Health Related Quality of Life among University Teachers in Relation to Self-Efficacy, Sense of Humor and Emotional Intelligence.

Abstract

The study mainly focuses on socio-psychological and socio-demographic determinants of Quality of Life related to health. The study measures the strength of predictive relationship between the variables (Self-Efficacy, Sense of Humor and Emotional Intelligence) and also highlights the relevance and significance of correlation between them. Public sector universities of Lahore were considered for the research and sample size was restricted to 200 university teachers. The sample was drawn using Purposive Sampling (a non-probability sampling technique) and both genders were included in the sample. The study was designed as a cross-sectional survey. The research tools used to collect data included "General Self-Efficacy Questionnaire (Schwarzer & Jerusalem,1995)", "Sense of Humor Questionnaire-6 (Svebak,1996)", Self-Report Emotional Intelligence Test (Schutte,1998) ", and " WHO Quality of Life-BREF(WHO,1996)". The data were analyzed using SPSS: version.20 and the results were drawn using inferential statistics i.e. Linear Regression Analysis, Pearson Product Moment Correlation and Independent sample t-test along with descriptive statistical techniques. The results indicated that a significant relationship occurred between Self-Efficacy, Sense of Humor and Emotional Intelligence and they strongly predicted Health Related Quality of Life among university faculty. Results further revealed that female university teachers scored higher on HRQOL as compared to female university teachers.

Keywords: University Teachers, Sense of Humor, Self-Efficacy, Quality of Life

Teachers have the biggest share in providing education to others as they are the ones who provide solution to the problems that hinder in society's way of development (Shirivastava,

2005). Teaching is the most difficult profession; effectiveness of teaching depends on teachers' qualification, their motivational level, training and exposure and of course quality and duration of experience they have. Moreover their effectiveness depends on the kind of environment they are teaching in (Memon, 2007).

Teacher's role is central in shaping up behavior of students. Around 1.6 million teachers are employed in government institutions (Pakistan Education Statistics, 2013). Teaching is a tough and challenging profession (Naik, 1998).

University teachers in Pakistan have to face a lot of challenges which include lack of availability of resources. The faculty members therefore find their health and quality of life at risk (Hussain, 2001). Academic profession is highly demanding hence putting wide range of responsibilities upon the shoulders of teachers. Problems like workplace bullying also affect Health Related Quality of Lie of University teachers (Khalid, 1998). Frequent transfers due to political influence is another challenge for teacher's health (Hussain, 2001).

Health Related Quality of Life

The term Health Related Quality of Life (HRQOL) was first coined in the year 1980 and it includes psychological and physical health (McHorney, 1999). Health and QOL are two different terminologies that are married to make a single concept of HRQOL (Grey, 2000). Biomedical approach states that health is the outcome of physical factors while humanistic approach considers health as a combination of physical and social factors (Phill, 1999).

The most widely accepted definition of health is presented by WHO which states that physical, psychological and social factors are combined to determine health and it is not merely absence of any disease (WHO, 1948). Addition of psychological and environmental factors along

with physical factors gives an overall view of health (John, 1949). Therefore a concept HRQOL has emerged to demonstrate physical, psychological and social functioning of an individual (Miley, 2000).QOL is the approach that contains all the facets of human existence while HRQOL is a subdivision that addresses only health concerning issues (Marsh, 1997).

According to World Health Organization there are six domains of Health Related Quality of Life which include physical health, psychological wellbeing, level of independence, social relationships, environmental mastery, spirituality, religion and personal beliefs (WHO, 1997). All domains are interrelated (Taylor, 1992).

Physical Health

The first domain physical health studies discomfort and pain, sleep and restlessness, and energy and fatigue (George, 1997). Discomfort and pain studies physical discomforts a person experiences and how these discomforts affect his/her life (George, 1997).

Psychological

The second domain includes positive feelings, thinking, learning, memory and concentration, self-esteem, body image, appearance and, negative feelings (Caius, 2000). Positive emotions explore one's happiness and bliss, enjoyment, peace, hopefulness and its impact on one's life (Caius, 2000).

