



## Quality of Life of a sample of Service Staff in Hospital in Tehran, Iran

### ARTICLE INFO

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### ABSTRACT

**Aims:** Service staff workers are important forces in hospitals. Hospitals are the best places to provide preventive and promoting health services. Due to the importance of Quality of Life (QOL) and the impact of Low Back Pain (LBP) on the QOL of this target group, this study was conducted to assess the QOL and behaviors related to low back health among service staff at Shariati Hospital, Tehran, Iran.

**Method and Instruments:** In this cross-sectional descriptive study, 30 service staff workers were selected through simple random sampling. To evaluate the QOL and behavioral variables of individual, a demographic questionnaire, and the Short-Form Health Survey (SF-36) were used. To analyze the data, descriptive statistics were used.

**Findings:** In all 30 subjects including 9 male (30%) and 21 female (70%) were studied. Of all participants, 10% (n=25) were single, and 83% (n= 25) were married. The results showed that service staff workers sometimes engage in back health-related behaviors. The mean scores of the dimensions of QOL were as follows: Physical Functioning 69.66 ±27.9, Role Physical 75 ±32.8, Bodily Pain 60.16 ±24.0, General Health 58.43 ±19.9, Vitality 61.66±19.4, Social Functioning 64.16 ±26.4, Role Emotional 73.33 ±35.4 and Mental Health 65.06 ±19.25.

**Conclusion:** Despite doing health-related behaviors and moderate QOL, designing proper educational interventions to improving the behaviors related to low back health and QOL is strongly recommended.

**Keywords:** Quality of Life, Behaviors related to Low Back Health, Service Staff workers, Hospital

### Introduction

Changes in disease patterns that have reduced the incidence of infectious diseases and increased life expectancy and chronic diseases have led to increased attention to health concepts and Quality of Life (QOL) over the past decades [1]. The core of the QOL is health, and since the phenomenon of QoL can not be fully considered in the health system, the concept of health is studied concerning the QoL and is defined in the form of "Health-Related Quality of Life" (HRQOL) [2,3]. QOL is the general well-being of individuals and societies, outlining negative and positive features of life [4]. These expectations are guided by the values, goals, and socio-

cultural context in which an individual lives [5].

According to the World Health Organization (WHO), Quality of life is defined as "the individual's perception of their position in life in the context of the culture and value systems in which they live and concerning their goals." In comparison to WHO's definitions, the Wong-Baker Faces Pain Rating Scale defines the QoL as "life quality (in this case, physical pain) at a precise moment in time" [6].

QOL is a complex set of reactions of people to psychological, physical, and social factors that affect their natural life [7]. Researchers believe that QoL plays a significant role in individual and social health [8].

Factors affecting the QoL include age, health status, social environment, and finally employment<sup>[9]</sup>. As well, variables such as exercise, smoking, and socioeconomic status affect the QOL<sup>[8]</sup>.

Low Back Pain (LBP) affects people's QoL and has significant economic costs<sup>[10]</sup>. LBP is one of the most common musculoskeletal disorders and about 70 to 80% of people have experienced it at least once in their lifetime<sup>[11]</sup>.

Machine life and physical inactivity are some of the factors that predispose to low back pain. After a headache, LBP is the most common illness in today's society. This health problem is also the most common cause of absenteeism after an upper respiratory tract infection<sup>[1]</sup>. Studies have shown that LBP affects all aspects of life and reduces the QoL<sup>[12]</sup>. Most people who suffer from LBP, confront major physical and psychological problems during their lifetimes, such as decreased physical and mental physical functions, decreased general health, and constant or periodic pain, and this condition leads to a decrease in their QOL<sup>[1]</sup>.

Today, improving the QOL of employees is the key to the success of any organization<sup>[13]</sup>. Service staff worker is an important force in hospitals and hospitals are the best places to provide preventive and health promotion services. Considering the importance of QOL and the effect of LBP on it, this study was designed and conducted to measure the QOL and behaviors related to BP among service staff workers in Shariati Hospital related to Tehran University of Medical Sciences (TUMS), Tehran, Iran..

