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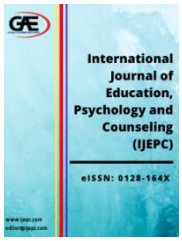

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HEALTH-RELATED QUALITY OF LIFE (HRQoL) OF ACADEMICIANS IN PUBLIC UNIVERSITIES, MALAYSIA

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Abstract:

This empirical paper presents findings from a study concerning the Health-Related Quality of Life (HRQoL) of academicians in Malaysian publicly-funded universities. The main objective of the study was to compare the Health-Related Quality of Life (HRQoL) of the academicians in the selected public universities with the key indicators of the overall and the eight health domains of general Malaysian population norms. A structured e-mail survey was created that includes a link to the validated Short Form 36 (SF-36) items. An e-mail was sent to all respondents of nine randomly selected public universities using registered organisational e-mail to collect the data. Descriptive analysis was used to analyse the data. The percentage of responses was 34.55% and 1235 data were deemed to be usable. The ratio of men to women was 1:1.42. The overall mean score of the Health-Related Quality of Life (HRQoL) in the study was juxtaposed with the overall mean score of the recommended Malaysian general population norms of 65.0. The accumulated score was 50.60, which is lower than the recommended value. All mean scores of the eight-health domain were also lower than recommended mean scores of the general Malaysian population for each health domain. Moreover, gender analysis indicated that male academicians had higher Health-Related Quality of Life (HRQoL) for all the health domains except for Role-Physical (RP) and Social Functioning (SF). Given the lower Health-Related Quality of Life (HRQoL) among academicians than the general population, fair attention should be given by the government and policy-makers to the state of their health, physically and mentally, to ensure continuous improvements in education.

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Academicians, Health-Related Quality Of Life (HRQoL), Quality Of Life (QoL), Short Form 36 (SF-36)

Introduction

Problem Statement

Both public and private universities have been significantly affected by the changing economic and social conditions in Malaysia. Continuous changes to the education system paired with increase workloads might affect the well-being of the crucial asset to universities, academicians (Nor Azilah, 2018). Academicians are suffering from greater occupational stress and pressure that may not only affect their health physically and mentally but impact the delivery of knowledge to students as well. It is consequently necessary to improve the wellbeing of academicians so that they are capable of performing consistently in the system.

Universities hold multiple responsibilities in their role as tertiary educational centres. They are relied upon to churn out excellent graduates who are credible, skilled, and represent the workforce of the new generation. This has resulted in academicians who act as academic advisors, facilitators, consultants, supervisors, etc., on top of their natural duties as lecturers.

The academician's workload has increased substantively as a result. At the same time, academicians need to assert themselves by being more proactively involved in endeavors to advance the standing of their institutions. The focus nowadays is no longer teaching-oriented but has been shifted to research-oriented to produce more studies of high quality on behalf of their institutions (Toker, 2012). This phenomenon is going to affect the Health-Related Quality of Life (HRQoL) for academicians. Life as an academician in university is so stressful. Paired with the increasing cost of living in Malaysia, it is believed that the HRQoL of academicians has been profoundly affected (Naslina, et al., 2012). Given the important role played by academicians in society, it is essential to evaluate their HRQoL to find avenues for improvement.

There have been many studies conducted in Malaysia to evaluate the HRQoL status of its academicians (Naslina, et al., 2012) as well as non-academicians (Azmin, et al., 2013; Arimi Fitri, et al., 2015; Mona Mohamed, 2014; Huda & Muhammad Hanafiah, 2015; Wan Puteh, et al., 2019). Naslina, et al. (2012) in their study found that the mean scores for all eight health domains of HRQoL of the respondents are lower than the mean score of the recommended general Malaysian population norms. Sharifa Ezat, et al.(2019) and Thant, et al. (2015) also found a lower score of HRQoL among their respondents of the study. Today, HRQoL has increasingly been acknowledged as a valuable instrument to provide insights into people's functioning and wellbeing (Ismail & Mohamed, 2011; Huda & Muhammad Hanafiah, 2015). HRQoL can be treated as a person's contentment with life or how happy he or she is, and has an effect on health conditions (Azman, et al., 2003). It explains the functions and a person's well-being in three aspects of physical, mental, and social (Farivar, et al., 2007).

