

Who Cares Faculty Members and their Self-Care?

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Abstract

There is no profession more pressured by society than teachers who are highly expected to hone the total human person to fit the human resource needs of the future. This herculean task has taken its toll in the higher prevalence of health problems among teachers. This research looked into the profile of teachers, their self-care practices and the interaction between these two variables. Data were gathered using a researcher-designed questionnaire from faculty members of a selected higher education institution.

Demographically, more than one-half of the faculty members are female, middle aged, with 13 to 22 units of academic load, only few have administrative designations, with P15,001 to P25,000 monthly income, married, with 1 to 2 children, with normal body mass index, with diagnosed chronic diseases, not taking maintenance medications at the moment, and with first degree relatives who also have diagnosed chronic diseases.

Further, the faculty members usually practiced self-care measures on diet, physical activity, rest and recreation, and always practiced self-care measures on habits. Ordinal regression results showed that most of the demographic characteristics of the faculty members are predictors of their self-care practices.

Keywords: Diet, Habits, Physical activity, Rest and recreation, Self-care

INTRODUCTION

One of the much coveted dreams among Filipinos is to finish tertiary education and have a college degree firmly believing that it is their leverage to a brighter future. After all, the World Bank [11] found out that tertiary education is positively associated with economic growth and GDP regardless of a country's development level. With these noble expectations, the pressure on faculty members to deliver the best kind of education is larger than ever.

Faculty members in the Philippines refer to regular patella-based set of people appointed to a faculty rank who are directly engaged in teaching, research and extension functions. In other words, the vision and mission statements of institutions of higher learning are translated into specific activities

implemented by faculty members in the daily academic grind. These herculean tasks performed by faculty members are measured through local and international accreditation standards, board passing rates, and more importantly, the portability of their graduates in the labor market. Much more, all these include participation in professional development activities, preparation of pertinent documents required by various quality assurance mechanisms, and many achievements are correlated with the institution's image and budget allocation.

Faculty members are expected to teach a minimum of 18 units to 24 units per semester which entails preparations for learning activities, assessment of learning, student and peer consultation, engagement in extension services and conduct of relevant research activities. Other responsibilities more with these expectations from faculty members, it not uncommon for them to experience stressful working conditions and therefore suffer its consequences[4] have found out that teaching has often been considered one of the most stressful professions because teachers are supposed to come up with hundreds of ad-hoc decisions every day, which demands a high tolerance for uncertainty and great and consistent abilities of attention focusing. Consequently, chronic levels of teachers' occupational stress may lead to burnout which according to [4] can also translate into somatic symptoms, such as high blood pressure or cardiovascular afflictions. This finding agrees [10] when they posited that occupational stress and strain induce worsening physical and mental conditions for teachers.

Too much work-related strain clearly compromises the health of teachers which may predict negative indirect consequences on student achievement, engagement and learning [4]Recognizing their primordial role in nation building, it is important that teachers are physically fit to perform their everyday roles. Therefore, it is imperative to determine how they care for themselves.

STATEMENT OF OBJECTIVES

This study was conducted to determine the extent of self-care practices on the prevention and/or management of chronic diseases of faculty members of ILOCOS Sur Polytechnic State College. Further, it determined the profile of the respondents along sex, age, teaching load, presence of administrative designation, monthly income, civil status, number of children, body mass index, presence of diagnosed chronic disease,

medication, and presence of diagnosed chronic disease among first degree relatives.

It also measured the extent of self-care practice along diet, physical activity, habits, rest and relaxation, monitoring of signs and symptoms and adherence to medication. The significant differences between and among the extent of self-care practices were computed as well as the predictors of self-care. Lastly, the strengths and weaknesses in the extent of Self-care practices were identified which served as one of the bases in the proposed enhancement measures of the wellness program for the institution.

METHODOLOGY

This is a descriptive research which employed a researcher-made questionnaire which has undergone validation and test of reliability. Voluntary response sampling was used to enlist the participation of 108 faculty members of ILOCOS Sur Polytechnic State College, located at the province of ILOCOS Sur, Philippines. It also observed the ethical principles of confidentiality and informed consent to guarantee that the rights and safety of participants in this study were respected and observed.

