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Correlates of the Health Statuses of the Faculty Midlifers

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Abstract

Between the school years of 2009 to 2012, the turnover record of the University of San Jose-Recoletos (USJ-R), Cebu City, Philippines showed that permanent faculty members who left the institution were all midlifers. Their reasons varied from health issues to greener pasture elsewhere. This study then sought to explore the health statuses of the faculty midlifers of the USJ-R. The data were collected through survey conducted among the 106 faculty midlifers of the university. This study applied multivariate analyses to the survey data using Pearson-Moment of Correlation to determine the relationship between the socio-demographic profile of the research participants and their health statuses. This research revealed that faculty midlifers are generally well physically. They showed emotional maturity and have positive outlook towards midlife. More so, their health conditions are significantly related with their sex, age, years of teaching, educational attainment and income.

Keywords: Asian teachers, Correlates, Faculty at midlife, Filipinos, Health statuses, Midlife

1. Introduction

The MacArthur Foundation's Research Network on Successful Midlife Development (MIDMAC) says that midlife is perhaps the most ill-defined of any period in life [19]. Until recently, it is regarded the least studied part of the life span [17,19,23].

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Midlife is a phenomenon which may be considered as truly enigmatic. It could really be so puzzling that many people are confused and fail to understand this natural event of life. It can be characterized by feelings of disappointments, anxiety, and crisis [1]. But it could also be a time when people simultaneously explore their inner lives and restructure their outer lives [6].

The United Nations Children's Emergency Fund (UNICEF) reported that the average life span of Filipino women is 66 years and of Filipino men 62 years. Theoretically, then, the midthirties and forties are the middle years of the Filipinos. However, developmental books still situate midlifers at the age of 35 to 60 [1,18].

Oftentimes, midlife abounds in changing images and myths which include midlife crisis, change of life, the empty nest and many more [19]. Midlife transition can be more complicated. It can be an emotionally uncomfortable time which can lead to depression and the need for psychotherapy [13]. On the other hand, Johnston [10] contends that midlife is but a developmental stage which is essentially positive and has the specific goal of facilitating the process of becoming a "whole person".

Midlifers who are in the teaching profession may in fact be experiencing anxieties and other negative behaviors arising from the multiplicity of roles they play in their work, family, and community. As workers, they might be given positions or assignments that entail greater tasks and responsibilities. In the family, they might be taking care of their elderly and dying parents or experiencing their grown-up children leaving home. They may as well experience financial and relationship problems. Many teachers who are midlifers may also be active in community service. They take generative roles by being members of community organizations that would take care of the next generations. On top of these, they may also have personal needs to satisfy and dreams to realize.

The aforementioned conditions may create role confusions and ambivalence among midlifers leading them to undesirable effects. They may take toll on their physical, emotional and psychological health. But conversely, the same conditions may also be their wellspring of vigor, zest, and inspiration; they energize them, keep them going and make their life meaningful.

Reviewed literatures give us conflicting views on the nature of midlife as a phenomenon. It was therefore the aim of this study to take another look at midlife by studying the health statuses of the faculty midlifers and analyze their implications to human resources management in education

2. Materials and Methods

The participants of this study were the 106 out of 142 permanent Filipino full-time faculty members of the different basic education departments and colleges of the University of San Jose-Recoletos, Cebu City, Philippines, who are in their midlife. This number showed that the sample size of the conducted survey has a margin error of 5% at 95% level of confidence. Their ages ranges between 35-59 years old.

This study utilized a survey to come up with descriptive-correlation analyses between the profiles of the research participants and their health statuses. The survey was conducted during second semester of the school year 2011-2012. It includes a three-part test designed to assess the "physical health", "emotional health" and

“psychological health (attitude towards midlife)” of the research participants. All the HSQ tests were adopted from Abrenica [1].

The first part is a physical health inventory. It evaluates how well the person is physically and how good he is in taking good care of his body. The second part tests the research participants’ emotional health. This inventory has been constructed to find out how a person deals with the day-to-day situations that involve emotions. Lastly, the third part assesses the person’s attitude towards midlife. It is a scale test which is popular for it is unobtrusive. This instrument has been administered to 300 midlifers to test its internal consistency and factor analysis.

