11-25-2021

Assessment of healthy lifestyle practices among academics through access and use of health information resources

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Abstract

Accessibility and utilisation of health information has become an integral part of managing and achieving healthy lives and social well-being among the elites in the society. The study adopted a survey design strategy since the expected population was over 2000 lecturers. Three federal universities in southwest, Nigeria was purposively selected. A sample size of 1,300 lecturers was drawn from the three universities. Convenient sampling was used to distribute questionnaire to academic staff in these three federal universities. Two hypotheses were used to guide the study. The results showed that healthy lifestyle pattern practised by academic staff was stress management (35.4%). Majority (73.4%) of the lecturers accessed social media at high level while 380 (41.1%) accessed health bulletin at moderate level. The result further showed that doctors was used at high level 563 (61.4%) while health information website was utilised at moderate level (49.7%). The result of the hypothesis one showed non-significant relationship between healthy lives management and accessibility of health information (r=0.27, p=0.136) at 0.05 level of significant. Hypothesis two indicated a significant relationship between management of healthy lives and usability of health information sources (r=0.21, p=0.035) at 0.05 level of significant. The study concluded that management of healthy lives through access and use of health information could minimise the risks of many ailments and helps in the early detection of health problems. The study recommended that the university administration should endeavour to invest heavily in acquisition of health information resources both hardcopy and online resources.

Introduction

Accessibility and utilisation of health information has become an integral part of maintaining and achieving healthy lives and social well-being among the people in the society especially the elite groups. Therefore, the importance of information in actualising the health and wellness of people cannot be overemphasised. However, there is disparities and limitations in the provision of health information resources available in the libraries.

Access to health information is having the timely use of personal health services and resources to achieve the best health conditions and outcomes in taking decision. Provision of health information for workers in any organisation needs adequate attention for it can be used to predict performance of the organisation. Health information play a vital role in reducing people's anxiety by helping them understand their health issues and empower them to make informed health-related decisions.

Access to health information is the ability of an individual to locate, identify and obtain relevant, accurate and suitable information to satisfy health information needs of an individual. Inadequate access or lack of access to health information might be a problem in the society because it might increase the number of casualties.

Osundina (2014) stated that for health information to be used, it must be originated from any of the following sources; friends, family, health professionals, public bodies and authorities, general and specialists, print media, television and radio, and the internet. Libraries are also sources of quality health information. Libraries can provide access to a range of authoritative materials in the form of books, specialized journals, and monographs on a range of health issues that are potentially useful to patients. All these sources can be harnessed to provide self-management information.Access to relevant health information is essential for helping people to take good decisions to enhance their health and well-being. Health information services are provided in the areas of sanitation, hygiene, nutrition, reproduction and family planning, immunisation, child and maternal care, dental care, occupational accidents and first aid, among others.

Access to information is an effective and critical tool inmanaging any ailment and maintaining healthy lifestyle. In organisation, appropriate and efficient production depends on the use of information and its proper turnover. This is what majority of today's organisations has defined as their working priority. On the other hand, when managers equip organisational members with more information those people will feel capable and more likely to work with productivity and prosperity along with management demands. However, achieving healthy lives and well-being depends on access and use of health information. Components of quality health information are limited in various sources and this calls for urgent attention.

Objectives of the study

To identify healthy lifestyle pattern practiced by academic staff

To ascertain level of accessibility of health information resources among academic staff

To find out level of use of health information resources by academic staff

Research questions

What are the healthy lifestyle pattern being practiced by the academic staff?

What is the level of accessibility of health information resources among academic staff?

What is the level of use of health information resources by academic staff?

Hypotheses

Ho1: Healthy lifestyle does not have any significant relationship with accessibility of health information resources

Ho₂: Healthy lifestyle does not have any significant relationship with usability of health information resources.

Hypotheses was tested at 0.05 level of significant

Literature review

Previous studies highlighted that health information play a vital role in reducing people's anxiety by helping them understand their health issues and empower them to make informed health-related decisions. It is the practice of acquiring, analysing and protecting digital and traditional medical information vital to providing quality care to people.Health information can be defined according to Nwafor-Orizu and Onwudinjo (2015) as that knowledge, facts and news generated from various sources, necessary for good physical and mental condition of human beings.