Level of Independence

Third domain "level of independence" finds out one's level of mobility, life style, dependence on medical treatments and workaptitudes. (Trisa, 1999). Mobility isabout how motivated a person feels in moving from one place to another (Trisa, 1999). It also suggests

one's ability to move without any guidance or any kind of help, and also explores one's dependence on others for mobility (Trisa, 1999).

Social Relations

This includes interpersonal relationships, social support, sexual life and intimacy;how often people look for intimate relations, how much attached they are with each other (Benjamin, 1998). Social support includes a person's ability to carry out social relationships and a person's need to get social support (Benjamin, 1998).

Environment

Fifth domain of QOL is environment and it includes physical safety and security, home environment, financial resources, healthcare, opportunities for acquiring new information and skills, recreation and leisure, physical environment and, transport (Gigilet, 1987).

Spirituality

The sixth domain evaluates a person's interior beliefs about himself and others, his concept of universe and humanity and his feelings, empathy, congruence and compassion forothers (Gigilet, 1987).

Humor

Humor is experienced by everyone in one way or the other. Sense of Humor is defined as a person's ability to create, appreciate and amuse comicality or comic material (Martin, 1998). One single definition is not enough to explain humor as it is a multidimensional phenomenon (Ruch, 2007). Ruch (1993), relates Humor with the peace of mind. Sense of Humor is an ability that helps one to tolerate intolerable things and is also helpful in findingconducts to deal with

difficult situations of life (Martin, 2001). Thus Humor plays a significant role in one's life as it allows people to manage and deal with their daily problems effectively (Holden et al, 1993).

A study was conducted by Kuiper et al. (1992) on the relationship between Sense of Humor and Quality of Life. The findings of the study showed a positive correlation between Sense of Humor and enhanced Quality of Life. Abel (2008), conducted another research on Humor as a defense mechanism against stress and the impact of using it as a coping strategy. Sample consisted of 258 undergraduate students. Results of the study found that people with high Sense of Humor looked less stressed over everyday life problems than those having low Sense of Humor.

Kuiper (2009) explored in another study, the association between Humor and psychological wellness. In the study, 400 individuals participated and it was found that Humor did have an impact on one's psychological health. Individuals with increased Humor levelsexhibited less Depression and self-defeating behaviors as compared to the participants with poor sense of Humor.

Another researcher, Simon (2009) conducted a study to find out the benefits of the use of Humor for health and satisfaction of life. A sample of 767 participants was collected. Results showed that participants with enhanced levels of Humor rated their QOL as good and they also reported to have better health and were more satisfied with life than the group of participants with slight Humor levels.

Humor aids interaction and removes social distances among individuals (Robbinson , 1991). From a psychological point of view, Humor provides assistance in maintaining close

relationships, enhancesself-belief, and promotes psychological health. It enables one to cope with Anxiety (Johnson, 2002).

Sense of Humor has been proved to have positive effects on quality of a person's life (Kuiper and Nicholl, 2004). Findings suggest a positive correlation between Quality of Life and Sense of Humor. Individuals with high Sense of Humor reported to have more positive life experiences (Kuiper, 1992).

Self-Efficacy

Bandura defines Self Efficacy (SE) as the extent to which a person believes in himself as capable of performing a particular task (Bandura, 1977). SE plays a central role in shaping up behavior. Self-Efficacy has a powerful impact on behavior as it affects goals and outcomes (Bandura,1997). People with heightened SE believe in their capabilities, set high standards and goals. Failures cannot demoralize them instead they work even harder to achieve success (Bandura, 1994).

According to Trans theoretical Model (TTM), merits and demerits of the outcomes and SE play a central role in carrying out a behavior (Follick, 1992). SE typically increases as individual's age increases (Sutton, 2005).People with low SE are prone to feelings of helplessness, stress, anxiety, and depressive symptoms (Schwarzar, 1999). They also report to have lack of confidence in their ability to deal with problems and also had negative self-evaluation (Bandura, 1997). High SE enhances one's decision power and coping abilities (Schwarzar, 1991). It has been suggested that having a strong SE is related to better Quality of Life (QOL) as it enhance a person's health, achievements, and interaction with others (Bandura

and Schwarzer, 1992). A study conducted by Zaki (2007) provides evidence that SE and QOL are strongly related to each other.

