Investigation the relationship between health literacy and quality of life in medical staff of NAJA hospital of Imam Sajjad (AS) in Tehran

Simin Siri[1], Narges Siri[2]

[1.] Teacher of Natural Science, Master of Health Education, Tarbiat Modarres University
[2.] Chemistry teacher, Master of Chemistry, Payam Noor University of Qom
sirisimin@yahoo.com

Abstract: This study aimed to investigate the relationship between health literacy and quality of life in medical staff of NAJA hospital of Imam Sajjad (AS) in Tehran. Health literacy is the ability to read, understand and act on health and health advice and people who have inadequate health literacy are less likely written and oral information provided by health professionals to understand and serve their orders also have poorer health status and more medical costs to incur. As a result of inadequate health literacy today is a global threat. In other words, health literacy individual capacity to obtain, process and understand basic information and health services is defined in order to make appropriate decisions. Quality of life is also an important indicator of health status, quality of life in physical, psychological, spiritual and social and economic well-being of vision specialists, satisfaction and well-being is considered from the perspective of his own. As a concept unique to him and to everyone and relates to matters for which there was a particular aspect of his life and it gives more weight. The quality and his understanding of his culture and value system, and in relation to goals, expectations, standards and priorities to measuring health-related quality of life in general and specific tools made and in the areas of diagnosis, prediction and evaluation of effective and efficient way to care and treatment practices for chronic disease and even healthy people can help. The aim of this study was to determine health status, the relationship between health literacy and quality of life is registered with Imam Sajjad hospital.

1. Introduction

The main objective in the development, improve the quality of life so that quality of life is an inalienable right of all human beings. No doubt in this regard, the health of the axes improves quality of life and physical and mental health also play an important role in it. Governments in order to enhance quality of life as an integral part of social development, economic, scientific, trying to provide primary health care and welfare physical, mental and social insurance. Islam, like other religions, paying special attention to the quality of life and religious beliefs and worship and lifestyle associated with its own again become an integral compilation. The concept of quality of life in physical, psychological, spiritual and social and economic well-being of vision specialists, satisfaction and well-being is considered from the perspective of his own Because it is a subjective concept for each individual is unique to him and relates to matters for which there was a particular aspect of his life and it gives more weight. The quality and his understanding of his culture and value system, and in relation to goals, expectations, standards and priorities to measuring health-related quality of life in general and with specific tools in diagnostics, predict and evaluate key to effective care and treatment practices for chronic disease and healthy individuals. Even healthy people can work and achievements in quality of life, increase job satisfaction, productivity and effectiveness at work outlined utility can be claimed to the extent that they can benefit their physical and mental health in the workplace.

The factors that have an impact on quality of life: age, sex, education, class, social environment and other sociological factors. Quality of life is an important indicator of health status and the most important concepts in the provision of health care services and to achieve an optimum level in order to improve the health of the community and hence to increase the length of life, but also considers the quality of life. Many diseases are able to quality of life, economic income and a negative impact exercise their satisfaction and joy of life. For all marked and medical advances, industrialization, increasing life expectancy and changing lifestyles of people around the world to see. As mankind has a tendency to increase longevity positive features such as quality of life in our mind and words longevity and the quality of their life. In other words, should also be considered as the quality of life. Health and well-being only the absence of disease but a state of complete physical, mental, social and spiritual knowledge is the more

desirable lifestyle people will be more satisfied. As a result, the quality of life as a new measure of the health of both patients and compared with healthy subjects. To improve or maintain the ability to live performance can also be considered, in the best way possible in the absence of stable disease and as measurable efficiency in the treatment of diseases in chronic diseases can also be used. And a sense of joy and satisfaction and make some features of the two components is obtained and the ultimate goal of quality of life is to empower people to live a high quality, meaningful and enjoyable experience. Large-scale national and outbreak was performed and the results of 48 percent and only 11 percent literate enough were in Iran in this field and 56.6 percent of the inadequate health literacy, and only 28.1 percent they enjoy a high level of health literacy.

The importance of health literacy:
- Prevent the spread of chronic diseases,
- Reducing health care costs,
- Prevention of chronic diseases,
- Promote public health,
- Identify literate society and a right policy decision to improve it.

Method:

The two questionnaires, one consisted of 26 questions, 33 questions related quality of life, and the second was to assess the level of health literacy in the community were targeted. Medical staff in terms of qualification and job title, age, gender, income levels and demographic data is studied. Primary education in the least about that service and the highest level of education you have your doctor at the hospital. Since medical statistics were low responders (n = 2) and the results are not generalizable data in this low volume of these two samples were removed from the population. Due to the lack of licensing for the use of patients as the object of study is massively deprived and had to be satisfied with the medical staff involved in the study responded to questions are available to the community as results expressed in the findings.