Effective health delivery depends on availability of sound health informationresources.An adequate and a very reliable source of health information is essential to promoting the health of the people. The inability to secure the right health information could worsen the health status. The study of Agyemang-Duah et.al (2020) revealed multiple sources of health information to include healthcare providers, family members, media and friends. The study further revealed that the kind of health information sought consisted of information on diets, causes of chronic non-communicable diseases and medication dosage. The majority of users seek health information regarding the diagnoses of and available treatment for physical ailments.Usersalso seek health information in other to identify, alleviate and remedy diseases and ailments, to preserve health and prevent disease, and to access supporting services in their communities that can assist them in coping with the financial, social and economic impact of illness.Access to health information is the ability of an individual to locate, identify and obtain relevant, accurate and suitable information to satisfy health information needs of an individual.

Inadequate access or lack of access to health information resources might be a problem in the society because it might increase the number of casualties. Jones (2003) stated that health information access comprises of physical availability and personal irretrievability. He further stated that physical availability consists of sources to health information as well as physical access to the sources, which include print and electronic format such as books, pamphlets and the internet, also include interpersonal exchange of facts, advice and instructions between an

individual and health professionals. Personal irretrievability is the ability to gain access to health information from the available sources.

Thompson (2008) stated that an individual need help to understand and act on health information. But to achieve physical access to the sources of health information; individual has to know where it can be found, how to identify and navigate the right channel to reach it for effective use. It is well accepted that the way in which health information is provided, obtained and used is necessarily influenced by its context. This context includes the organisation, financial, intellectual, educational and emotional circumstances of both the provider and user of the health information.

Anyaoku and Nwosu (2017) examined the importance, level and sources of access to health information for patients with chronic diseases in two Federal Government Teaching Hospitals in South East Nigeria. Result showed that majority indicated high access to treatment information; about one third to half indicated little or no access to many aspects of disease-specific and coping information. Major source of health information were health professionals, internet, books, newspapers and pamphlets.

Opoku and Enu-Kwesi (2017) maintained that access to information assists different professionals, in performing their jobs. It can be said that access to information by lecturers will enhance their performance, increase their research output and improve their teaching effectiveness. Good health and well-being of employees in any occupation is an important factor in attaining high job performance. Agboola and Ikonne (2019) opined that practicing health information culture promotes job performance of lecturers. Al-Mobaideen, Allahwiah and Basioni (2013) also noted that access and use of information promotes the development of research activities. Azamoti and Agyel (2013) opined that lecturers need up-to-date information in their subject areas. Likewise Akinola (2009) said university lecturers seek information to update knowledge.

Studies to ascertain whether provision and utilisation of information on health has any effect on job performance of employees had been conducted. Oketunji (2014) affirmed that health and information utilisation has significant effect on job performance. International Labour Organisation (2013) estimated approximately 270 million workers suffer severe fatal injury due to inadequate provision and non-utilization of health information. Yusuff, Eliyana and Sari (2012) also observed that provision and utilisation of information on healthin a workplace has significant effect on job performance.

Agboola and Ikonne (2018) posited that a healthy lifestyle leaves individuals fit, energetic and at a reduced risk for disease, good nutrition, daily exercise and adequate sleep are the foundations for continuing good health. Research shows that employees have the best chance to succeed when they are healthy. In addition, living a healthy lifestyle could reduce heart diseases, high blood pressure, diabetes and cardiovascular diseases.

Methodology

The study adopted a survey design strategy in which to investigate the management of healthy lives and well-being through access and use of health information resources in federal universities in Nigeria. Three federal universities were purposely selected for the study. These three universities are Federal university of Agriculture, Abeokuta (FUNAAB), University of Ibadan (UI) and University of Lagos (UNILAG). In addition, two faculties each that are common to the three universities were also selected. The study was limited to only professors. The justification for choosing professors in these universities are that they hardly find time to look for health information resources thereby have short life expectancy.This may depend on age or lack of accessibility and use of health information resources. The population was over 2000 in the three universities studied. The instrument used for data collection was structured questionnaire and observation technique. These are healthy lifestyles and well-being management being practiced by the academic staff and it was measured by its frequency and percentages. The level of accessibility of health information resources was measured by highly level accessible, low level accessible and moderate level accessible. Alsolevel of use of health information was measured by high level of use, low level of use and moderate level of use. A proportionate sampling method was used to select a sample size of 1,300 lecturers since the populationin each university is different in number. Simple random sampling was used to distribute questionnaire to academic staff in these three federal universities. The researcher was able to retrieve 920 copies of questionnaire and 916 were found usable for the analysis, this represents 70% response rate. Descriptive statistics such as frequency and percentages were used to answer research questions while Pearson Product Moment Correlation (PPMC) method was used to test for hypotheses at 0.05 level of significant

Results

RQ1: What are the healthy lifestyle pattern being practiced by academic staff?

