

Health-related Quality of Life among the Clinical Instructors

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Date Submitted: January 11, 2011

Date Final Revision Accepted: August 9, 2012

Abstract

The purpose of this study was to quantitatively explore clinical instructors' (CIs) perceptions of their health conditions and lifestyles using a brief measure of quality of life recently developed by the World Health Organization, the WHOQOL-BREF Australian version (May 2000), and to significantly predict Quality of Life (QOL) in terms of physical health, reproductive health, psychological, level of independence, social relations and environment and the socio-demographic profile of the CIs. The questionnaire (WHOQOL)-BRIEF, has been adapted but only questions related to the indicators of the study have been selected. Stepwise regression models were developed to examine the relationships between the socio-economic variables and the five domains of health-related QOL. Sixty four Clinical Instructors completed the study. Three of the five domains of the WHOQOL-BRIEF (Physical, Psychological and Environment domains) demonstrated a significant difference with age, civil status and salary. Quality of life scores were strongly correlated with salary received by the respondents as it significantly predict the four QOL domains; psychological, level of independence, social relations and environment. The WHOQOL-BRIEF was successfully administered to the Clinical Instructors although one of its domains (physical) was not a determinant of salary. Quality of life scores were strongly correlated with salaries received by respondents, raising the issue of economic aspect for health related quality of life. The results have showed that the perceived relevance and relative importance of the determinants of QOL can greatly affect a healthy lifestyle and a holistic service to students under their care.

Keywords: *Clinical Instructors, health related QOL, determinants*

QOL (Quality of Life), as a notion, is not novel to the latter half of the twentieth century. Rather, written concepts of "living well" and "good life" date back at least to the philosopher Aristotle (384 – 322 BC) (Aristotle, 1955). Although

current literature assigns the use of the term “*quality of life*” to the post-war period, a search in the electronic database reveals that the first use of *quality* and *life* dated back to 1889 by James Seth. In his article “The Evolution of Morality,” Seth (1889) talks about quality of life as a moral end to which mankind can aspire. In his words, he said: “we must not regard the mere quantity, but also the quality of “life” which forms the moral end.” Although the term has already been used in the 19th century, it was only popularized in the second half of the twentieth century. Quality of life was first used to refer to individuals’ education, personal freedom, enjoyment, and welfare (Farquhar, 1995). Then, farther on, the sense of the term has expanded to include measuring subjective indicators (i.e. the individuals’ sense of wellbeing, self-perceptions of their health and happiness) and not just the objective indicators (i.e. income, divorce rate, number of cars per household). Health systems worldwide are increasingly challenged, being faced with a growing range of health needs and financial constraints that limit services’ potential to strengthen health sector infrastructures and workforces. Although global nursing workforce crisis is no longer a problem; however a critical view on unhealthy work environments is still at stake since it becomes a factor to weaken performances or a cause that alienates nurses and drives them away from specific work settings or from the nursing profession itself. Positive practice environments are the target norm. These types of environments affect not only nurses but other health care workers and support excellence in services, ultimately improving patient outcomes. Evidence indicates that one third of newly qualified nurses in the United Kingdom do not register, and negative experiences in the workplace or clinical placements seem to turn these new graduates away from the profession. Accordingly, nurses who are stressed because of heavy workloads, friction with colleagues, inappropriate tasks, insufficient skills and knowledge, poor management or unsafe working conditions are challenged to provide the highest standards of care.

In general, not much research has been conducted of the Clinical Instructors of the different nursing schools in the Philippines. The study aimed to investigate

Clinical Instructors' health related quality of life at Brokenshire College. It specifically sought to answer the following research questions:

1. What is the profile of the respondents in terms of:
 - 1.1 age
 - 1.2 sex
 - 1.3 civil status
 - 1.4 highest educational attainment
 - 1.5 duty shifts
 - 1.6 average salary per month
 - 1.7 load per week
 - 1.8 rate per hour
 - 1.9 trainings attended
2. Which among the factors has the highest ratings of the health related quality of life of the respondents?
 - 2.1. Physical Health
 - 2.1a. Energy and fatigue
 - 2.1b. Pain and discomfort
 - 2.1c. Sleep and rest
 - 2.2. Psychological
 - 2.2a. Bodily image and appearance
 - 2.2b. Negative feelings
 - 2.2c. Positive feelings
 - 2.2d. Self-esteem
 - 2.2e. Thinking, learning, memory and concentration
 - 2.3 Level of Independence
 - 2.3a. Mobility
 - 2.3b. Activities of daily living
 - 2.3c. Dependence on medicinal substances and medical aids
 - 2.3d. Work capacity
 - 2.4. Social Relations

- 2.4a. Personal relationships
- 2.4b. Social support
- 2.4c. Sexual activity
- 2.5. Environment
 - 2.5a. Financial resources
 - 2.5b. Freedom, physical safety and security
 - 2.5c. Health and social care: accessibility and quality
 - 2.5d. Home environment
 - 2.5e. Opportunities for acquiring new information and skills
 - 2.5f. Participation and opportunities for recreation/leisure
 - 2.5g. Physical environment (pollution/noise/traffic/climate)
 - 2.5h. Transport
- 3. Do the factors of quality of life of the respondents significantly differ when grouped according to their profile?

The present investigation regarding quality of life for the Clinical Instructors was more expansive in scope. The results of the study would enrich the extant literature on the topic and could guide policy decisions concerning human resource development in Brokenshire College and in different nursing educational institutions.

The phrase “quality of life” is used in many different ways, and one of the major issues that face this area of work is how the term should be defined and conceptualized. One of the key distinctions that have been made is that between health related and non-health-related quality of life (Power, 2003). The starting point for number of health-related definitions has been the well known WHO (1948) definition of health as “a state of complex physical, mental and social wellbeing and not merely the absence of disease or infirmity”.

Health-related Quality of Life among the Clinical Instructors

The term "quality of life" is now widely used in the health indicator and health outcome literature. The approach to the measurement of the quality of life derives from the position that there are a number of domains of living.

Each domain contributes to one's overall assessment of the quality of life. The domains include family and friends, work, neighborhood (shelter), community, health, education, and spiritual.

The integrative review confirmed that Clinical Instructors health will be under the influence of their working, living conditions. It can hold sway over the HRQOL among Clinical Instructors because health is constituent of overall QOL/sense of well-being

This study, anchored on the general systems framework developed by King (1971), will look into the QOL of the clinical instructors of Brokenshire College. The irregularity of their time framework (having variable shifts); the constant interaction with students in three settings – the classroom, the hospital, and the community; and the interaction with their family make them the likely prospect to cover different aspects to substantiate QOL as significantly related to or not to a person's output.

The study determined the highest rating among the health-related quality of life factors of the respondents which are the full time Clinical Instructors of Brokenshire College during the school year 2008-2009.

Ethical Considerations

The protection of the individual is of greatest importance and forms the basis of considerations in research. The three basic ethical principles and their corresponding applications are: informed consent, risk/benefit assessment, and the selection of subjects of research. Being aware of these ethical conditions, the researchers will observe with utmost care the preservation of the individual's information bearing in mind the concepts of respect for the person, beneficence, and

justice. Furthermore, the questionnaires will be safely kept in the safe as the property of Brokenshire College.

Method

This is a descriptive-comparative evaluation and trend analysis study designed to assess and compare the profile of the selected Clinical Instructors with the five domains of health-related quality of life factors as regards research –related variables from an input-process-output perspective. Data were gathered through triangulation (survey questionnaires, interviews, school records and documents, on-site observations). A total of sixty-four (64) of the Clinical Instructors with full-time status were the respondents of the study. The quality of life among the Clinical Instructors of Brokenshire College is a new concept, which has been barely investigated. Nevertheless, evaluation of health condition and lifestyle – two of the most important elements of human quality of life – are really important on different levels including the occupational level.

Questionnaire WHOQOL-BRIEF Australian version (May 2000), has been adapted but only questions related to the indicators of the study have been selected. The current approach to scoring the WHOQOL-BRIEF domains has been merged and five major domains are assessed: physical, psychological, level of independence, social relationships, and environment. The set has fifty one (51) items, with the first five items asking for the demographic profile of the respondents and the forty six (46) items asking for the type of health related quality of life questions with response scale.