### Methods and Instruments

In this descriptive study, we studied 30 service staff workers with an age range of 26–55 years in 2017. The sampling was

random. The samples were selected among the service staff workers were working in Shariati hospital affiliated to TUMS at the time of research. Inclusion criteria were included males and females with work-related LBP, having a work history of at least one year, and satisfaction for participation in the study. This work with the Ethic code of was supported by the Rheumatology Research Center related to TUMS, Tehran, Iran.

The following data gathering instruments were as follows: a demographic questionnaire, the Short-Form Health Survey (SF-36). The demographic questionnaire assessed characteristics such as age, gender, and marital status, some individual and behavioral variables. The SF-36 is a very popular generic measure of health and HRQOL and consists of 36 items tapping into 8 sub-scales: Physical Functioning (PhF), Role Physical (RPh), Bodily Pain (BP), General Health (GH), Social Functioning (SF), Vitality, Role Emotional (RE), and Mental Health (MH). Each subscale could take a score ranging from 0 to 100. A higher score represents a better condition [14]. The questionnaire has been validated in Iran<sup>[15]</sup>.

### Data analysis

Descriptive methods were employed to analyze the gathered data. The gathered data were analyzed by SPSS computer software Version 23.0.

### Findings

Of the 30 subjects, 30% (N=9) were male 70% (N=21) female, 10% (N=3) single, and 83% (N=25) married. Other demographic characteristics display in table 1. The results of the analysis of individual and behavioral variables on low back health are shown in Table 2. Table 3 displays the QOLQOL in the target group.

**Table 1)** The demographic characteristics of the participants

	<b>N=30 N(%)</b>	<b>N=30 Mean (SD)</b>
<b>Age (years)</b>		40.63 (7.34)
<b>Weight. (Kg)</b>		74.46 (13.62)
<b>Height (CM)</b>		167.33 (9.74)
<b>Work experience (month)</b>		187.87(100.08)
<b>Gender.</b>		
Female	21 (70)	
Male	9 (30)	
<b>Marital status</b>		
Single	3 (10)	
Married	25 (83.3)	
widowed/Divorced	2 (6.7)	
<b>Income</b>		
Good	0	
Moderate	14 (46.7)	
Bad	16 (53.3)	
<b>Doing exercise</b>		
Always	4 (13.3)	
Sometimes	17 (56.7)	
Never	9 (30)	
<b>Using proper shoes</b>		
Yes	16 (53.3)	
No	14 (46.7)	
<b>Using a proper bed</b>		
Yes	14 (46.7)	
No	16 (53.3)	
<b>Smoking</b>		
Yes	7 (23.3)	
No	23 (76.7)	

**Table 2)** The individual and behavioral variables of the participants

	Number	N=30 N(%)	Percent
<b>Back Exercise</b>			
Doing Always	4		(13.3)
Sometimes	14	14 (46.7)	(46.7)
Never	12	12 (40.0)	(40.0)
<b>Proper Sitting Position</b>			
Always	5	5 (16.7)	(16.7)
Sometimes	19	19 (63.3)	(63.3)
Never	6	6 (20.0)	(20.0)
<b>Proper Standing Position</b>			
Always	4	4 (13.3)	(13.3)
Sometimes	23	23 (76.7)	(76.7)
Never	3	3 (10.0)	(10.0)
<b>Proper Walking Position</b>			
Always	7	7 (23.3)	(23.3)
Sometimes	19	19 (63.3)	(63.3)
Never	4	4 (13.3)	(13.3)
<b>Proper Sleeping Position</b>			
Always	14	14 (46.7)	(46.7)
Sometimes	12	12 (40.0)	(40.0)
Never	4	4 (13.3)	(13.3)
<b>Proper Handling Position</b>			
Always	9	9 (30.0)	(30.0)
Sometimes	14	14 (46.7)	(46.7)
Never	7	7 (23.3)	(23.3)
<b>Doing Stress Control</b>			
Always	7	7 (23.3)	(23.3)
Sometimes	14	14 (46.7)	(46.7)
Never	9	9 (30.0)	(30.0)
<b>Applying Stress Technique</b>			
Always	4	4 (13.3)	(13.3)
Sometimes	20	20 (66.7)	(66.7)
Never	6	6 (20.0)	(20.0)
<b>Applying Good Social Relationship</b>			
Always	14	14 (46.7)	(46.7)
Sometimes	15	15 (50.0)	(50.0)
Never	1	1 (3.3)	(3.3)
<b>Having good Social Partici Having Good patien</b>			
Always	7	7 (23.3)	(23.3)
Sometimes	19	19 (63.3)	(63.3)
Never	4	4 (13.3)	(13.3)
<b>Having Social Skill</b>			
Always	14	14 (46.7)	(46.7)
Sometimes	13	13 (43.3)	(43.3)
Never	3	3 (10.0)	(10.0)