Singh and Shukla (2010) concluded that Self-Efficacy was an important predictor of mental health among elderly. The sample consisted of 160 elderly respondents, both male and female respondents. Study indicated that those who were higher at Self-Efficacy were better at controlling their environment which resulted in greater mental health.

Similarly, Parto (2011) investigated the effects of Self-Efficacy and problem solving on mental health among adolescents. Sample for this study was 914 students, both males and females. Results showed that Self-Efficacy and problem solving were strong predictors of mental health. In another study of McAulay et al. (2006)Self- Efficacy was explored as predictor of physical activity and QOL among elderly. Researcher collected a sample of 249 older people. It was found that older adults with enhanced Self Efficacy were more physically activated and possessed better Quality of Life than people with low Self Efficacy.

Emotional Intelligence

The art of a person to perceive, feel, create and adjust emotions in order to achieve emotional and intellectual growth is known as Emotional Intelligence (Mayer and Salovey, 1997). Enormous work on Emotional Intelligence EI is carried out by Daniel Goleman. Goleman defined Emotional Intelligence as an individual's ability to control, identify, and regulate his mood and feelings, to adjust with emotional distress in such a manner that it will not affect their ability to think and their emotional attachment with others (Goleman, 1995).

The concept of EI did not get much attention until the publication of Daniel Goleman's book on Emotional Intelligence (Linda, 2010). Teachers' who hold high Emotional Intelligence

are better at dealing with job stress, job demands, good job performance. They also have better mental health compared to teachers with lack of Emotional Intelligence (Dong, 2006). Forbearance and confidence is enhanced by EI and makes teachers able to remain calm in difficult situations (Bracket, 2005). EI is an asset to the teachers as it helps them to avoid dispute between them and students. It also promotes healthy relationship among colleagues and helps to find simple solution for difficult tasks (Hargreaves, 1998).

Teachers' with high levels of Emotional Intelligent experience less burnout at workplace (Chang, 2009). Effective emotional regulation reduces occupational stress and as a result enhances QOL among teachers (Bulik, 2005). A research was conducted by Schutte et al. (2007) to find out the relationship between health and Emotional Intelligence. It was found that a strong positive relationship existed between emotional intelligence and quality of life in relation to mental health.

Similarly, Salski and Cartwright (2003) investigated the relationship between Emotional Intelligence, stress, performance, and health. Sample for the study included 60 managers from different organizations of UK who were given training on emotional intelligence. Results indicated that training increased Emotional Intelligence, which resulted in improved health and wellbeing.Ioannis (2009) also examined the relationship between Emotional Intelligence and psychological and physical health. Hypothesis for the study was that Emotional Intelligence played a central role in one's psychological and physical health. The sample was taken from 900 individuals coming from different walks of life and the results supported the hypothesis.

Theoretical Framework for the Study

This study is based on Bio-Psycho-Social model of psychology. This model is considered to be the key phenomenon in Health Psychology as the study is meant to measure Health Related Quality of Life of University Teachers with reference to psycho-social factors. The model was proposed by Engel in 1970's. Mind and body's collaboration leads to the foundation of bio-psychosocial model. The underlying assumption of the model is that, biological, psychological, and social factors when combined together, determine one's health (Suls, 2004). In the context of this model biological factors alone cannot determine one's health (Rothman, 2004). It can also be explained so that without one's consideration of genes, mental state, and environmental factors health and abnormalities cannot be figured out (Marron, 2013).

The biological aspect of bio-psychosocial model consist of manifold components that involve genes and various infections (Zinc, 1999). Psychological aspect of bio-psychosocial model focuses on the psychological justification of the problem (Kevin, 2004). Psychological factors have the ability to activate biological problems (Kevin, 2004). For example Depression might not trigger liver problem but Depression has a correlation with the consumption of alcohol which in turns becomes the cause of liver damage.