Result and Discussion

The male respondents of the study compose of 27% and 73% are female respondents. The number of Clinical Instructors (CIs) who are female is greater than the Male CIs. It means that majority of the Clinical Instructors are women as

expected of the nursing profession. This means that female individuals are more attracted with the Nursing job than male individuals. This implies that the nature of the nursing job is suited to the interest of the most female individuals. The result on the sex profile is consistent to what Barrow (1996) said that female individuals are more interested on the nursing job than those male individuals. However lately, there has been an increase in males taking up nursing as evidenced by their broader and acceptable outlook of the profession.

There are 75% married respondents, 23% single and only 2% separated. Data analysis shows that majority of the Clinical Instructors of Brokenshire College are married. This implies that the respondents have a better understanding that marriage requires sufficient financial stability and this finding is supported by Schute (1998) that civil status is determined by some factors like age, priorities and nature of the job.

The highest educational attainment of the respondents are classified by Bachelor, Master and Doctorate Degrees. It can be seen that 51% are Bachelor' degree, 47% Master degree and 2% Doctorate degree holders. This shows that these respondents are more concerned about their profession and are responsible to finish higher educational attainment. It implies that the higher the degree the higher the rate per hour and that is one factor that determines their potentials in the world of work. The finding of the study is related to what Sternberg (1996) said, that work experience enhances one's knowledge and skills. Part of the conceptualized QOL includes the enjoyment a person feels in relation to important possibilities in his or her life. Educational attainment could be part of those possibilities since it can be classified under the possession or achievement, one of the factors for enjoyment (Centre for Health Promotion, Community Quality of Life Projects, 2000).

70% of the respondents are assigned in the 7am-3pm duty shifts, and only 12% in 3pm-11pm duty shifts and 10% in the 11pm-7am duty shifts. Some of the

respondents are classroom Clinical Instructors comprising the 8% of the 8am -5pm duty shifts. It further presents that majority of the respondents have daytime duties

The data on average salary ranges shows that the majority (51.6%) of the respondents' average salary ranges between PhP10,000-20,000 of which 35.9% belongs to PhP21,000-30,000 salary range 9.4% of the respondents are within PhP 31,000-40,000 and only two or 3.1% within the highest salary range of PhP41,000-50,000. Data imply that majority of the respondents' average monthly income are above the poverty line of P15,700.

The data shows that 15 (23.4%) of the respondents given loads are 24 hours per week, of which is followed by 14 (21.9%) are given 48 hours per week It means that the greatest plurality of the Clinical Instructors are overloaded because most of them have loads beyond 18 hours per week, the regular load for a Clinical Instructor per week.

Majority 33 (51.6%) of the respondents' rate per hour is PhP 250 per hour, since the rate per hour is parallel of the educational attainment of the respondents, it also indicates that majority of the Clinical Instructors are masters degree holder. The finding of the study is consistent to the theory of Herzberg (1969) that the environment-related factors of hygiene and the work itself or motivators, the higher the educational attainment, the higher is the rate per hour affect the career choice of the individuals.

There is less training that has been availed by the CIs of which 28 (43.8%) have no trainings for one semester, and the greatest plurality 13 (20.3%) got one training only. Data analysis reveals that the CIs are not frequently exposed to nurse trainings and this implies that the respondents do not receive quality pre-service trainings related to the job of clinical Instructors. The finding does not conform to Rosentbal's principle (1990) that said; exposure is a part of significant training that

provides individuals with better opportunities in improving their knowledge and skills.

The results of the study show that the Clinical Instructors rate the amount of energy necessary for everyday life as mostly and rated slightly tired, and slightly worried with pain and sleep problems.. Result shows that younger Clinical Instructors describe their physical energy as unflagging and evaluate their degree of inclination to get tired as slight and moderate.

