

## PHYSICAL AND MENTAL HEALTH QUALITY AS KEY COMPONENTS OF LIFE SATISFACTION AMONG CIVIL SERVANTS IN BORNO STATE, NIGERIA

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### Abstract

This study examined physical and mental health quality as key components of life satisfaction among civil servants in Borno state, Nigeria. The study employed correlational research design. The population for this study consisted of all 3,096 civil servants working in state secretariat Maiduguri, Borno state. Out of this population, 1,548 represented 50% was selected to ensure adequate power for detecting effects while considering resource constraints. Two research instruments: quality of life and satisfaction with life questionnaires were used for data collection. Their face and content validities were confirmed by experts in the department of physical and health education, University of Maiduguri, while test-retest-method of reliability was used to establish their reliability coefficients of  $r = 0.81$  and  $r = 0.73$  respectively. Mean and standard deviation were used to answer the research questions. Findings of the study revealed that scores for health components ( $M=3.43$ ,  $SD=0.90$ ) exceeded the midpoint threshold of 2.5, indicating relatively good health status, whereas life satisfaction scores ( $M=2.38$ ,  $SD=0.46$ ) fell below the threshold and that there is significant relationship between physical and mental health and life satisfaction among civil servants in Borno state Nigeria ( $P<0.05$ ). It was recommended that multilevel interventions addressing both health issues such as workplace wellness programs and economic issues such as inflation-adjusted wages factors are needed to improve life satisfaction of civil servants.

**Key words:** Health Education, Quality of Life, Life Satisfaction, Civil Servants.

### Introduction

Quality of life is a comprehensive concept which consists of physical and mental health, economic situations, personal belief and interaction with environment. In contemporary management, the concept of quality of life has been changed to a social issue, while in the past decades only the personal life was emphasized. This generic or overall conceptualization of encompasses both life satisfaction in general and satisfaction with specific life domains. World Health Organization also proposes the concept of health-related quality of life to encompass the effects of factors on health. Findings from previous studies among civil servants have shown how health-related quality of life is associated with disease and psychological problems among others (Yildirim, Akinci, Gozu, Sargin, Orbay, & Sargin, 2007).

Life satisfaction is an evaluation of individual's life as a whole according to how well individual goals match with his or her achievements. It is a subjective and general estimation of physical well-being, social well-being and psychological well-being aspects of an individual's current life situation (Hernandez, Bassett, Boughton, Schuette Shiu, & Moskowitz, 2018). Physical well-being of life satisfaction has to do with soundness of body, the way in which body work or function, sharpness of senses (for example, eyes, brain) presence or absence of disease or infirmity. Life satisfactions among civil servants have been identified as

a key issue in human resource management as it affects the psychological well-being of people at work.

In the field of public health and health care services research, the interest for the health-related quality of life has represented a progress respect to the simple investigation of diseases and their symptoms. Health-related quality of life represents those parts of quality of life that directly relate to an individual's health so that the quality of life of an individual varies depending on one's state of health as well as on many other factors. Physical and mental health problems have many effects on the individual at the workplace. The productivity of individuals with unsupported mental health needs may decline while at work. Mental health problems can affect work performance in terms of increase in error rates, poor decision-making, loss of motivation and commitment, tension and conflicts between colleagues (Lohr, Essex & Klein, 2000).

Qualitative and quantitative researches show that experts have consensus on factors such as wealth, employment, recreation and leisure, social belonging, physical and mental health, education and religious belief as the major predictors of life satisfaction (Droonmers, Schrijvers & Machenback, 2001). Among these factors physical and mental health have many effects on the individual at the workplace; the productivity of individuals with unsupported mental health needs may decline while at work, increase in error rates, poor decision-making, loss of motivation and commitment, tension and conflicts between colleagues (Lohr, Essex & Klein 2000). Work-related stress and poor mental health are major reasons not only for absenteeism but also for occupational disability and for workers seeking early retirement. People with mental disorders face stigmatization, social exclusion and barriers in obtaining equal opportunities at all levels of life, for example finding a work in the open labour market and returning to work after sickness.

Anecdotal evidence however, revealed that, factors such as relatively lower salaries and remuneration, long working hours, loss of spare time, and emotional burnout has been identified for lower life satisfaction among civil servants in Borno state (ShehuB & Manchanda, 2022). Despite the comprehensive interest and extensive literature on life satisfaction among civil servants, research about physical and mental health as key components of life satisfaction among workers, especially in Borno state, Nigeria. It is against this background that this study aimed to examine the influence of physical and mental health as component of quality of life on life satisfaction among civil servants in Borno state, Nigeria. Such study becomes necessary because it will improve the quality of life and life satisfaction of civil servants.