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HRQoL can be defined as a multifaceted construct that encompasses gauges of functional ability, psychological state, social function, and individual perception of his or her health as reported by the individual (Centers for Disease Control and Prevention, 2011; Beck, 2012). It frequently assesses two categories of measures: physical component summaries and mental component summaries (Dennis, et al., 2014).

This empirical research was carried out to measure the HRQoL of academicians in Malaysian public universities and to compare the score with the general norms of the Malaysian population.

Method

Study Design

The study is a cross-sectional study. The main aims of this research paper are the measurement of HRQoL among academicians in selected public universities, Malaysia and to compare the score with the cut-off point of Malaysian general population norms (Azman et al., 2003; Paro, et al., 2010; Huda & Muhammad Hanafiah, 2015). The need for this work stems from the recommendations made by Naslina et al. (2012), who recommended further research to investigate HRQoL among academicians in Malaysia on a large scale. This type of research design provides the opportunity to obtain the overall picture of the issue at the time the study was conducted.

Population and Sample

The study's target population is eighteen government-funded Malaysian universities. Nine public universities were randomly selected using random number generator software from the list of public universities by the Ministry of Education, Malaysia. A standardised web-based survey that consisted of SF-36 items was created and e-mailed to all academicians through their organisational e-mail addresses (census sampling).

The e-mail invited respondents to join the research by providing the background and details of the study's scope, a consent statement and a link to the survey. Academicians who provided their consent to answer the survey were assumed to voluntarily participate in the study. To ensure an adequate number of respondents were recruited, an email was sent as a reminder to all the academicians a month before the data collection period ended. Survey submissions and responses were kept confidential and anonymous.

Research Instrument

The HRQoL of the academicians were evaluated using a self-administered questionnaire known as the 36-Item Short-Form Health (SF-36) survey. The SF-36 survey was standardised initially in 1990 as a self-report measure and is one of the most extensively used instruments worldwide. The survey has been indicated as reliable, valid and responsive for multiple types of populations and fields18. It can be applied to either general or specific population surveys (Brazier, et al., 1992). The survey consists of 36 medical outcome questions. Sararaks et al. (2005) in their study tested the instrument to see if it was reliable and valid for the Malaysian population. The Cronbach's alpha value for all HRQoL scales exceeded the recommended 0.70 level, which is generally acceptable internal consistency and validity.

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There are eight domains of health concepts aggregated into two clusters (physical health and mental health) in the SF-36. Physical Functioning (PF) (10 items), Role-Physical (RP) (4 items), Bodily Pain (BP) (2 items), and General Health (GH) (5 items) were the four domains measuring physical health. Another four domains, Vitality (VT) (4 items), Social Functioning (SF) (2 items), Role-Emotional (RE) (3 items), and Mental Health (MH) (5 items) were for measuring mental health (Azman, et al., 2003; Ware, 2000). However, one self-assessment question of comparing the respondents' general health with the previous year was excluded from being measured due to an inconsistent and non-comparable duration with the others as the other questions were comparing the respondents' general health within the previous two weeks period. The summary of items and concepts of HRQoL measured in the study is illustrated in Table 1.

Statistical Analysis

The IBM Statistical Package for the Social Sciences (SPSS) version 25.0 software was utilised to perform the descriptive analysis. The HRQoL mean scores of the general Malaysian population norms were applied to compare with the mean scores of the study's respondents. The cut-off points of the overall HRQoL mean score were 65.0 while the mean scores for the eight health domains of the general Malaysian population norms were as presented in Table 3 (Azman, et al., 2003; Paro, et al., 2010; Huda & Muhammad Hanafiah, 2015).

Table 1. SF-36 Measurements

Scale	Number of Items	Summary Measures
Physical Functioning (PF)	10	Physical Health
Role Psychical (RP)	4	
Bodily Pain (BP)	2	
General Health (GH)	5	
Vitality (VT)	4	Mental Health
Social Functioning (SF)	2	
Role Emotional (RE)	3	
Mental Health (MH)	5	

Results

Recruitment

The data was collected from Mac until September 2020. A total of 3576 e-mails were sent. However, only 1235 responses were returned that led to a 34.55% response rate. All are used for further data analysis.