Findings:

Statistical analyzes have been carried out in this chapter, including "descriptive analysis" and "analytical" in relation to data obtained by investigating the impact of health literacy on the quality of life.

Descriptive analysis of data

Table 1: Distribution of responses to the question "Overall, how satisfied are you with your life?"

	Frequency	Frequency (%)
very good	7	11.7
Good	37	61.7
Neither good nor bad	9	15
Inappropriate	5	8.3
Very poor	2	3.3
Total	60	100

Table 2: Distribution of responses to the question "How satisfied are you with your health?"

	Frequency	Frequency (%)
Fully satisfied	10	16.7
Satisfied	34	56.7
Fairly satisfied	15	25
very dissatisfied	1	1.7
Total	60	100

Table 3: Distribution of responses to the question "more content related to health and disease How did you get?"

	Frequency
Ask questions from physicians and hospitals staff	48
Internet	35
IVR	0
Radio and TV	8
Newspapers and magazines	12
Friends and acquaintances	11
Training manual and handbook	18
I do not know where to get information	1
Total	60

Table 4: Statistical analysis of quality of life subscales

Descriptive Statistics					
Standard deviation	Average	maximum amount	Lowest amount	number of samples	
5.56595	24.7705	38.00	10.00	60	Physical
3.79646	20.7705	34.00	9.00	60	Mental
2.88514	10.3279	24.00	4.00	60	Relationships with others
4.85241	25.4098	41.00	13.00	60	Environment
13.21555	81.6000	114.00	36.00	60	Quality of Life

Table 5: Statistical analysis of variables in scale health literacy

Descriptive Statistics					
Standard deviation	Average	maximum amount	Lowest amount	number of samples	
5.17998	22.9672	47.00	13.00	60	Obtain information sources
3.96018	16.0164	29.00	6.00	60	Reading and understanding
13.79314	25.5574	125.00	10.00	60	The use of information
3.17530	15.8689	25.00	8.00	60	Assessment
8.43244	46.1639	61.00	21.00	60	Decision making
20.97243	126.2333	211.00	81.00	60	Health Literacy

Inferential analysis of data

To check whether the health literacy affects the quality of life for the good of the ANOVA and Pearson correlation test have used.

Hypothesis 1:

Is the average health literacy in both men and women are equal?

Hypothesis H_0: average health literacy in both men and women are equal.

Hypothesis H_1: average health literacy in both males and females together.

Table 6: Statistical analysis of health literacy varies according to sex

maximum amount	Lowest amount	95% confidence interval for the mean for the average		Standard deviation	Average	number of samples	
		maximum amount	Lowest amount				
211.00	81.00	131.7164	118.1336	21.23542	124.9250	40	Man
159.00	95.00	138.5482	119.1518	20.72191	128.8500	20	Female
211.00	81.00	131.6511	120.8156	20.97243	126.2333	60	Total

According to results from SPSS output and results of ANOVA, we find that the p- value obtained is equal to 0.400 and 0.05, therefore, conclude that the α=0.05. assumption we suppose accepted h_0 and h_1 is rejected, the average health literacy in women and men are equal.

Hypothesis 2:

The average health literacy in different occupations is not the same hospital.

Hypothesis H_0: average health literacy in different occupations are the same hospital.

Hypothesis H_1: average health literacy in different occupations is not the same hospital.

As you can see in the table from SPSS, p- value obtained from the ANOVA is equal to 0.034 and less than 0.05, After the α= 0.05, the assumption and the assumption of h_0 and h_1 refused to accept, Therefore, we conclude that the level of health literacy in different jobs with different hospital.

Looking at Table 7 also shows that the average occupational health literacy at lower levels, between the forces of all jobs fewer services and compare this amount to help workers more health workers and there is a significant difference between the two groups, but differences can be seen between the groups in the same way.