Literature on mental health agreed that physical and mental health has thresholds and it is only when it is no longer containable that it manifests as mental health problem. In Nigeria, several studies have been carried out on mental health among various populations (Ajumobi, 2020; Alao & Saka, 2023; Lawal, 2021; Yaru, et al. 2022). According to Ajumobi (2020), about 25-30% of Nigerians suffer from mental illness. Due to the importance of mental health to the overall wellbeing, it has received increased attention in recent years (Yaru, et al, 2022). Alao and Saka (2023), conducted a study on relationship between mental health, life satisfaction and

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socio-demographic factors among some professionals in Ondo west local government. The study adopted the correlational research design. The population for the study consisted of the professionals in Ondo state, Nigeria. A Sample of 176 professionals was selected through convenience sampling technique. The results revealed a significant negative relationship between life satisfaction  $r(175) = -0.313, p=0.01$  with mental health.

Yaru, et al. (2022) studied a total of 8500 residents using descriptive research design. Pearson correlation was employed to analyze the correlation between mental health and life satisfaction. This study found that the residents' average score of life satisfaction was  $24.60 \pm 4.12$ . Mental health was significantly correlated with perceived social support and life satisfaction. After adjusting for controlling variables, perceived social support played a partially mediating effect on mental health and life satisfaction, accounting for 21.04% of the total effect. According to Brown, Renwick and Nagler (2010), physical, mental, and social health of a person are related to one another. Depreciation in any one of the three conditions can lead to depreciation in the other two, thus in turn depreciating the complete health of a person. Kliem (1997), studied the relationships between the physical, functional, and subjective component of physical health status and life satisfaction among older women. The study reported that, before the inclusion of the coping variables, physical conditions directly contributed to functional impairment, and both indirectly lowered life satisfaction through their direct negative effects on subjective health assessments.

### Research Questions

1. What is the relationship between physical health and life satisfaction among civil servants in Borno state?
2. What is the relationship between mental health and life satisfaction among civil servants in Borno state?

### Hypotheses

1. There is no significant relationship between physical health and life satisfaction among civil servants in Borno state, Nigeria.
2. There is no significant relationship between mental health and life satisfaction among civil servants in Borno state, Nigeria.

### Methodology

The study employed correlational research design to determine the relationship between physical and mental health on life satisfaction among civil servants in Borno state, Nigeria. The research design was used because it tells us the extent to which the two or more variables are associated or the extent to which they occur together. A correlation study is a type of study where a researcher seeks to understand what kind of relationships naturally occurring variables have with one another (Abiola, 2007). The population for this study comprised all the 3089 civil servants working in all ministries in Borno state, Maiduguri (Borno State Head of service Governor's office, 2021), while 1,548 representing 50% of the population served as sample size (Nwana, 1990). The simple random sampling technique was employed to select 10 ministries from 20 existing ministries because it guarantees that each member of the population has the same probability of selection and inclusion in the sample group (Suresh, Thomas &

Suresh, 2017). Following that proportionate stratified random sampling procedure was employed to allocate number of questionnaires administered to each ministry selected since the population of each ministry differs in number (Suresh, Thomas & Suresh, 2017). And finally, accidental sampling procedure was employed to select respondents to answer the questionnaires since the participants are available at the time of this study (Suresh, Thomas & Suresh, 2017).

The researcher adapted two research instruments, one was the Quality of Life, (WHOQOL) questionnaire of 21 items by World Health Organization (WHO, 2017), and the other was Satisfaction with Life Scale (SWLS) of eight items which was adapted from Diener, Emmons, Larsen, and Griffin (2015). While items 1, 5, 7, 9 and 11 (for WHOQOL) were modified, only items 3, 4 and 8 (for SWLS) were modified to suit the objectives of this study. The study finally used a questionnaire tagged (WHOQOLSWLS) and which contained three sections. Section A contains items that elicited demographic information of the selected civil servants. Section B contains items that elicited information on the quality of life of the selected civil servants (WHOQOL), and section C contains items that elicited information on the civil servants' life satisfaction (SWLS).