The profile of the respondents was collated using frequencies and percentages, the extent of practice of the different self-care practices were computed using weighted means. Further, the significant differences in the extent of practice of self-care measures were computed using paired sample t test while ordinal regression was employed to determine the predictors of self-care. The p-value of .05 level of significance was used to compare and determine the significance of statistical findings.

RESULTS AND DISCUSSIONS

Profile of the Respondents Results showed that fifty-five percent of the respondents are females, 40 to 49 years of age, with 13 to 21 units of teaching load, only few of them have administrative designation, receiving a monthly income of P15,001 to P25,000, married with 1 to 2 children, with normal body mass index, of which majority have diagnosed chronic diseases and are not taking maintenance medications and with family members who also have diagnosed chronic diseases.

The study of Agaba [1] noted that increase in age and household income are common among those with hypertension and diabetes and that physical inactivity is positively related to increase in income. Interestingly, Jafar [5] found out that people of Asian origin are considered to be more susceptible than Europeans to obesity-associated noncommunicable diseases (NCD), including insulin resistance and metabolic syndrome, cardiovascular disease, stroke, kidney disease, and related mortality. The factors contributing to the obesity-NCD relationship are complex leading to phenotypic body types with higher total body fat content in Asians.

Faragherl [3] cited that for the majority of people, growing old is associated not just with an increased risk of death but also with a significant risk of developing a plethora of degenerative conditions and functional impairments. This coincides with the findings of this study where majority of the faculty members

were middle aged and have diagnosed chronic disease. Also, the service mileages they have earned resulted in higher income according to Williams [9] have direct relationship with the occurrence of diabetes. Extent of Self-care practices. The World Health Organization defines self-care as "activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health". Self-care can maintain people's independence and help them to lead lives that are as fulfilling as possible.

Results of the study show that the faculty members usually practice self-care (GM=3.79). Specifically, they always practice healthy habits like avoiding cigarettes, alcohol and drug use. This is a positive indication that the faculty members steer clear of habits that can pose lifetime threats to their well-being. As Ezzati and Riboli [2] stated, smoking and alcohol consumption are responsible for a large share of the global disease burden. However, they sometimes monitor signs and symptoms of their diseases. This includes maintaining an ideal body weight, monitoring vital signs like blood pressure, and having their own equipment to monitor their vital signs. Periodic monitoring of vital signs such as cholesterol levels, blood glucose levels, blood pressure and the like is important in the possible prevention or intervention of medical emergencies. Since majority of the faculty members have diagnosed chronic diseases like diabetes and hypertension, it is necessary that a routine is established for the regular monitoring of signs and symptoms corresponding to their disease. Surveillance of key modifiable risk factors is needed to monitor the magnitude of the problem of chronic non-communicable diseases and to study the effects of interventions.

Table 1: Extent of Self-Care Practices of the Faculty Members

Self-Care Practices	Average Mean	Description
Diet	3.77	Usually
Physical Activity	3.51	Usually
Habits	4.60	Always
Rest and Relaxation	3.43	Usually
Monitoring of Signs and Symptoms	3.32	Sometimes
Medication	4.08	Usually
Grand Mean	3.79	Usually

Based on the premise that all indicators with a computed mean of 4.20 and below are considered as weakness, it can be inferred from the table above that generally, self-care practices of the faculty members need to be reinforced. Therefore, it can be recommended that the institution can consider enhancing its wellness program to support the self-care practices of its faculty members.

Differences between and among the extent of practice of the different self-care measures

Results of paired sample t-test indicated that there exists significant differences between the level of dietary practices and

rest and relaxation (p -value = .000), dietary practices and habits (p -value = .014) and dietary practices and monitoring signs and symptoms (p -value = .001). Moreover, a significant difference between the level of practice of physical activities and habits was noted (p -value = .000). Lastly, the level of practice on habits was found to be significantly different with the level of practices on rest and relaxation (p -value = .000) and monitoring of signs and symptoms (p -value=.000).