The social component of the model explains the effect of environmental factors on health. Environmental factors can be any situation which brings out the stress in an individual (Harry, 2008). For example, losing a job. Bio-psychosocial model explains that there exists vice a versa relationship between mind and body (Carla, 2001). Brain is strongly affected by body and similarly body is affected by mind (Huges, 2000). The crux of the theory is that any factor alone cannot be responsible for health and related QOL.

Public Health Significance

The study falls in the area of Health Psychology and contributes to ensure good quality of life among working class with a special focus on teaching profession. It further highlights the factors that could be associated with the Health Related Quality of Life of University Teachers. It focuses on the strength of relationship between Health Related Quality of Life, Emotional Intelligence, Sense of Humor and Self-Efficacy. The study thus attempts to highlight the importance of quality of life of university teachers by providing awareness on how to ensure health at workplaces and how to train the faculty members to equip themselves with Emotional Intelligence, Sense of Humor and Self-Efficacy as healthy coping mechanisms. The current study invites the attention of researchers and policy makers to consider such positive factors for public health significance and include them as part of training sessions and workshops conducted for teachers. It also guides University Management to take into account various factors that can help ensure quality work and fruitful organizational outcomes.

Hypotheses

It is hypothesized that

- Humor, Self-Efficacy and Emotional Intelligence Significantly predict Quality of Life of University Teachers
- There is a significant correlation between Sense of Humor, Emotional Intelligence, Self-Efficacy and Health related Quality of Life of University Teachers.
- Male University teachers have better Quality of Life as compared to Female University teachers.

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Method and Materials

Participants

The participants included 200 University Teachers (100 male, 100 female) from both Public and Private sector universities of Lahore. Participants of age 24-50 years were included and the participants below the age of 24years and above 50 years were excluded from the sample. Teachers teaching in schools and colleges were also excluded.Moreover, employees working in different organizations and institutes other than university teaching faculty were all excluded from the sample.

Research Design

Cross-Sectional Survey was used as a research design. This survey technique was used because data was to be collected within a defined time period from participants of different age groups.

Sampling

Sample was selected by using non-probability purposive sampling technique.

Instruments/ Tools

Measures used in this study included, General Self-Efficacy Scale, (GSE), (Schwarzer& Jerusalem, 1995), Schutte Self-Report Emotional Intelligence Test (SSEIT), (Schutte, 1998), The World Health Organization Quality of Life (WHOQOL) –BREF (1996), Sense of Humor Questionnaire 6 (SHQ-6), (Svebak, 1996), and a self-prepared Demographic Sheet.

GSE

Initially the scale was developed as 20-item scale by Jerusalem &Schwazer and then 10-items scale was designed by Jerusalem & Schwazer in 1995. At first the scale was developed in

German language. It is a 10-item Likert scale and the responses are rated from 1-4 where “1” is for" not at all" and “4” is for "exactly true". The range of the scores is from 10 to 40 points. Adding each item score,gives the sum score. The alpha value of General Self-Efficacy scale was originally calculated as α=0.80.

SSEIT

SSEIT measures Emotional Intelligence The scale (SSEIT) was developed by Dr. Nicolla Schutte in 1998. The SSEIT is a 33-item instrument that uses a Likert rating scale in which “1”represents "strongly disagree" and “5” represents "strongly agree". The responses are made between 1 to 5.SSEIT was derived from the Mayer and Salovey’s (1990) model. Out of 33 items, 3 items will be scored reversely. Scores on all items are added up together to get a total score. The cronbach’s alpha value for SSEIT was originally calculated to be 0.90.

WHOQOL-BREF

WHO(2004) initially developed WHOQOL as 100-item scale. In 1996 they developed a brief version of the instrument containing 26 items which measured extensive fields like: Somatic health, mental wellbeing, Intimacy, and environmental mastery. Total score is obtained by adding up the scores of each item. The value of cronbach’s alpha for the scale was calculated originally as 0.70.