**Table 3)** The mean score of quality of life of the participants

	Mean	N=30 Mean (SD)	Standard Deviation
Physical Functioning	69.66	69.66 (27.9)	(27.9)
Role Physical	75	75 (32.8)	(32.8)
Bodily Pain	60.16	60.16 (24.0)	(24.0)
General Health	58.43	58.43 (19.9)	(19.9)
Vitality	61.66	61.66 (19.4)	(19.4)
Social Functioning	64.16	64.16 (26.4)	(26.4)
Role Emotional	73.33	73.33 (35.4)	(35.4)
Mental Health	65.06	65.06 (19.25)	(19.25)

## Discussion

This study aimed to assess the status of QOL and behaviors related to low back health among the service staff were working in Shariati hospital affiliated to TUMS. The results of the present study showed that the QOL of the participants was moderate to high. This result is supported by some studies of Panahi et al. [2,3], Hosseini et al. [16], Yazdi Moghadam et al. [17], Soltani et al. [18], Sadoughi and Mohammad Salehi [19], Shahraki and Ganjali [20], Abdi and Solhi [21], Mirzaei et al. [22] and Kazemi and Panahi [23]. In all of these studies, QOL was moderate. likewise, the results of the study of Shaykh al-Islami et al. [24], in which the QOL of the participants was at a high level, are consistent with the results of the present study. However, the results of the studies of Osanloo Bakhtiari et al. [25] and Farhadi et al. [26], in which the QOL was moderate and below moderate respectively, contradicted our results. One possible reason for the discrepancies in the results is their differences in terms of gender and the instrument was used to measure the QOL. Because in Osanloo Bakhtiari et al' study participated only in women heads of

households, and these women had a lower QOL than other the participants. Moreover in this study, the 26-item World Health Organization QOL questionnaire was used which has 4 dimensions of physical health, mental health, social relations, and environmental health, which are different from the instrument used in the present study. The discrepancy between the results of the study of Farhadi et al. and the results of the present study can be related to reasons such as the age range of the participants, the region of residence and the level of education of the participants. Because the participants in Farhadi' study were a group of rural elderly, almost 80% of whom were illiterate.

This study was performed only among the service staff of Shariati Hospital. Therefore, the results can not be generalized to all service staff working in hospitals. For this reason, the study is recommended among service staff in other hospitals in the country. The most important limitation of the present study was the very small size of samples. Data collection was also self-reported and this was one of the most important limitations of this study.

## Conclusions

Despite doing health-related behaviors and moderate QOL, the design of an educational intervention to improving the behaviors related-low back health and QOL are strongly recommended.

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**Ethical Permissions:** The Ethics Committee of Rheumatology Research Center of Tehran University of Medical Sciences approved the study (Ethics code: 13930601). All participants completed a written consent form.

**Conflicts of interests:** The authors declare that they have no conflicts of interest.

**Author's contributions:** SS.K. (first author) was original and responsible for data collection and analysis as well as preparing the first draft of the manuscript researcher (70%). M.R. (second author) edited all the manuscript (10%), and R.P. (third author) confirmed the study, wrote the discussion, and edited all the manuscript (20%)

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