This study also utilized multivariate analyses to determine the relationships between the socio-demographic profiles of the research participants and their health statuses. Specifically, the Pearson-Product-Moment Coefficient of Correlation was performed using SPSS (Statistical Program for Social Sciences) to determine their relationships.

3. Results

The data present that majority of the midlifers of the university are females. They composed 63.21 % of the overall population. Only 36.79 % are males. It was also shown that the faculty midlifers of the university are predominantly married (82.07 %). Only 16.04 % of them are single while 1.89 % are widows or widowers. None of them is separated or with broken marriages.

The ages of the participants of this study range between 35 to 59 years old. Participants were clustered into three groups; the early bloomers (36-40 years), bloomers (41-50), and late bloomers (51-59). A little more than half (51.89 %) of the faculty midlifers are midlife “bloomers”. The remaining parts of the population are almost equally shared by the “early bloomers” (24.53 %) and “late bloomers” (23.58 %). The mean age of the research participants is 46.76 (bloomers). It has a standard deviation of 6.86, which means that their ages are moderately dispersed.

The faculty midlifers of this research served the university from 4 to 37 years. The means of their year of service is 18.23 years with a standard deviation of 8.27, which means that the research participants are widely dispersed in terms of their years of teaching. Practically half (43.40%) of the midlifers of USJ-R have rendered 10 to 19 years in the teaching profession. Some 28.30 % have continued teaching for 20 to 29 years. Seventeen % (16.98%) are teaching from 0 to 9 years while 11.32 % have embraced the profession for 30 to 39 years.

With regards to their educational attainment, it was found out that most (37.73 %) of the faculty midlifers attained masters [M.A. or M.S.] degrees. They are followed by faculty who are taking up doctoral studies (22.64%) and college graduates who are adding M.A. or M.S. units (21.70%) in their educational qualification. Some faculty midlifers (16.04%) have reached the peak of educational attainment having earned doctorate degree. A very few (1.89%) of them are teaching with only a college degree.

More than half (64 of 106 or 60.38%) of the research participants have an individual gross monthly income of ₱28,000 - ₱32,999. Some of them (15 or 14.15%) get a monthly salary of ₱23,000 - ₱27, 999 while (11 or 10.38%) among them receive a monthly salary of ₱33,000 - ₱37,999. Only a few of the faculty midlifers of USJ-R are receiving a monthly salary of ₱38,000 and above. Nonetheless, nobody among them receives a monthly salary below ₱18,000. It was likewise illustrated that the combined family income of the most (28 of 106 [26.42%]) is between ₱28,000 and ₱32,999. This is somehow similar to the amount received by the majority of the faculty midlifers as individual monthly income. This could mean that many of them are lone breadwinners of the family. But significantly, they are followed by faculty midlifers (23.58%) whose combined family monthly income has reached ₱68,000 or more. A few of them (16 of 106 [15.09%]) gets a combined family income between ₱33,000 and ₱37,999. Others are distributed among the rest of the income ranges. Socio-demographic characteristics for the sample are summarized in Table 1a and Table 1b.

Table 1a: Socio-demographic characteristics of the faculty midlifers 1

Variable	Frequency	Percentage
<i>Sex</i>		
Male	39	36.79
Female	67	63.21
<i>Civil Status</i>		
Single	17	16.04
Married	87	82.07
Separated	0	0.00
Widow/Widower	2	1.89
<i>Ages in years</i>		
Early bloomers (35-39)	26	24.53
Bloomers (40-50)	55	51.89
Late bloomers (51-59)	25	23.58
<i>Years of Teaching</i>		
0-9	18	16.98
10-19	46	43.40
20-29	30	28.30
30-39	12	11.32
<i>Educational Attainment</i>		
Undergraduate Course	2	1.89
With M.A./M.S. Units	23	21.70
M.A./M.S. Graduate	40	37.73
With Doctoral Units	24	22.64
Doctorate Degree	17	16.04