The questionnaire was based on a modified four-point Likert rating scale Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1), for section B items, Very Much (4), Moderately (3), Slightly (2), Not at All (1), for section C items. The questionnaire was subjected to face and content validities by the experts in the Department of Physical and Health Education, University of Maiduguri (Dugdale et al., 2018). Test-retest was used to determine the reliability of the instrument by selecting 20 civil servants from the ministries that was excluded from the study. The scores were then correlated using Pearson Product Moment Correlation Coefficient (PPMCC) to establish their reliability coefficients which yielded  $r = 0.81$  for the WHOQOL scale, and  $r = 0.73$  for the SWLS, indicating that the instrument were reliable (Gwet, 2014). The original versions of the WHOQOL and SWLS scales had reliability coefficients of  $r = 0.80$  and  $r = 0.71$  respectively, further establishing the consistency of the two scales with the modified ones.

Descriptive statistic of means and standard deviation was used to answer the research questions. The descriptive statistics were used to describe and summarize inform decisions based on data patterns of the research question (Montgomery, 2012). The decision rule is that any item with mean score of 2.50 and above will be regarded as positive response; while item with mean score less than 2.50 will be regarded as negative response (Olaitan, 1983). Pearson Product Moment Correlation (PPMC) was used to test the hypotheses at 0.05 level of significant. PPMC is a valuable statistical tool for assessing the strength and direction of linear relationships between variables (Triola, 2018).

## Results

**Research Question One:** What is the relationship between physical health and life satisfaction among civil servants in Borno state?

**Table 1: Physical Health as Component of Quality of Life**

SN	Items	Mean	SD	Remark
1.	I experience physical pain that prevents me from doing what I need to do	1.49	1.03	Low
2.	I am satisfied with my capacity at work	3.91	0.68	High
3.	I am satisfied with my physical health	3.97	0.72	High
4.	I have enough energy for everyday work	3.73	0.96	High
5.	I am satisfied with my ability to perform my daily activities	3.92	0.68	High
6.	I am able to carry out my daily work very well	4.22	0.78	High
7.	I perform exercise regularly	2.46	1.26	Low
8.	I need medical treatment to function well in my daily life	2.97	1.12	High
9.	There are some parts of my body that makes me feel uncomfortable	3.84	0.91	High
10.	I find it difficult to handle pain or discomfort	2.76	1.00	High
11.	I have been able to accept my bodily appearance	3.90	0.78	High
	Total	3.37	0.90	High

Table 1 shows mean and standard deviation scores of physical health as component of quality of life. In addition, the table shows that the civil servants rated more of the items above a mean score of 2.50, this implies that the physical health among civil servants in Borno state is considerably good. Furthermore, the grand mean and standard deviation scores of 3.43 and 0.90 are empirical evidence supporting the agreement among the respondents.

**Research Question Two:** What is the relationship between mental health and life satisfaction among civil servants in Borno state?

**Table 2: Mental Health as Component of Quality of Life**

SN	Items	Mean	SD	Remark
12.	I am satisfied with my sleep	3.79	0.91	High
13.	To some extent I feel my life is meaningful	3.11	0.95	High
14.	I often have feelings of despair, anxiety and depression	2.88	1.09	High
15.	I often recall things	3.35	1.20	High
16.	I find it difficult to relate with people around me	3.91	0.76	High
17.	I often concentrate on what I do	3.97	0.72	High
18.	Feelings such as sadness or depression interferes with my everyday functioning	3.94	0.74	High
19.	I rated quality of life and contentment very well during the last few years and now	2.21	1.48	Low
20.	To some extent I valued my life	4.72	0.71	High

21. Feelings of depression bothers me	3.01	1.04	High
Total	3.49	0.96	High

Table 2 shows mean and standard deviation scores of mental health as component of quality of life. In addition, the table shows that the civil servants rated more of the items above a mean score of 2.50, this implies that the mental health among civil servants in Borno state is considerably good. Furthermore, the grand mean and standard deviation scores of 3.49 and 0.96 are empirical evidence supporting the agreement among the civil servants.

**Hypothesis One:** There is no significant relationship between physical health and life satisfaction among civil servants in Borno state, Nigeria.