The findings conform to the Press release (2007) of a study entitled "*Subjective Rating of Perceived Back Pain, Stiffness and Sleep Quality Following Introduction of Medium-Firm Bedding Systems.*" indicates that companies would be more productive and offices would be happier places if employees got more of the sleep they need. "Anyone looking to improve their daily work performance could benefit by improving the quality of their sleep."

The health and well-being of a person can decide what the quality of their life will be. As a healthier person is going to be more pleased with their life than an ill person. (Barclay, 2000). WHO's European Chapter on Environment and Health reported that 'good health and wellbeing require a clean and harmonious environment in which physical, psychological, social and aesthetic factors are all given their due importance'(Power, 2003).

Bodily appearance at the most basic level can be applied to a physical body – height, weight, body structure, color of skin, eyes, hair, and so forth.. Result shows that the CIs' mostly accept their bodily appearance; hence, the condition of acceptance of their bodily appearance will determine the outcome of their experience as Clinical Instructors.

Respondents realize that life does not just about existence but absolutely be about living to the fullest by responding that life is completely meaningful. Quality of

life to them is something that they experience support from friends, pursue and maintain at all costs with a moderately fulfilled sexual needs.

The respondents have the ability to do things they wish to do like the quality of their home meet their needs to a great extent. Perhaps, the result could inform about happiness – a character identified by Barclay (2000) as a huge factor in the quality of a person's life. When a person is happy with his/her life, majority of the other factors prove not nearly as important. If a person is happy, he/she might not care as much about the other factors affecting his/her quality of life. Since majority of the respondents are in the middle adulthood stage, the findings conformed to Laumann, Paik, and Rosen, authors of [Sexual Dysfunction in the United States: Prevalence and Predictors](#), that satisfaction with sexual life, attitudes about sexuality, and self-rated sexual performance vary by age, gender, and partnership status. Sexual well-being has important implications for health

The respondents are completely comfortable and they like very much in the place where they live though they are just able to relax and enjoy their free time moderately. Relaxing enhances the quality of life and is home therapy anyone can afford. With this result, it does not conform with David Kundtz's article "[Easy Relaxation Techniques to Practise at Home: Relaxing for Quality Time, Visualization and Fives Senses](#)" relaxation is easy to practice at home, the perfect tool to deal with stress while raising awareness to discover the inner self. No matter how busy you are, 'spend relaxing time today to give life to your true self.'

Although literature articles and studies discuss different categories of people that are affected by stress, smoking, alcohol and other risk factors, Clinical Instructors belong to one of the few categories of people that are not so much investigated. In the five domains of the quality of life by physical health, psychological, level of independence, personal relationships and environment, there are significant differences in the psychological and environment domains by age and civil status.

Furthermore, the result above shows that psychological condition of respondents differs with the type of civil status they have, a deduction strengthened by the study of Brandt, et al (1994), on the analysis of mortality among Danish merchant seamen. The study showed that the overall mortality was strongly dependent on age and marital status. The highest mortality ratios were found among young seamen and unmarried seamen.

There is a significant difference in the physical health domain with the average salary they received per month. Those belong to the lower salary bracket have experienced to a great extent to be tired and worried of their physical health. Those respondents with higher average salary rate the healthiness of their physical environment to a great extent and those with lower average salary say that their physical environment is slightly healthy. And it can be deduced that tiredness experienced by respondents are not the same with the range of salary they received

It was found that the evaluation among respondents of whatever average salary they have accept their bodily appearance completely, but those who belongs to the higher salary bracket tends to enjoy their life very much;

Those receiving a higher salary are very completely comfortable and like very much of the place where they live as compared to those who receive less.

Conclusion

The quantitative studies investigated Clinical Instructors' socio-demographic profile as variables compared to the five domains of health related quality of life.

It implies that acceptance of the respondents bodily appearance differs with age and psychological condition of respondents differs with the type of civil status they have

Those belong to the lower salary bracket have experienced to a great extent to be tired and worried of their physical health. And it can be deduced that tiredness experienced by respondents are not the same with the range of salary they received.

The empirical study shows that the age and salary can significantly affect the psychological aspect, and also salary can significantly affect the level of independence, social relations and environment domains of the QOL among Clinical Instructors.

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