SHQ-6

Sense of Humor was assessed with SHQ-6, developed by Svebak (1996). SHQ-6 is a revised version of 21-items scale. Instrument comprises of 6-items. The respondents select one of four responses along a four point scale. Adding up individual item scores results into total scores. The alpha value for SHQ-6 mentioned by the researcher is α= 0.85.

Procedure

A recommendation letter was requested from the Head of Department of Psychology to visit different universities to collect data. As next step, permission was taken from the registrar and HODs of the Universities to approach their faculty members. Four different universities were contacted for data collection which included Government College University, University of Punjab, University of Management and Technology and University of Central Punjab, Lahore. A short interview was conducted with the participants before the data collection. Participants were given necessary instructions. Respondents were also informed about their withdrawal from the study at any moment they wanted. Informed consent was taken from the participants. After getting the approval of participants, questionnaires were distributed which included General Self-Efficacy Scale (Schwarzer& Jerusalem, 1995), SSEIT (Schutte, 1998), WHOQOL (1996), SHQ-6 (Svebak, 1996). After participants had completed the forms, those were collected back from the participants. All the participants were thanked for their cooperation. Then data was entered and analyzed, and results were compiled by using Statistical Manual for Social Sciences version 20. Techniques like Linear Regression, Pearson Product moment Correlation, t test, and descriptive statistics were used to draw results.

Results

Results were analyzed with the help of SPSS 20.0. The demographic variables were calculated by using descriptive statistics and next, Linear Regression Analysis was run to predict relationship among different variables. Pearson Product correlation was applied to explore the strength of the relationship among variables. To make a comparison of mean scores on above

mentioned variables between male and female, public and private university participants, independent sample t-test was applied. The results are calculated and tabulated as under.

Table 4.1

Showing demographic characteristics of participants using Frequency measures, percentage, means and standard deviations.

Demographic variables	Frequencies	%	M	SD
Age			38.5	1.139
24-30	74	37.0		
31-36	47	23.0		
37-43	46	23.0		
44-50	33	16.5		
Gender				
Male	100	50.0		
Female	100	50.0		
Education				
MSC	23	11.5		
MS or Equivalent	116	58.0		
PHD	61	30.5		
Marital Status				
Single	57	28.5		
Married	122	61.0		
Divorced	12	6.0		
Widow	9	4.5		
Income				
51000-60000	57	28.5		
61000-70000	49	1.5		
71000-80000	30	24.5		
81000-90000	32	15.0		
90000-150000	32	16.0		
Current academic rank				
Lecturer	134	67.0		
AP	41	20.5		
Professors	25	12.5		

SES		
Upper Middle	96	48.0
Middle	82	41.0
Lower	22	11.0

Table 4.1 shows the frequency, percentage, mean and standard deviation of the demographic variables. The descriptive measures highlight the Mean and Standard deviation for age as to be, *M*=38.5 (*SD*= 1.139). Most of the participants lied in the age range of 24-30 years. 50% of the sample consisted of male teachers and 50 % were female teachers. Table also shows the percentage value of Education in which 11.5 % of the participants were qualified upto MSC level while 58.0 % Teachers could reach MS or Equivalent levels and 30.5% had completed PHD. As far as Marital Status is concerned, 28.5% respondents were single, 61.0% were Married, and 6.0 % were Divorced, while 4.5% of the participants were Widowed. The highest percentage for the Income was found between,51000-60000. The percentage for the Current Academic Rank shows 67.0% Lecturers, 20.5% Assistant professors and 12.5% Professors. The table also provides an estimation of the Socioeconomic Status of the participants in which 48.0 % belonged to upper middle class, 41.0% to Middle class, and 11.0 belong to Lower class.

Table 4.2

Instruments	Total Item no's	α

HQ	6	0.926
SE	10	0.679
EI	33	0.958
HRQOL	26	0.897

Table 4.2 gives the alpha measures of the tools used in the study. The alpha value for HQ, SE, EI, HRQOL is α=0.926, α=0.679, α=0.958, and α=0.897 respectively which shows a moderate to high reliability of the instruments.

