

Quality of Life and Mental Health among High School Teachers

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Abstract

The primary aim of the present research was to study the quality of life and mental health among high school teachers. Furthermore, the study was conducted to explore the relationship between quality of life and mental health among high school teachers. Also, find out the difference between males and females regarding quality of life and mental health. For this purpose, a sample comprising 60 high school teachers was selected randomly from Kolhapur city, Maharashtra. The results indicated there were significant differences between males and females regarding quality of life and mental health. Furthermore, the results show that there was a significant relationship between the quality of life and mental health of high school teachers.

Keywords: Quality of life, mental health, High School Teachers

Article History: Submitted: 12th August, 2022, Revised: 22nd August, 2022, Accepted: 03rd September, 2022,
Published: 30th September, 2022.

I. INTRODUCTION

The concept of quality of life is widely and increasingly used as an important outcome measure in the evaluation of mental health interventions (Fayers, P. M., & Machin, D., 2015). Also in the mental health field, it is recognized that while symptom reduction is a desirable treatment outcome, it is also important to assess how recovery translates to the daily life of an individual and their quality of life (Shepherd, G. et al., 2014). Although a consensual definition is lacking, there is general agreement that quality of life is a subjective and multidimensional construct that captures an individual's life satisfaction and overall well-being (Basu, D., 2004). In order to accommodate the growing interest in measuring and monitoring the impact of mental health care on people's lives, mental healthcare providers in, for example, the Netherlands and the United Kingdom, increasingly include quality of life measures in their routine outcome measurement alongside more clinical oriented measures (Delespaul, P. A., 2015). In India, there are no such facilities available.

Quality of life, which has gained prominence in social research studies since the 1970s, is a broad concept concerned with overall well-being within society. Its aim is to enable people to achieve their goals and choose their ideal lifestyle as far as possible. In that sense, the quality-of-life concept goes beyond the living conditions approach, which tends to focus on the material resources available to individuals. Three major characteristics are associated with the quality-of-life concept (Fahey, Nolan, and Whelan, 2003):

"Quality of life" refers to an individual's life situation. The concept requires a micro perspective, where the conditions and perceptions of individuals play a key role. Macroscopic features relating to the economic and social situation of a society are important for putting the findings at an individual level into their proper context, but they do not take center stage.

Quality of life is a multi-dimensional concept. As noted above, the notion of quality and the consideration of several areas of life broaden the narrower focus on income and material conditions that prevails in other approaches. Multi-dimensionality not only requires the description of several life domains but also emphasizes the interplay between domains as this contributes to the quality of life.

Quality of life is measured by objective as well as subjective indicators. Subjective and attitudinal perceptions are relevant in identifying individual goals and orientations. Individual perceptions and evaluations are most valuable when these subjective evaluations are linked to objective living conditions. Applying both ways of measuring quality of life give a more complete picture.

The term "quality of life" refers to the description and evaluation of the nature or conditions of life of people in a certain country or region. Exogenous factors affecting an individual or a social group include forces such as production technology, infrastructure, relationships with other groups or countries, societal institutions, and the natural environment, as well as endogenous factors such as interaction within society and societal values.

WHO defines quality of life as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns." It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs, and relationship to salient features of their environment.

This definition reflects the view that quality of life refers to a subjective evaluation which is embedded in a cultural, social, and environmental context. Because this definition of quality of life focuses upon respondents' "perceived" quality of life,

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it is not expected to provide a means of measuring in any detailed fashion symptoms, diseases, or conditions, but rather the effects of disease and health interventions on quality of life. As such, quality of life cannot be equated simply with the terms "health status", "lifestyle", "life satisfaction", "mental state" or "well-being".

II. QUALITY OF LIFE INDICATORS

The United Nations' Universal Declaration of Human Rights, adopted in 1948, provides an excellent list of factors that can be considered in evaluating the quality of life. It includes many things that citizens of the United States and other developed countries take for granted but that are not available in a significant number of countries around the world. Although this declaration is 60 years old, it still represents an ideal to be achieved rather than a baseline situation. Factors that may be used to measure quality of life include the following:

Freedom from slavery and torture; equal protection of the law; freedom from discrimination; freedom of movement; freedom of residence within one's presumption of innocence unless proven guilty; right to marry; right to have a family; right to privacy; freedom of thought; freedom of religion; free choice of employment; right to fair pay; equal pay for equal work; right to vote; right to rest and leisure; right to education; right to human dignity; right to be treated equally without regard to gender, race, language, religion, political beliefs; nationality, socioeconomic status and more.

