

The Relationship with Life Satisfaction between Health Promoting Behaviours of Special Education Teachers (Kayseri City Sample)

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Abstract

In this study it was aimed to investigate the relationship between life satisfaction and health promoting behaviour of teachers worked special education schools in Kayseri city.

Randomly selected, 102 teachers were participated to the study voluntarily. Volunteers were performed demographic questionnaire, Healthy Lifestyle Behaviors Scale II (HLBS II) and life satisfaction inventory.

Data were analyzed by using IBM SPSS (version 20.0). Spearman Correlation parameter calculated in order to comment the relationship with data, Multiple regression analysis was performed for the predictive power of life satisfaction for health promoting behaviour levels of participants.

According to analysis, a positive relationship was found between life satisfaction and health promoting behaviours levels of teachers and it was found that life satisfaction levels predicted health promoting behaviour levels.

As a result of this study, it was found that teachers had higher life satisfaction, were tend towards to higher health promoting behaviours. It was thought that increased life satisfaction of teachers could increase their health promoting behaviours, so that quality of education, they provided to handicapped students, would increase in the same parallels

Keywords: Special education, Teacher, Life Satisfaction, Health Promoting Behaviours

Introduction

Disability; is the situation that an individual cannot fulfill his/her duties because of gender, social and cultural factors in the society. In other words, if an individual cannot do the things that are asked in a specific time and specific situation it will transform to disability (Sarı, 2000). Therefore, disabled individuals' education is important. Education of the disabled individuals' every step has a place in; disabled, family, teacher and society (Ulutaşdemir, 2007). The most important ones among these are teachers. It is because teachers are the important part of the education system. Nowadays teaching is a field, requires competence about social, cultural, economic, scientific, special expertise by technological dimensions and professional competence. For the improvement of the societies teachers always have always big roles. Teachers educate the students who will be the future of societies (Recepoglu, 2013). Besides that, teachers, who work in special education schools, undertake big roles for the development, changing of the disabled individuals and reintroduce them to the society. This issue prevents the teachers' living conditions who work in special education schools. It is because more importance is needed to be shown this kind of students. So, this situation requires both physical and mental performance for the teachers. There is life standard from the birth of the humans to their death. Life is a time process of a person that he/she spends at the work and outside the work (Dikmen, 1995). For every individual's life satisfaction is a degree of his/her positive evaluating about whole life quality. Life satisfaction reflects the general emotions about life and it is regarded as a measure of emotional happiness (Asan & Erenler 2008). Healthy life is an important norm for the people. According to definition of World Health Organization (WHO), health is not only lack of illness and injury, health is completely well-being on account of physical, mental and social (Yardımcı et al, 2009). When the literature is examined, in the health sector in many student groups and in the various job sectors there are numerous researches have been done about health promoting behavior (Gülten et al, 2008, Linda et al, 2004, Yardımcı et al, 2012), On the other hand, there is no research that is encountered about the teachers who work in special education schools. Purpose of this study; was to examine the healthy promoting behaviours and life satisfactions of the teachers who work in special education schools.

Method

Forming of the volunteer group:

Sample of the research consists of 102 teachers, who elected with a randomly method and work at special education schools in Kayseri province.

Data Collection Tools:

Socio-demographic information form: This form, which is created by the researcher, consists of 4 questions about; age, gender, marital status, professional experience.

Healthy Life Style Behaviour Scale II (HLBS II):

Volunteers; Walker and Hill-Polerecky (1996) who participated to this study, have been asked to apply the Healthy Life Style Behaviour Scale which is improved by them and translated into Turkish by Bahar et al. in 2008. This inventory's Cronbach Alpha coefficient is ,92 and it has a high confidence coefficient. This inventor includes 52 questions. Questions of the survey consist of four point Likert Scale like; "Regularly", "Frequently", "Sometimes",

“Never”. These are applied consist of six factors like; health responsibility, physical activity, eating, mental development, interpersonal relations and stress management (Bahar et al, 2008).