Table 1b: Socio-demographic characteristics of the faculty midlifers 2

Variable	Frequency	Percentage
<i>Individual Monthly Income in Philippine peso</i>		
Below 18,000	0	0.00
18,000-22,999	6	5.66
23,000-27,999	15	14.15
28,000-32,999	64	60.38
33,000-37,999	11	10.38
38,000-42,999	4	3.77
43,000-47,999	2	1.89
48,000 & above	4	3.77
<i>Combined Family Monthly Income in Philippine peso</i>		
Below 18,000	0	0.00
18,000-22,999	2	1.89
23,000-27,999	3	2.83
28,000-32,999	28	26.42
33,000-37,999	16	15.09
38,000-42,999	8	7.55
43,000-47,999	4	3.77
48,000-52,999	6	5.66
53,000-57,999	3	2.83
58,000-62,999	8	7.55
63,000-67,999	3	2.83
68,000 & above	25	23.58

Furthermore, it was revealed that a good majority of the research participants (69 Of 106 [65.09%]) are physically “fair” while a number of them (32 of 106 [30.19%]) are found out to be physically “good”. Their mean score is 40.19 (fair) with a standard deviation of 7.39 denoting that they are widely dispersed in term of the physical health status. No one among them possesses a “very good” physical condition. Nevertheless barely 4.72 % (5 of 106) of them are also physically in “poor” state.

In the case of their emotional health, the data showed that a great majority of the participants (87 Of 106 [82.08%]) are okay in terms of their emotional health. Only some of them (19 of 106 [17.92%]) do need to review their reactions to situations that involve their emotions. Nobody among them need to see someone to consult about their emotional health. The faculty midlifers got a mean score of 19.47 (“You’re okay”) in their emotional health with a standard deviation of 1.87 indicating that they are not widely dispersed in term of their emotional health.

Lastly, it was found out that an overwhelming majority (97 of 106 [91.51%]) of the faculty midlifers in the study have “very positive “ attitude towards midlife. The rest (9 of 106 [8.49%]) are moderately positive. Their mean score is 130.68 (“very positive”) with a standard deviation of 14.08. None among them have “slightly positive”, “negative “, and much more “extremely negative” attitude towards midlife. These findings on their health statuses are shown in Table 2.

Table 2: Health statuses of the faculty midlifers

Variable	Frequency	Percentage
<i>Physical Health</i>		
Very Good	0	0
Good	32	30.19
Fair	69	65.09
Poor	5	4.72
<i>Emotional Health</i>		
You're okey	87	82.08
Review your reactions	19	17.92
Need to see someone	0	0.00
<i>Psychological Health (Attitude towards Midlife)</i>		
Very Positive	97	91.51
Moderately Positive	9	8.49
Slightly Positive	0	0.00
Negative Attitude	0	0.00
Extremely Negative	0	0.00

Tests on correlations discovered that basically there are no significant relationships between the physical health and the socio-demographic profile of the faculty midlifers except with sex which indicates a significant relationship ($r = 0.20$, $p = 0.04$). Since their relationship is positive, this implies that the females among them have better physical health status compared to the males. Further computations reveal this to be true. Females have a mean physical health status of 41.12 while that of their counterpart is 38.13. However, computation on correlation also tells us that the emotional health status of the faculty midlifers is significantly related to their age positively ($r = 0.20$, $p = 0.04$). It means that the higher their age, the higher also is their emotional health status. Moreover, it is also significantly related to their years of teaching positively. Thus, as their number of teaching increases, their emotional health status likewise improves ($r = 0.25$, $p = 0.01$). The two variables, age and years of teaching, usually come together due to the reality that oftentimes as the worker ages, his/her years of service in his/her workplace also increases. Finally, two variables in the socio-demographic profile of the faculty midlifers were found to have significant relationship with their psychological health. Their psychological health (attitude towards midlife) is related to their educational attainment and their combined family monthly income (CFMI). The correlates of the health statuses of the faculty midlifers are presented in Table 3.