III. MENTAL HEALTH

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". It was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined as the psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment. In addition to being defined as Mental health is more than just the absence of mental illness. It includes how you feel about yourself and how you adjust to life events.

However, the National Mental Health Association cites characteristics of people who are mentally healthy. They feel good about themselves. They do not become overwhelmed by emotions such as fear, anger, love, jealousy, guilt, or anxiety. They have lasting and satisfying personal relationships. They feel comfortable with other people. They can laugh at themselves and with others. They have respect for themselves and for others, even if there are differences. They can accept life's disappointments. They can meet life's demands and handle their problems when they arise. They make their own decisions. They shape their environment whenever possible and adjust to it when necessary.

IV. NEED AND SIGNIFICANCE OF THE STUDY

Mental health is not just the absence of mental disorders. It is defined as a state of well-being in which individuals realize their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a positive contribution to their community. Mental health refers to a broad array of activities directly or indirectly related to mental well-being. Mental health is also related to the promotion of mental well-being, prevention of mental disorders, and treatment and rehabilitation of people affected by mental disorders. The aims and objectives have been formulated to study the correlation between quality of life and mental health and the difference among high school teachers.

V. AIM OF THE STUDY

"To study the Quality of life and mental health among High school teachers"

VI. OBJECTIVES OF THE STUDY

1. To measure the Quality of life and mental health among High School Teachers.
2. To study the difference between High School male and female Teachers regarding Quality of life.
3. To study the difference between High School male and female Teachers regarding mental health
4. To study the relationship between good mental health and Quality of life among High School Teachers.
5. To study the relationship between poor mental health and Quality of life among High School Teachers.

VII. RESEARCH HYPOTHESES

1. There is a significant difference between High School male and female Teachers regarding Quality of life.
2. There is a significant difference between High School male and female Teachers regarding mental health
3. There is a positive relationship between good mental health and Quality of life among High School Teachers.
4. There is a negative relationship between poor mental health and Quality of life among High School Teachers.

VIII. RESEARCH METHODOLOGY

Sample:

A sample comprising of 60 high school male and female high school teachers was randomly selected from various high schools in Kolhapur city. A sample of 60 having a male-female ratio of 1:1 was taken for this study. For correlation purposes, there are 27 high school teachers who are included in the good mental health category and 33 who are included in the poor mental health category. Their age range was 25 to 50 years.

Variables:

Independent Variable: Male-female High School Teachers

Dependent variable: Quality of life and Mental health

Tools:

1. Quality of life scale was developed by WHO (1998). There are twenty-six statements given in this inventory, and five possible responses are given with each statement. Respondents think about their lives in the last four weeks to choose options for test items. The reliability of this inventory with the split-half method is 0.81, and the test re-test method is 0.76, and the validity of this inventory is found to be sound.
2. Mithila Mental Health Status Inventory (MMHSI): Developed by Anand Kumar and Giridhar Thakur. There are fifty statements given in this inventory, and five alternatives are given with each statement. Egocentrism, alienation, expression, emotional instability, and social non-conformity are the factors of this inventory. The reliability of this inventory with the split-half method is ranged from 0.71 to 0.86, and the test re-test method is ranged from 0.68 to 0.95, and the validity of this inventory is found to be sound.

Statistical analysis:

Appropriate statistical techniques such as means, standard deviation, Carl Pearson's correlation, t test and Cohen's d are used for the analysis of collected data.

Result and Discussion:

Table No. 1 showing Number of samples, mean, standard deviation, degrees of freedom, t value, Cohen's d and significant level for the factor of Quality of life

Factors	N	Mean	SD	df	t value	Significant	Cohen's d
Male	30	101	6.27	58	2.29	0.05	0.60
Female	30	105	7.12				

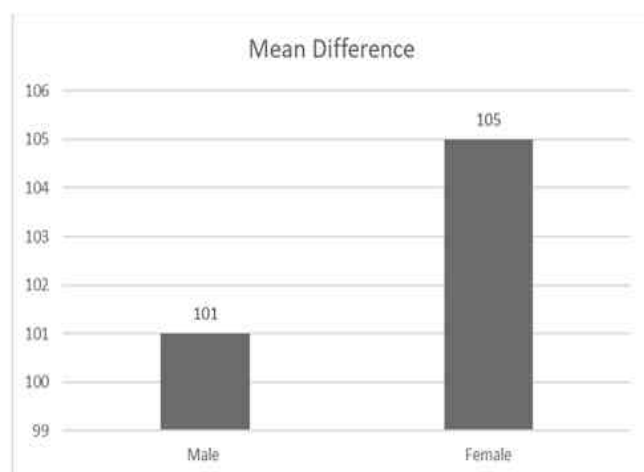


Figure No. 1 Shows the mean difference between male and female regarding their Quality of life

Table No. 2 showing Number of samples, mean, standard deviation, degrees of freedom, t value, Cohen's d and significant level for the factor of Mental health.