Table 7: Breakdown of health literacy variable statistical calculations job

maximum amount	Lowest amount	95% confidence interval for the mean		Standard deviation	Average	number of samples	
		maximum amount	Lowest amount				
140.00	81.00	138.9554	110.6002	18.44436	124.7778	9	Soldier
119.00	95.00	120.1051	93.0949	10.87658	106.6000	5	Services
211.00	112.00	181.6247	105.7086	36.16997	143.6667	7	Nurse aid
144.00	96.00	132.6315	107.3685	15.10913	120.0000	8	Box office
135.00	87.00	130.3636	103.6364	17.38534	117.0000	9	surgery room
159.00	102.00	139.9299	124.3428	17.57784	132.1364	22	Nurse
211.00	81.00	131.6511	120.8156	20.97243	126.2333	60	Total

Discussion:

Health literacy is a global issue and Statement WHO pivotal role in determining the health disparities, whether in countries rich and poor. In this study call into question the satisfaction of the quality of life of 61.7 percent were satisfied and only 3.3 percentage terms so this is inappropriate 15% neither good nor bad are the conditions I have described. The answer to the second question the quality of life, satisfaction with health status 56.7 percent were satisfied and only 1.7 percent said they are very dissatisfied 25% fairly satisfied and minimum quality of life scores in the 36's and the highest 114 and on the other hand a total of at least scores 81 of 114 health literacy. In general, said the relationship between health literacy assessment with subscales of quality of life (physical-psychological relationship with others and the environment) and on the other hand the quality of life and health literacy statements (reading and understanding of resource businesses - employing Information- assessment and decision-making) the connection between any of the scales and subscales and total score quality of life and there is no health literacy.

The study showed that many areas of life, men, working significantly correlated with mental health domains of physical function three areas including anxiety, social dysfunction and depression showed significant correlation.

The results potting and colleagues associated with health-related quality of life Shirazi 2-5 years old kids showed that several factors affect children's health-related quality of life. According to family income, parental education level, family size, number of children, birth can be said that with the increase in family income, parents' education level increased quality of life. But the average score for quality of life questionnaire showed no statistically significant difference between boys and girls. On the other hand, 2-5 years old kids' health-related quality of life in the city is directly related to the level of socio-economic. While the results of this study the quality of life is significantly associated with income. Noghani doctor and his research colleagues examined the quality of life of citizens and their relationship with social capital in the city of Mashhad.

They both objective and subjective quality of life in two fundamental aspects of the analysis and showed that social capital, in explaining the importance of quality of life is more than income and education. The relationship between independent variables with both objective and subjective quality of life showed that physical capital (income) more than other variables are significant objective quality of life as well as human capital (education) has had a positive impact on both quality of life. This study was consistent with the primary after the earnings impact on quality of life, but no significant relationship between education level and quality of life.

The findings of Chegini and colleagues in the study of quality of work life and job satisfaction of public hospitals Rasht showed that between each of the components of quality of work life and job satisfaction with 99% confidence level alpha 0.01 according to the correlation coefficient r positive relationship there is a significant degree. Moderating effect of lower intensity is the relationship between dependent and independent variables. Goudarzi research results and collaboration between health literacy and level of education. While the study did not found a significant association between health literacy and education. TOCI showed that among educated health literacy significantly increased and with significant associated jobs. In both cases results in line with the findings of the present study is that it confirms TOCI. Research Kooshyar and colleagues showed that the correlation between health literacy and employment and from this point of view with our findings were similar. The study that between this and there is a significant relationship between access to

information including people who use the Internet have had higher health literacy.

We entered this area and significant correlation between health literacy and access to the Internet not mind. But the use of the Internet vulnerable target population statistics after the second figure is devoted to the question of hospital staff. It may be because easy access to colleagues and plan relevant questions for Talk face to face with medical staff who have had a great relationship during work hours.

This research Rafizadeh and cooperation between the health of P=0.01 Occupation P=0.02 access to information sources P=0.01 significant relationship jobs P=0.001 and access to information sources P= 0.04 significant association was studying Abdi 2014 the quality of life of postmenopausal women in Tehran, which confirmed the association between education and quality of life while in this study, this relationship was not found.

Suggestions:

Low health literacy relation to educational level, gender, which suggests that inadequate recognition other factors are included in determining the level of health literacy that should be considered and analyzed. The relationship between quality of life, some occupations with lower education and income level significant, that policy makers need to consider this issue to upgrade the standard of living and quality of life approved in addition to the economic dimension of spirituality for hope and enhances quality of life can be somewhat helpful.

Lower health literacy levels in groups with lower education, the need for health promotion programs to bring health literacy, the comprehensive plans with different special education classes, create educational media and materials, simple and understandable and efficient educational interventions for people with inadequate health literacy, health literacy level in the community can be an effective step to reduce and helps policy makers to provide appropriate solutions to improve the health literacy of citizens.

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10/25/2016