies in the literature and the value is considered significant as it approximates to 100.Research shows a positive relationship between physicalactivity and HRQOL (Brown, et al., 2003: 890-896).The beneficial effects of participation in regular physicalactivity are widely accepted. Even so, dose responserelationships between physical activity andmany health benefits remain unclear. The dose of physicalactivity is described by its duration, frequency, intensity, ormode (Kesaniemi, et al., 2001: 351-358). Previous research suggests that, in general, higherdoses of physical activity are associated with increasingbenefits to health, but these relationships are not alwayslinear (Kruk, 2007: 18-28).Physical activity habits; cultural structure,socio-economic status, Individual differences, because of their health status variability shows (Molanorouzi, et al., 2015: 66)The data showed that average physical component score value is58,57 for men and 44,42 for women and this difference is statistically significant ($p<0.05$).In the same vein, some studies in the literature confirm that men in different age groups have more vigorousactivity habits compared to women (Arabacı and Cankaya, 2007: 1-15, Domingues, et al., 2010: 457467, Shiroma and Lee, 2010: 743-752).The relationship between physical activity or exercise, gender differences,age exercise dose and physiological responses or other health outcomes the relationship may be different were determined, when we compare our findings with previous studies (Lee and Paffenbarger, 2000: 293-299). Molanorouzi et al., (, et al., 2015: 66) in their studies observed that strong and important for participation in physical activity was different across type of activity, age, and gender in adults (Shiroma and Lee, 2010: 743-752).Davis et al., (Davis, et al., 2011: 647-654) investigated to,Younger participants were significantly more active than older participants aged. Men performed significantly more minutes moderate-to-vigorous physical activity than women old age is known by everyone has observed a decrease in body function and development. Similarly, is observed the physiological changes. But do not show a trend line speed with chronological age often. Therefore, determined is individuals of the same age between is differences in physical capacity. It has long standingly been accepted that regular physical activity prevents illnesses or retards its symptoms (Eime, et al., 2013: 7-10). The age of progress, known by everyone as a weakening of the body's functions and observed a parallel development. It’s known and observed that the body functions decrease according to aging. This event is seen at all kind of living beings and also this change is natural and physiologic. But frequently the pace is not parallel with chronogical age. The best thing that emphasizes this is the physical capacity differences in the individuals in same age. So this emphasizes that the pace of functional changes according to aging is controllable. This is the progression of age with the resulting functional changes, that can be controlled.

Given that the growth, development, and positivechange in attitudes toward and perceptions of aging arepossible and commonplace among older adults, promotingpositive attitudes

toward aging may modify(Zhi, et al., 2006: 218-221). Health-related quality of life (HRQOL), an outcome measureincreasing in popularity in the health sciences includingexercise science (Spirduso and Cronin, 2001: 598-608, Trine, 1999: 989-997), has evolved to include aspectsof life that affect perceived physical or mental health, and itis a fundamental measure used to understand a population'shealth status (Brach et al., 2004: 502-509). According to data gathered by our evidences,individuals that has physical activity habits has higher scores likewise quality of life scores.Also this is paralell to the litrature.Importantly, a gradient effect exists whereby the risks for morbidity and mortality are higher in those engaging in greater amounts of Sedentary behaviour with these risks being independent of regular moderate-to-vigorous physical activity (Prince et al., 2014). Besides,the participants that choose a sedanter life style has a lower score of physical and mental health than the participants who have exercising habits (Lee and Paffenbarger, 2000: 293-299). Shiroma and Lee (Shiroma and Lee, 2010: 743-752), et al. investigated to; It is important to accurately assess physical activity and sedentary time in all populations in order to enhance surveillance and examine trends, and to develop and evaluate appropriate and effective prevention and intervention strategies to increase physical activity and reduce sedentarytime. To see the positive effects of physical activity in adulthood and senility,the physical activities should be done regularly since the childhood or adolescent stages.The society should be intencive and encouraging since the childhood about being mobile,active and having exercising habits (Brach et al., 2004: 502-509, Trine, 1999: 989-997). Tobe able to see positive effects of physical activity inadulthood and senility stages, physicalactivity needs tobe done regularly beginning from generally childhoodand adolescence stages.

In our study, the physical health compared to age of males, was found higher than females and the physical health of males was found negative corelated (r= -0.490).Likewise mental health of females is lower than males and showed negative corelation(r= -200).

Health-related quality of life, which includes healthconcepts such as physical functioning, physical role limitations,bodily pain, social functioning, and general mentalhealth including psychological distress and psychologicalwell-being, emotional role limitations, vitality (energy/fatigue), and general health perceptions, would mostlikely be influenced by dysregulated metabolic and side effects (Eime et al., 2013: 10, Spirduso and Cronin, 2001: 598-608, Zhi, et al., 2006: 218-221).

The findings of the present study illustrate the importance of age, gender and, in particular, type of activity when investigating physical activity motivation. Most importantly, the results of this study highlighted the message that understanding strong participation motives across type of activity, age, adult lifespan, well-being and gender may be effective in promoting physical activity in adults.

However, it is considered that it would be better to prepare exercise programs appropriate for each person and resort to only experts in the application of massage. It is identified in the study that physical activity participation ratios of people having massages are high and their socialization and health status are good. Therefore, alternative methods like physical activity and massage have to be a part of people's lives.

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