Healthy lifestyle pattern	Frequency	Ranked order

Diet	132 (14.4%)	2
Physical activities	33 (3.6%)	9
Social and mental balance	61 (6.7%)	5
Stress management	324 (35.4%)	1
Watching TV	87 (9.5%)	3
Listening to radio	56 (6.1%)	6
Reading	73 (7.9%)	4
Visiting friends	32 (3.5%)	10
Sleeping	47 (5.1%)	8
Partying	23 (2.5%)	11
Using medicine	48 (5.2%)	7
Total	**916**	

The research question 1 above shows the various lifestyles that lecturers were engaged in. Stress management was rated highest with 324 (35.4%) responses followed by diet 14.4% while partying was rated lowest with 23(5.2%) in ascending order. This implies that lecturers are mindful of themselves by managing stress as their job involves a lot of stress, therefore, the only option is for them to manage stress very well so as to stay healthy.

RQ2:What is the level of accessibility of health information resources among academic staff?

Health information resources	Low level	High level	Moderate level	n	Mean	SD
Social media	123 {13.4%}	673{73.4%}	120 {13.1%}	916	1.76	0.43
Health brochure/bulletin	302 {32.9%}	234{25.5%}	380 {41.4%}	916	1.47	0.71
Doctors	346 {37.7%}	285{31.1%}	285 {31.1%}	916	1.84	0.59
Community health centre	237 {25.8%}	321{35.0%}	358 {39.0%}	916	1.65	0.61
Pharmacists	172 {18.7%}	269{29.3%}	475 {51.8%}	916	1.39	0.53
Nurse	432 {47.2%}	124{13,5%}	360 {39.3%}	916	1.54	0.48
Health information website	214 {23.4%}	432{47.1%}	270 {29.4%}	916	1.61	0.70
Magazine/newspaper	345 {37.7%}	321{35.0%}	250 {27,2%}	916	1.48	0,51

TV/radio	467 {50.9%}	124{13.5%}	325 {35.4%}	916	1.41	0.32
Family & friends	532 {58.1%}	213{23.2%}	171 {18.6%}	916	1.53	0-43
Health databases	134 {14.6%}	456{49.7%}	326 {35.5%}	916	1.67	0.21

Note: SD= Standard Deviation, n= Number of Respondents

Research question 2 shows the level of accessibility of health information among lecturers across the three universities. Majority 673(73.4%) of the lecturers accessed social media at high level, but 380(41.1%) accessed health bulletin at moderate level. Lecturers accessed doctor's office at low level 346(37.7%). Furthermore, they accessed pharmacists shop at moderate level 475(51.8%) while health information website was accessed at high level 432(47.1%).

RQ3: What is the level of use of health information resources by academic staff?

Health information resources	Low level	Moderate level	High level	n	Mean	SD
Social media	124 (13.5%)	345 (37.6%)	447 (48.7%)	916	1.57	1.82
Health brochure/bulletin	231 (25.2%)	432 (47.1%)	253 (27.6%)	916	1.39	1.69
Doctors	141 (15.3%)	212 (23.1%)	563 (61.4%)	916	1.42	1.38
Community health centre	453 (49.4%)	333 (36.3%)	130 (14.1%)	916	1.71	0.37
Pharmacists	345 (37.6%)	501 (54.6%)	70 (7.6%)	916	1.90	0.37
Nurse	621 (67.7%)	110 (12.0%)	185 (20.1%)	916	1.24	0.18
Health information website	278 (30.3%)	456 (49.7%)	182 (19.8%)	916	1-27	0.24
Magazine/newspaper	442 (48.2%)	340 (37.1%)	134 (14.6%)	916	1.46	0.71
TV/radio	341 (37.2%)	476 (51.9%)	99 (10.8%)	916	1.38	0.36
Family & friends	398 (43.4%)	267 (29.1%)	251 (27.4%)	916	1.40	0.52
Health databases	203 (22.1%)	279 (30.4%)	434 (47.3%)	916	2.15	1.13

Note: SD= Standard Deviation, n= Number of Respondents

Research question 3 above shows the level of use of health information sources among the lecturers. Social media was used at high level 447(48.7%), health brochure was used at moderate level 432(47.1%) while doctors was used at high level 563(61.4%). Also, health

information website was utilised at moderate level 456(49.7%) while newspaper and magazine was utilised at low level 442(48.2%). Television and radio also was used at moderate level 476(51.9%) while health databases was used at high level 434(47.3%).