Respondents Demographic Profile

Table 2 is an illustration of the socio-demographic features of 1235 surveyed who completed the SF-36 e-mail-based survey. The majority of the respondents were females (58.62%) compared to males (41.38%). Out of the 1235 respondents, 76.28% were married, 15.46% were divorced or widowed, and 8.26% were still single. There were 44.37% of respondents aged between 30 to 39 years old and none of them was aged 70 years old or above. The majority of the respondents were permanent or full-time academicians (96.11%), while the remaining 3.89% were temporary or contract academicians in public universities.

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Table 2. Demographic Characteristics

Socio-demographic Characteristics	N	%
Gender		
Male	511	41.38
Female	724	58.62
Marital Status		
Single	102	8.26
Married	942	76.28
Divorced/Widowed	191	15.46
Age (years)		
18-29	246	19.92
30-39	548	44.37
40-49	346	28.02
50-59	93	7.53
60-69	2	0.16
>70	-	0
Servicing Status		
Temporary/Contract	48	3.89
Permanent/Full time	1187	96.11

Health-Related Quality of Life (HRQoL) of Respondents

Table 3 displays the mean scores of HRQoL of the academicians in randomly selected public universities in comparison with the general Malaysian population norms taken from Azman et al. (2003). As mentioned earlier, the norms for the Malaysian general population were used as the primary benchmark for comparison. The finding indicated that the mean scores for all eight health domains of the academicians of selected public universities in the study were lower than the mean scores of the indicators in the present study.

The overall score of HRQoL of the respondents was 50.60 units, below the recommended score of overall Malaysian general population norms, 65.0. The lower scores can be interpreted as respondents are experiencing an insufficient quality of life. Moreover, this study also indicates that female academicians experienced lower HRQoL scores as compared to the male academicians and general Malaysian population for most of the health domains. Female academicians had lower HRQoL scores for six out of eight health domains; PF, BP, GH, VT, RE and MH, compared to male academicians.

Table 3. Mean Scores of Health-Related Quality of Life (HRQoL) in Comparison with General Malaysian Population Norms

Health Domain	Mean	
	Selected Public Universities	Malaysian General Population Norms
PF	51.67	85.98
Male	52.01	87.38
Female	51.50	84.52
RP	42.58	82.03
Male	39.25	82.48

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	Female	45.96	81.47
BP		46.12	69.96
	Male	50.76	70.91
	Female	41.51	68.96
GH		31.25	66.74
	Male	32.10	67.39
	Female	30.87	66.03
VT		48.26	66.79
	Male	49.01	68.46
	Female	47.96	65.10
SF		72.28	83.73
	Male	71.15	84.48
	Female	73.45	82.94
RE		49.48	79.23
	Male	56.24	81.37
	Female	42.81	76.92
MH		63.14	74.66
	Male	68.83	78.99
	Female	57.51	73.30

Discussion

The evidence suggests that SF-36 is a well-established instrument for gauging the changes in the health of the population (Hemingway, et al., 1997). The purpose of this study was to determine the HRQoL of academicians in the public universities in Malaysia. The mean scores are presented in this paper to enable a comparison between the respondents of the study with the average and recommended scores of the Malaysian general population.

Overall, this empirical study reflected poorer HRQoL among the academicians in public universities in Malaysia. The mean scores of the academicians were lower than the mean scores of the Malaysian general population for all health domains as well as the overall score of the Malaysian general population. These findings are consistent with Naslina, et al. (2012). Overall, this empirical study reflected poorer HRQoL among the academicians in public universities in Malaysia. The mean scores of the academicians were lower than the mean scores of the Malaysian general population for all health domains as well as the overall score of the Malaysian general population. These findings are consistent with Naslina, et al. (2012). Overall, this empirical study reflected poorer HRQoL among the academicians in public universities in Malaysia. The mean scores of the academicians were lower than the mean scores of the Malaysian general population for all health domains as well as the overall score of the Malaysian general population. These findings are consistent with Naslina, et al. (2012).

The highest sub-score was related to social functioning (SF) (Wang, et al., 2011; Ge, et al., 2011) while the lowest sub-score was related to General Health (GH). The result of the study shows significant gender variations exist in the study population, with male academicians' scores higher than female academicians for all health domains except for RP and SF.

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Conclusion

Given a lower HRQoL among academicians than the general population norms, adequate coping strategies should be undertaken, especially, in term of social support. Also, this present study calls for intervention by the government as the regulator and policymaker to formulate strategies that could assist these academicians in handling the strains and pressures of their work. In so doing, their health both physically and mentally can be improved for the benefit of education in the future.

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