Table 3: Correlates of the Health Statuses of the Faculty Midlifers

Variables	Physical Health		Emotional Health		Psychological Health (Attitude towards Midlife)	
	χ^2	<i>p value</i>	χ^2	<i>p value</i>	χ^2	<i>p value</i>
Sex	0.04	< 0.20*	0.23	> 0.12	0.89	> -0.01
Age	0.39	> 0.09	0.04	< 0.20*	0.14	> -0.14
Civil Status	0.75	> 0.03	0.50	> 0.07	0.11	> 0.10
Years of Teaching	0.29	> 0.10	0.01	< 0.25*	0.16	> -0.14
Educational Attainment	0.60	> -0.05	0.70	> 0.04	0.001	< 0.32*
Individual Monthly Income	0.55	> 0.06	0.86	> 0.02	0.15	> 0.14
Combined Family Monthly Income	0.54	> 0.06	0.78	> -0.03	0.01	< 0.24*

*Significant

Psychological health and educational attainment are highly correlated ($r = 0.32$, $p = 0.001$). It suggests that the higher their educational attainment, the more positive is their attitude towards midlife. On the other, a significant positive relationship between psychological and combined family income (CFMI) is also observed ($r = 0.24$, $p = 0.01$). Thus, the higher their CFMI, the better is their psychological health. Faculty midlifers with bigger CFMI tend also to show a healthier attitude towards midlife. Table 3 illustrates the correlation between the health statuses and the socio-demographic profile of the faculty midlifers.

4. Discussions

The physical health of the faculty midlifers is significantly related to their sex. This finding supports many of the studies on the association between sex and physical health. Christie [3] reported what recent researchers have confirmed and what many have already suspected; that women are not only the fairer sex but the healthier sex as well. The studies of [11] and [21] added that nowadays, women outlive men by about five to six years. With respect to that most essential proof of robustness or the power to stay alive, Kirkwood [11] assumed that women are really tougher than men from birth through the extreme old age. His research even found that by age 85 there are roughly six women to every four men. At age 100, the ratio is more than two to one. And by age 122—the current world record for human longevity—the score stands at one-nil in favor of women. It might be that women live longer because they develop healthier habits than men. For instance, women smoke and drink less than men and choose a better diet.

Some studies offered biological explanations to this discrepancy. Griffin [8] contended that women do have stronger immune systems than men. They have secret weapon to use if there are little battles in their bodies. This immune system booster is called estrogen. A study done by McGill University indicated that estrogen gives women an edge when it comes to fighting off infections. That is because estrogen confronts a certain enzyme that often hinders the body's first line of defense against bacteria and viruses.

It is also discovered that high levels of testosterone, which boost male fertility, are quite bad for long-term survival. There is evidence in rodents that cells in a female body do repair damage better than in the body of a male, and that surgical removal of the ovaries eliminates this difference. In addition, castration of men in institutions for the mentally disturbed which was surprisingly a commonplace a number of years ago, gave researchers astonishing findings. In one study of several hundred men in an unnamed institution in Kansas, the castrated men were found to live on average 14 years longer than their uncastrated fellows [11].

Women do live longer and may have fewer problems with certain infectious diseases than men. Women's hearts beat more rapidly than men's (80 beats per minute vs. 72 beats per minute), but women have less tendency to develop high blood pressure. However, they have also some drawbacks as women have much higher risk for autoimmune diseases such as lupus and rheumatoid arthritis [8,12].

On the other hand, age and years of teaching served as correlates of the faculty midlifers' emotional health. What could explain their relationships?

Psychology professor and longevity expert, Laura Carstensen contends that as people age, they become more emotionally balanced and better able to solve highly emotional problems. Her study found out that over the years, the older subjects reported having fewer negative emotions and more positive ones compared with their younger days [15].

Urry and Gross [25] expounded that people seem to develop better skills for regulating their emotions as they age. For example, older people often have smaller and closer social networks than younger people. This may show that they are choosing to put themselves in pleasant situations with people they like. Furthermore, studies have found that older adults pay more attention to positive information than to negative information, which may improve mood. Some evidences also suggest that older people are better at predicting how a certain situation will make them feel, which gives them a better chance of choosing enjoyable situations and avoiding unpleasantness.