Hypotheses

HO₁: Healthy lifestyle does not have any significant relationship with accessibility of health information resources. P=0.05 level of significant.

Variables	N	Mean	Std. deviation	r	Sig	Remark
Healthy lifestyle	916	2.34	1.008	0.27	0.136	NS
Accessibility of health information resources	916	2.78	0.312			

Hypothesis one showed the relationship between healthy lifestyle and accessibility of health information. Result indicated that there is no significant relationship between healthy lifestyle and accessibility of health information, level of significant is 0.05; therefore the null hypothesis was accepted because p value is greater than 0.05 (r=0.27, p=0.136). By implication, management of healthy lives does not depend on accessibility of health information sources consulted by the academics.

HO₂: Healthy lifestyle does not have any significant relationship with usability of health information resources.

Variables	N	Mean	Std. deviation	r	Sig	Remark
Healthy lifestyle	916	2.34	1.008	0.21	0.035	S
Usability of health information resources	916	2.51	0.541			

Hypothesis 2 indicated significant relationship between healthy lifestyle and usability of health information sources at 0.05 level of significant; therefore the null hypothesis was rejected because p value is less than level of significant (r=0.21, p=0.035) which implies that healthy lifestyle depend on usability of health information resources.

Discussion of findings

In the three Federal universities, results of demographic variables showed that 660(72%) were males while 256(28%) were females. 85(9.3%) respondents fall between age range of 35-45;

316(34.5%) fall between age 46-55; 410(44.8%) fall between 56-65yrs while 105(11.5%) respondents fall between 66-70yrs.

Research question 1 showed that stress management were the lifestyle pattern majorly practised by the academic staff (35.4%) followed by Diet (14.4%), followed by watching TV (9.5%) in that order. While partying was the least (2.5%), this implies that academic staff do not totally like going to parties, they prefer staying at home to rest. As indicated in the table; majority of the lecturers don't engage in physical activities. This may be one of the factors that predispose them to some illnesses. Nieman and Wentz (2019) stated that lack of physical activity may lead to rise in the heart beat, reduction in the blood volume and partial or complete wastage of bones and muscles. Their data also support a clean inverse relationship between moderate exercise training and illness risk.

Research question 2 indicated that social media was the major source of accessibility of health information by academic staff which is strictly followed by health databases. This result corroborate the findings of Athukorola (2018) which stated that social media was depends heavily by students and lecturers for learning, research needs, information sources as well as daily life. The least sources of health information consulted by academic staff were nurse and Television or Radio as they took equal percentage. This implies that academic staff don't go to nurse for consultation, they prefer professional or expert to handle their health complaint, and that they only listen to radio for current news.

Research question 3 showed the level of utilisation of health information sources by the academic staff. Majority of the respondents indicated that they rely heavily doctors as their source of health information followed by social media. This is because doctors are professional in searching for health information for the purpose of enlightening their clients for their professional responsibilities.

Hypothesis one showed relationship between management of healthy lives and accessibility of health information sources. The result indicated that there is no significant relationship between them. This implies that sources of health information accessed by academics does not have any relationship in how they manage their health lives.

Hypothesis two also showed relationship between management of healthy lives and usability of health information sources. Result indicated that there is a significant relationship between them. This implies that academics use health information sources in managing their healthy lives.

Conclusion and Recommendation

Management of healthy lives through access and use of health information could minimise the risks of many ailments and helps in the early detection of health problems such as cardiovascular diseases, diabetes, cancer etc. Use of health information sources play a major role in combating health diseases of academic staff in Nigerian universities. Stress management has also been discovered as the lifestyle being practised by the academic staff. The implications of this conclusion on academics is that they do undergo stress a lot in terms of academic workload and all the markings of scripts coupled with the publishing articles in a reputable journals. Therefore, managing stress is necessary and this can be done through access and use of health information so as to live a quality lives.

However, in order to ensure good health of academics in performing their duties very well, this study recommended that the university administration should endeavour to invest heavily in acquisition of health information resources both hardcopy and online resources for the basic management of healthy lives as well as reducing workload of academics by employing more staff to alleviate stress.

The limitations of the study was limited to a specific geographical area and selected federal universities in Southwest, Nigeria. This implies the need for further studies as the findings cannot be generalised. In addition, further studies need to be carried out on the other cadres of academic staff and in private and state universities in managing healthy lives and well-being through access and use of health information resources. Despite the limitations, the study still provides useful data and important knowledge that would enable the university management to acquire resources that will benefit lecturers to manage their health so as to keep fit especially those in the rank of professors in which this study was based.

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