**Table 3: Relationships between Physical Health and Life Satisfaction of Civil servant.**

Variables	Mean	S.D	N	df	r	P-Value	Remark
<b>Life Satisfaction</b>	2.72	0.34	1500				
				1498	0.791*	0.0001	Rejected
<b>Physical health</b>	3.43	0.16	1500				

Result in table 3 indicated that life satisfaction had a mean of 2.72 and standard deviation of 0.34; similarly, physical health had a mean of 3.43 and standard deviation of 0.16. Correlation coefficient (r) value of 0.791 indicates a strong positives relationship between physical health and life satisfaction of civil servants in Borno state, Nigeria. The p-value =0.0001 suggests that this relationship is statistically significant, which supports the rejection of null hypothesis one. Therefore, there is a statistically significant relationship between physical health and life satisfaction among civil servants in Borno state, Nigeria.

**Hypothesis Two:** There is no significant relationship between mental health and life satisfaction among civil servants in Borno state, Nigeria.

**Table 4: Relationships between Mental Health and Life Satisfaction of Civil servant**

Variables	Mean	S.D	N	df	r	P-Value	Remark
<b>Life Satisfaction</b>	2.72	0.34	1500				
				1498	0.447*	0.0001	Rejected
<b>Physical health</b>	2.63	0.27	1500				

Result in table indicated that life satisfaction had a mean of 2.72 and standard deviation of 0.34; similarly, mental health had a mean of 2.63 and standard deviation of 0.27. Correlation coefficient (r) value of 0.447 indicates a strong positives relationship between mental health and life satisfaction of civil servants in Borno state, Nigeria. The p-value =0.0001 suggests that this relationship is statistically significant, which supports the rejection of null hypothesis two. Therefore, there is a statistically significant relationship between mental health and life satisfaction among civil servants in Borno state, Nigeria.

## Discussion of Findings

The findings of the study showed that physical and mental health as components of life satisfaction among civil servants in Borno state, Nigeria is good. This can be confirmed as the analysis revealed that more of the items were rated above a mean score of 2.50 by the civil servants. The finding is in line with the study of Friday, Godwin, Callista and Emeka (2017), that reported that majority of diabetic out-patients in their study were free from mental health disorder. This finding is also in line with a recent study conducted by Getachew et al (2023), who reported that civil servants in Northeast Ethiopia were physically active or healthy.

The result of this study is in line with the study of An et al. (2020) who studied relationships between physical activity and life satisfaction and happiness among young, middle-aged, and older adults. They explained that participants that engaged in daily activity had significantly higher life satisfaction and happiness than who did not. It was reported in similar study that physical activity was one of important healthy lifestyles, which could improve physical and mental health, and then increase life satisfaction and happiness (Steptoe, 2019). More so, other study reported that happiness might be a protective factor to physical and mental health, and people with higher life satisfaction /happiness might participate better in life matters which are in line with this study (Martín-María et al., 2017).

The findings of this work indicated that there is significant relationship between physical and mental health and life satisfaction of civil servants in Borno state. This is in line with the study of Fergusson et al. (2015) which reported that significant associations ( $p < 0.01$ ) were found between life satisfaction and the psychiatric disorders such as anxiety disorder, suicide and depression. This finding is also similar to the finding of Otaghi et al. (2023), which found that there was significant relationship between the total mental health score and the life satisfaction score. The result of this work buttresses the finding of the studies conducted within Nigeria and beyond (Fashola, Kenku and Obasi 2018; Getanda, Papadopoulos & Evans 2015), where the authors reported that there was positive relationship between physical, mental health and satisfaction with life.

The results of this study contradicts with the study of Getanda, et al., (2015), who reported highlight poor quality of life, life satisfaction, and psychological health among internally displaced persons living in Nakuru County, Kenya. The result of this study differs from previous study of Barnes et al., (2012), who studied health-related quality of life and overall life satisfaction in people with serious mental illness. They found that no significant difference between physical and mental health-related quality of life and life satisfaction in people with serious mental illness, indicating that participants in their sample were as concerned with their physical health status as they were with mental health status. The discrepancy could be attributed to the participants studied.

## Conclusion

This study concludes that strong relationships exist between physical health, mental health and life satisfaction among civil servants in Borno state, Nigeria. It is further concluded that these strong relationships can be generalized on all the civil servants working in the state secretariat in Borno state.

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## Recommendations

Based on the findings and conclusion of this study, the following recommendations were made:

1. Government of Borno state should extend good physical and mental health programs enjoyed by State civil servants to all sectors so as to improve their quality of life and life satisfaction.
2. Government of Borno state should improve on wages and salary of civil servants so as to increase their monthly income which will boost their productivity and thereby improve their life satisfaction.

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