While teenagers and young adults experience more frustrations, anxiety, and disappointment over things like test scores, career goals, and finding a soulmate, older people typically have made their peace with life accomplishments and failures. In other words, they have less ambiguity to stress about [15]. As people age, they tend to have learned to accept what comes and to regulate their emotions [17]. According to them, several studies also found a gradual average decline in such negative emotions as anger, fear, and anxiety through midlife and beyond.

Dr. Florin Dolcos [24], an assistant in psychiatry and neuroscience, offered a physiological explanation of this phenomenon. He had identified brain patterns that help healthy older people regulate and control emotions better than their younger counterpart. In his study where participants were shown standardized pictures of emotionally challenging situations, the older participants rated the images as less negative than the younger participants. The brain scan of these older participants also showed increased interaction between the amygdala, a brain region involved in emotion detection, and the anterior cingulate cortex, a brain region involved in emotion control.

According to Dr. Dolcos, these findings indicate that emotional control improves with aging and that it is the interaction between these two regions of the brain that allows healthy seniors to control their emotional response so that they are less affected by upsetting situations. His study further acknowledges results of previous studies that provided evidences that healthy older individuals has a *positivity bias* which means they can actually manage how much attention they give to negative situations so they are less upset by them.

Furthermore, the study of Fariselli, Ghini, and Freedman [5] showed that emotional intelligence increases slightly with age. In their study, age is found to be slightly predictive of self-awareness and has a strong relationship with self-direction. This result affirms that there is a developmental component of emotional intelligence. Most people will improve in this competencies simply through life experience. This reinforces the claim that emotional intelligence is learnable.

Lastly, the educational attainment of the faculty midlifers is highly related to their psychological health. It correlates as well with their combined family monthly income (CFMI). Thus, the higher their educational attainment or CFMI, the higher also is their psychological health.

Dalgard, et al. [4] finds a significant association between low level of education and psychological distress in both genders. They find out that low level of education is associated with low sense of mastery, low social support, negative life events, low household income and unemployment. Among those variables considered, sense of mastery emerged to really have a strong mediating influence between level of education and psychological distress. Distress may affect attitudes and the overall psychological health of the individual. Hence, higher educational attainment may serve as a buffer of distress. Their sense of mastery could have given them the positive attitude towards their midlife events.

In addition, Steele, Dewa, Lin, and Lee [22] noticed marked inequity in mental health services utilization by educational level. It was consistent across services types. They noted that people with higher education are more likely to avail mental health services. They are more likely to see psychiatrist, family doctor, psychologist, or social worker. This could be the reason why they were able to maintain their psychological health.

Closely related to education as a factor influencing mental health is income. Several studies reported their relationships. Orpana, Lemyre and Gravel [16] noted in their study that low income respondents were at a significantly higher risk of becoming psychologically distressed. Low levels of household income are associated

with several lifetime mental disorders and suicide attempts, and decrease in income is associated with a higher risk for anxiety, substance use, and mood disorders [9], [20].

Moreover, studies over the 20 years also indicate a close interaction between factors associated with poverty and mental ill-health. For example, common mental disorders are seen to be about twice as frequent among the poor as among the rich most especially among people experiencing hunger or facing debts. Evidence also indicates that depression is 1.5 to 2 times more prevalent among the low income groups of population. It is predominant among people living in poor and overcrowded housing [7]. In addition, reporting that one is on the lowest rung of the socioeconomic status ladder, or that children in the household are often hungry, is likewise associated with reporting more depressive symptoms [2]. On the other hand, those with higher income are much more likely than those with lower incomes to report excellent mental health, and this persists even when other variables such as age, education, gender, and marital status are taken into accounts [4].

5. Conclusion

At midlife, the faculty members of USJ-R can still generally be considered as physically well. It can also be said that female faculty midlifers are better able to maintain a healthy body than their male colleagues. Faculty midlifers likewise manifest emotional maturity. Their emotional health becomes better as they grow older and as they stay longer in the teaching profession. They maintain an optimistic view on midlife experiences and having a higher educational attainment and higher family income contribute to their level of optimism. Thus, if they are well-managed, they can become relevant and better contributors to the attainment of the basic goals and objectives of the educational institution and the educational system in general.

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