Factors	N	Mean	SD	df	t value	Significant	Cohen's d
Male	30	184	7.48	58	2.46	0.05	0.64
Female	30	179	8.10				

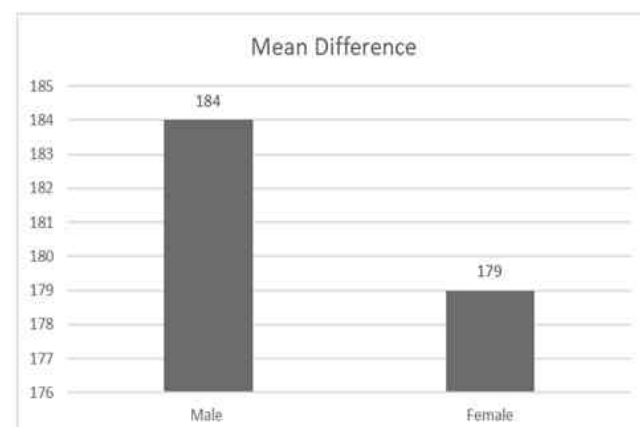


Figure No. 2 Shows the mean difference between male and female regarding their Mental health

Table No. 3 showing number of samples, degrees of freedom and Correlation of good and poor mental health with Quality of life

Factors	N	df	r	Significant level
Good mental health	27	25	0.62	0.01
Quality of life				
Poor mental health	33	31	-0.39	0.05
Quality of life				

IX. INTERPRETATION AND DISCUSSION

Table No. 1 shows that the total number of samples is 60 and the mean is 101, standard deviation is 6.27 for high school male teachers. The mean is 105 and the standard deviation is 7.12 for high school female teachers. With the help of the above calculations, a t value of 2.29 is drawn, and the degree of freedom for this sample is 58. The result of this table is that there is a significant difference between high school male and female teachers on the factor of quality. of life. There is a mean difference between high school male and female teachers, Figure 1 shows it as well. That means females have a better quality of life than males, and the effect size (Cohen's d) is also found to be medium in size.

Table No. 2 shows that the total number of samples is 60, and the calculated mean is 179, standard deviation is 8.10. The calculated mean is 184, standard deviation is 7.48 for high school male teachers. With the help of the above calculations, a t value is drawn that is 1.75 and the degree of freedom for this sample is 58. The result of this table is that there is a significant difference between high school male and female teachers on the factor of mental health. There is a mean difference between high school male and female teachers, Figure 2 shows it as well. That means females have a better quality of life than males, and the effect size (Cohen's d) is also found to be medium in size. There is a high score on mental health. It means lower mental health and vice versa.

Table No. 3 shows that the total number of samples is 27 for good mental health and their degrees of freedom are 25. A correlation of good mental health with quality of life is 0.62 and this correlation is significant at 0.01. For poor mental health, the total number of samples is 33, with 31 degrees of freedom. A correlation of poor mental health with quality of life is -0.39, and this correlation is significant at 0.05. Mental health characteristics are associated with the quality-of-life concept (Fahey, Nolan, and Whelan, 2003).

Based on above Result and Discussions the Conclusions are found out in this Research Paper are as given below.

X. CONCLUSIONS

1. There is a significant difference between male and female high school teachers regarding quality of life. The quality of life of female high school teachers is better than that of male high school teachers.
2. There is a significant difference between male and female high school teachers regarding mental health. The mental health of female high school teachers is better than that of male high school teachers.
3. There is a positive correlation between good mental health and quality of life among high school teachers.
4. There is a negative correlation between poor mental health and quality of life among high school teachers.

XI. RECOMMENDATIONS

Effective governance and delivery mechanisms for mental health; promotion of mental health awareness programs; prevention of mental illness; reduction of suicide and attempted suicide; universal access to mental health services; Improved availability of adequately trained mental health human resources to address the mental health needs of the community; Community participation for mental health and development and more research is needed in this area.

XII. REFERENCES

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