These differences in the levels of self-care practices indicate that there are areas of self-care being practiced more than the other self-care practices, when in fact, they are recommended to be equally important in promoting and maintaining good health. As indicated, among the 10 causes of mortality in the Philippines, 6 are non-communicable diseases which include cardiovascular diseases and diabetes mellitus both of which requires restrictive diet. This was underpinned by Lachat [6] when they found out that poor dietary quality (in particular, high salt intake, high saturated and trans-fatty acid intake, and low fruit and vegetable consumption) is a key risk factor for development of non-communicable diseases and mortality worldwide.

As to physical activity, Mandil [7] stated that it has been scientifically proven that regular physical activity among all age groups has physical and mental benefits. Improvement of life quality, sleep, and stress management are some of the physical benefits; the enhancement of social relationships is a mental benefit. Physical inactivity is one of the most important risk factors for developing chronic diseases and increasing morbidity and mortality and has been reported that (9%) of premature deaths in 2008 worldwide were associated with inactivity.

Alongside physical activity and dietary practices, a rest and relaxation activity has also been highly recommended in the attainment of overall health. Takhur [8] mentioned that one can consciously avoid stress, practice yoga and meditation and getting sufficient rest and sleep.

Predictors of Self-Care Practices using ordinal regression to determine the predictors of self-care practices, the following information resulted

The regular teaching load of 13 to 21 units of the faculty members increased the odds of dietary practices by a factor of 5.11. Further, the presence of 1 to 2 children and taking maintenance medication also increased the odds of dietary practices by factors of 4.59 and 10.18 respectively. However, the presence of administrative designation, higher monthly income, and presence of diagnosed chronic disease decreased the odds of dietary practices.

The presence of diagnosed disease among family members increased the odds of engaging in physical activity by a factor of 4.75 while 13 units and below teaching load, higher income, being overweight and presence of diagnosed chronic disease decreased the odds of engaging in physical activities.

Being female, having a normal Body Mass Index (BMI), taking maintenance medication and presence of family members with diagnosed chronic diseases increased the odds of practicing

healthy habits by factors of 9.55, 9.56, 25.95 and 10.55 respectively. Consequently, 13 units and below teaching load, being overweight, and having a diagnosed chronic disease decreased the odds of practicing healthy habits.

Being female, middle aged, having normal BMI, taking maintenance medication and presence of family members with diagnosed chronic diseases increased the odds of engaging in rest and relaxation activities by a factor of 12.06, 15.29, 8.08, 25.25 and 6.02 respectively. Whilst presence of administrative designation, higher income, abnormal BMI (underweight & overweight), and presence of diagnosed chronic disease decreased the odds of engaging in rest and relaxation activities.

Lastly, being single increased the odds of monitoring signs and symptoms by a factor of 16.47 while presence of administrative designation, higher income, no children and being overweight decreases the odds of monitoring signs and symptoms.

CONCLUSIONS

Overall, this study looked into the profile of faculty members, the extent of self-care practices along selected dimensions and the interaction between the two variables mentioned. Results showed that the faculty members were characterized as females, middle aged, with regular teaching load, with no administrative designations, belonging to the middle income strata, married with few children, with diagnosed chronic disease but not taking maintenance medication, and with family members with diagnosed chronic disease.

Except for healthy habitual practices like non-smoking, not drinking alcohol and not taking in prohibited drugs, the faculty members need to enhance their dietary, physical activity, rest and relaxation, monitoring of signs and symptoms, and medication practices.

This study also showed that significant differences in the extent of self-care practices exist. Further data analysis also showed that the profile of the faculty members significantly affect the increase or decrease of the odds of self-care practices.

RECOMMENDATIONS

Generally, the extent of practice of self-care among the faculty members needs enhancement. Therefore, this study recommends for the creation of programs and policies in the institution to mainstream support and sustains healthy lifestyles amongst its employees. Elements that can be included can be construction of fitness facilities, creation of support groups geared towards overall employee wellness, engagement with professionals like dieticians, medical doctors and the like to provide the appropriate knowledge for individual health and wellness concerns, conduct of periodic medical check-ups, provision of time for the faculty members to engage in fitness activities, conduct of seminars and other modes of information dissemination to promote and support healthy lifestyle and to include organizational wellness in institutional objectives as well as individual professional goals of the faculty members. These mechanisms can be considered to promote a healthy teaching force.

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