Life Satisfaction Inventory:

The life inventory which was developed by Diener et al. in 1985 and translated into Turkish in 1991 by Köker was asked to be applied by this volunteers who have attended to this study. This inventory consists of 5 questions. Survey questions consist of seven point Likert scale like; “ Completely Agree”, “Mostly Agree”, “Agree”, “Partly Agree”, “Neutral” (Yerlisu Lapa et al, 2012).

Statistical Analyses:

Data were analyzed by using IBM SPSS (version 20.0). Spearman Correlation parameter calculated in order to comment the relationship with data, Multiple regretion analysis was performed for the predictive power of life satisfaction for health promoting behaviour levels of participants.

Results

Table 1. Descriptive statistics of the points gained by participants

Variables	N	%	
Gender	Male	51	50,0
	Female	51	50,0
Age (year)	22-27	38	37,3
	28-33	24	23,5
	34 and Above	40	39,2
Professional Experience (year)	1-5	51	50,0
	6-10	16	15,7
	11 and Above	35	34,3
Marital Status	Single	43	42,2
	Married	59	57,8

In Table 1, when volunteers, who participated to the study, are examined to their genders it is seen that %50 of them are men and %50 of them are women. When it is examined according to age values it is seen that %37,3 of them are 22-27, %23,5 of them are 28-33, and %39,2 of them are 34 and above years age range. When it is examined according to professional experience values it is seen that %50 of them are 1-5, %15,7 of them are 6-10, and %34,3 of them are 11 and above years age range. According to their marital status it is identified that; %42,2 of them are single, %57,8 of them are married.

Table 2. Descriptive statistics of the points gained by participants

Variables	N	Min.	Max.	X±SS
Life Satisfaction	102	10	35	20,46±6,79
Health responsibility	102	9	35	20,55±4,99
Physical activity	102	8	27	16,44±4,82
Nutrition	102	12	34	21,11±4,21
Spiritual growth	102	13	36	26,43±5,04
Interpersonal relations	102	17	36	26,01±4,26
Stress management	102	10	29	19,75±3,99

Life satisfaction scores of the volunteers who participated to the study is 20,46±6,79, Health responsibility's scores; 20,55±4,99, Physical activity scores; 16,44±4,82, nutrition scores; 21,11±4,21, spiritual growth score; 26,43±5,04, Interpersonal relation scores; 26,01±4,26 and Stress management scores like these; 19,75±3,99.

Table3. Analyzing of the relation between Life Satisfaction and Life Attitudes

		1	2	3	4	5	6	7
Life Satisfaction	r	1						
	p							
Health responsibility	r	,311**	1					
	p	,001						
Physical activity	r	,280**	,549**	1				
	p	,004	,000					
Nutrition	r	,388**	,656**	,479**	1			
	p	,000	,000	,000				
Spiritual growth	r	,472**	,500**	,501**	,563**	1		
	p	,000	,000	,000	,000			
Interpersonal relations	r	,363**	,603**	,327**	,507**	,711**	1	
	p	,000	,000	,001	,000	,000		
Stress management	r	,363**	,577**	,675**	,503**	,665**	,600**	1
	p	,000	,000	,000	,000	,000	,000	

P< 0,005* p<0,001**

As it is seen in the table 3 there is a positive and meaningful relationship between life satisfaction; health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations and stress management.

Table 4. Life Satisfaction and Healthy Life Attitudes Regression Analysis

	Sağlıklı Yaşam Davranışları	β	t	p	R	R ²	F	p
					,496	,246	5,173	,000
Life Satisfaction	Health responsibility	,000	,001	,999				
	Physical activity	-,013	-,094	,925				
	Nutrition	,172	1,352	,180				
	Spiritual growth	,343	2,313	,023				
	Interpersonal relations	,003	,022	,983				
	Stress management	,055	,371	,712				

When Table 4 is examined it is seen that there is a meaningful relationship between life satisfaction level and healthy life attitudes. (R=496, R²=246; p<01). Related to regression coefficient's meaningfulness it is seen that the "t" test predicts moral life satisfaction and spiritual growth (t=2,313, p=023) and it expresses %25 of total variance.