Table 4.3

Table showing Linear Regression between Humor, SE, EI, and QOL.

		Dependent	variable	QOL				
Predictors	*B*	*SE*	*Beta*	*T*	*p*	*F*	R^2	*R*
HQ	0.644	0.285	0.143	3.025	0.025	239.796	.786	.887
SE	0.442	0.442	0.153	2.654	0.009			
EI	0.508	0.059	0.631	8.589	0.000			

*Note: * P<0.05*

Linear Regression was run to find out whether Humor, SE, and EI are significant predictors of HRQOL of University Teachers or not. The results confirmed the existence of predictive relationship between the variables in which the values of HQ (β= 0.143, p<0.05), SE (β=0.153,

p<0.05), and EI (β= 0.631, *p*<0.05) are provided to be significant. Thus the hypothesis is supported by these results.

Table 4.4

Table showing product moment correlation among SE, Humor, EI, and HRQOL.

Variables	HQ	SE	EI	HRQOL
HQ	-------			
SE	.742	-------		
EI	.849	.815	-------	
HRQOL	.793	.774	.878	------

*Note: *P<0.05*

Correlation (Pearson Product Moment) was run to explore strength of relationship between variables i.e. HQ, SE, EI and HRQOL. The analysis in table 4.4 shows that a strong positive correlation exists between HQ and HRQOLi.e. (r=0.793, *p*<0.05). A strong positive correlation is againfound between SE and HRQOL where (r=0.744, *p*<0.05). The results also show a strong positive correlation between EI and HRQOL (r=0.878, *p*<0.05).

Table 4.5

Table showing the comparison between male and female participants

Measures	Males		Females					
	M	*SD*	*M*	*SD*	*df*	*t*	*p*	Cohen's *d*
HQ	18.640	5.271	18.570	4.880	198	.097	.922	0.01
SE	31.230	6.835	32.560	8.801	198	-1.193	.234	0.16
EI	1.242	28.798	1.267	27.698	198	-.643	.521	0.09
QOL	99.780	20.959	1.010	24.493	198	-.394	.694	0.05

*Note: *P>0.05*

Independent sample t- test was applied to compare mean scores of female participants with that of male participants on HRQOL, SE, EI and HQ. The table highlights a slight difference between the HRQOL of male and female participants. Mean and standard deviation of Humor for male participants are (*M*=18.64, *SD*=5.721) while for female participants are: (*M*=18.570, *SD*=4.880), *p>0.05.* This shows that males scored a bit higher on Humor than female participants. SE scores of females are higher than male participants but with a slight difference. The female participants' scores are (*M*=32.560, *SD*= 8.801), while male participants' are (*M*=31.230, *SD*=6.835), *p*>0.05. According to this study female respondents are better at EI than male respondents. Scores of females respondents are, (*M*=1.267, *SD*=27.698) and for male respondents are (*M*=1.242, *SD*= 28.798), *p*>0.05 whichprovides a reportable gender difference in mean scores of both categories. Results of HRQOL reveal that female participants' HRQOL is better than male participants' HRQOL i.e. (*M*=1.010, *SD*=24.493) and (*M*=99.780, *SD*= 20.959), *p*>0.05 respectively which surprisingly rejects the hypothesis.

Conclusion

Some teachers are more happy and satisfied with their life and enjoy better QOL than fellow teachers. This study was established to see those distinguishing factors that enhance teacher's HRQOL. In this study the impact of Humor, Self-Efficacy, and Emotional Intelligence on teacher's HRQOL was predicted and relationship among the above mentioned variables was explored.

The results of the study show that Humor, Self-Efficacy, and Emotional Intelligence significantly predict HRQOL ofUniversity Teachers. From the results, it can also be concluded that a strong positive correlation exists between the variables mentioned. The comparison of male and female teachers on Humor, Self-efficacy and Emotional Intelligence are also acquired which show that male participants possess to have better Sense of Humor than female participants. On SE and EI, female University Teachers scored higher than male university teachers. As far as HRQOL is concerned, female teachers performed better on Health related Quality of Life than male university teachers.

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