Discussion

Conditions that supply happiness of a person and continuing of these conditions is one of the most important attention-grabbing subjects since old times. Recently the subject of happiness of a person is examined with the aspects of; psychologically being in a good mood, subjectively being good, life quality, healthy life attitudes and affirmative sensation. In the direction of these criteria, teachers', who have an important role to reintroduce healthy people to society, relationship of their life satisfactions and level of living are aimed to be examined. Enhancing of the society's health level is not only limited with the raising of people's happiness but also requires to improve workers' efficiency to form the foundation of the enhancement (Gülten et al, 2008).

Life quality is evaluated as individual's own perspective that he/she looks to the life and norms used as synonyms like; life satisfaction, life pleasure, being in a good mood, life conditions (Cella, 1996, Meeberg, 1993). In this presented study, it is determined that averages of teachers who work in special education schools are; 20,45±6,79. When the litterateur is examined that academicians; Çelik & Tümkaya's study (2012) on life satisfactions is determined for the research assistants 23,25±5,62, for associate professors 25,03±5,76, for teaching assistants 25,03±4,73, for assistant professors 24,56±5,62, for instructors 25,22±5,87 and for professors 28,68±3,27. In another study again, Telef (2011) determined that the study of the class and branch teachers' life satisfactions are respectively; 19,41±6,59 and 20,30±7,37. Life satisfaction, which is defined as expectations of people and encountering level of these expectations, is an emotion that is effected from working life and

socio-economic life conditions. It is thought that the data which has been gained through this study and the differences of the defined life satisfaction scores which is examined by litterateur, is due to the variability of financial possibilities. In this sense, the events that are happen positively and negatively in individual's life are the most important determiners of life satisfaction. Teachers, who work in special education schools, there is a positive relationship determined between their life satisfaction and health promoting behaviours (Table 2). When the litterateur is examined, there is no study encountered in the positive and meaningful association of life satisfaction and healthy life attitudes relations. Nowadays, understanding of the health is foreseen that keeping the individual, family, and society's health safe, carrying on and enhancing it (Ayaz et al, 2005; 26-34). Healthy life style is defined as controlling of all behaviors that affect the individual's life, programming the daily activities that are suitable for his/her health status. Behaviors which are improving the health includes; raising the goodness level, improving him/herself, doing enough and regular exercises, balanced nutrition, health responsibility, stress management and hygienic cautions (Esin, 1999). For the realization of this event life quality of the people should be at a high level. When it is thought, the life satisfaction which is known as leisure time and work time of the people who show emotional reaction to the life, level of welfare, attending to the recreative activities and depend on this, it is thought that healthy life attitudes can be improved positively.

Life satisfaction of the prediction of healthy life attitudes that is related to multiple regression analysis is shown in Table 3. Variance analysis results show that established regression model is generally meaningful. Relation to meaningfulness of regression coefficients when the "t" test is examined in its result life satisfaction is the meaningful prediction of spiritual growth and it is determined that health responsibility, stress management, interpersonal relation, physical activity and nutrition characteristics are explained by %25 percent of predictive variance ($R=496$, $R^2=246$; $p<01$). Life quality about health expresses the mental and social field and healthy individuals' skills that carry on their functions (The WHOQOL Group, 1996).

This situation is thought that it happens because of the individuals' life satisfactions increase, socializing in the community, express themselves, patriotism, showing more importance to the work that he/she does and these kind of things. As a result of this study, it was found that teachers had higher life satisfaction, were tend towards to higher health promoting behaviors. It is thought that increased life satisfaction of teachers could increase their health promoting behaviors, so that quality of education, they provided to handicapped students, would increase in the same parallels.

Suggestions

1. It is thought that there must be different studies for the raising of the teachers' life satisfactions who work in special education schools.
2. It is thought that there must be in-service training programs to increase the information levels of teachers which are related to healthy life attitudes.

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