

# **PRESUMPTIVE BEHAVIOURAL INDICES AND PSYCHOLOGICAL WELL-BEING OF ACADEMIC STAFF IN TERTIARY INSTITUTIONS IN OGUN STATE, NIGERIA**

**D.A. Oluwole, (Ph.D)**

Department of Counselling and Human Development Studies  
University of Ibadan

&

**Emily Oluyemisi Adeniji, (Ph.D)**

Department of Psychology, Guidance and Counselling,  
School of Education,  
Federal College of Education, Abeokuta

## **Abstract**

*This study was designed to investigate presumptive behaviour indices (spirituality, health-seeking behaviour, and illness cognition) and the psychological well-being of academic staff in tertiary institutions in Ogun State, Nigeria. A descriptive survey design was adopted. From three purposively selected tertiary institutions in Ogun State, a simple random technique was employed to select 208 respondents representing 10.1% of 2,050 academic staff. Namely Federal College of Education Abeokuta (83-39.9%), MoshoodAbiola Polytechnic (75-36.1%) and Federal University Agricultural (FUNNAB) (50-24.0%). The instruments used to collect data were the health-seeking behaviour questionnaire, psychological well-being scale, spirituality self-report questionnaire, and the brief illness perception questionnaire. The data obtained were analysed using descriptive statistics and Multiple Regression. Results showed that except for spirituality, there was a significant relationship between the independent variables (health-seeking behaviour and illness cognition factors) and the psychological well-being of lecturers in the selected institutions in Ogun State, Nigeria. There was a significant composite contribution of health-seeking behaviour, spirituality and illness cognition and psychological well-being of lecturers in the selected institutions in Ogun State, Nigeria. There is a strong need to develop vibrant counselling centres for support services on psychological wellness which is very essential for all members of staff in our tertiary institutions. A good mental health policy is necessary to drive the provision of counselling services efficiently among academic staff.*

**Keywords:** Spirituality, health-seeking behaviour, illness cognition, psychological well-being

## **Introduction**

The idea of Psychological Well-Being (PWB) compares to the World Health Organisation (WHO) meaning of health as a condition of complete physical, mental, and social well-being, not simply the absence of sickness or ailment (WHO, 1948; Oluwole, 2013). An elevated degree of PWB is related to a lower chance of sorrow (Ryff and Keyes, 1995; Fava, 1999), a lower probability of showing risk

conduct (Yonker, Schnabelrauch, and DeHaan, 2012), and a diminished safe cell articulation of a moderated transcriptional reaction to difficulty (Fredrickson, Grewen, Algae, Firestine, Arevalo, Ma, *et al.*, 2015). However, hardly any investigations zeroed in on this health-related conduct among teachers. It has been seen that most academic staff of tertiary institutions in Nigeria are not intense about their health, perhaps because of responsibility and other major problems.

Health-seeking behaviour alludes to those exercises attempted by people, because of the health challenges that defy them (Olenja, 2004). Countless variables like information, disposition, and conviction framework impact it. It is additionally an element of the transaction between different social circumstances like age, training, and financial status. Health-seeking behaviour alludes to the multitude of things people do to forestall infections and recognise illnesses in asymptomatic stages. As per MacKian (2009), there are two ways to deal with understanding health-seeking behaviour; to be specific, (a) healthcare-seeking ways of behaving: usage of the framework and (b) health-seeking ways of behaving: the cause of illness reaction. Regardless of the continuous proof from various investigations that individuals truly do pick conventional and personal medication, or suppliers in an assortment of settings that significantly affect health, not many studies prescribe ways of building extensions to empower individual inclinations to be fused into a more responsive health care framework.

As indicated by Joseph, Ainsworth, Mathis, Hooker, and Keller (2017), spirituality ought to be perceived as "a more broad, unstructured, customised, and normally happening peculiarity, where an individual looks for closeness and additionally connectedness between him/herself and a higher power or reason." Spirituality, in this manner, frames a multi-layered hypothetical development. It comprises amazing quality comprehended as going past or over "the genuine I." In this specific circumstance, spirituality is characterised as encountering greatness through inward harmony, agreement, or connectedness to other people (Boswell, Kahana and Dilworth-Anderson, 2006). Spirituality varies from religion as the last option is fairly connected with explicit customs, institutional conditions, and social connections, though the previous is more about an individual encounter with what is concealed and perceived as more significant than ourselves (Tovar-Murray, 2011). Thoresen (1998) claims that religion is seen, for the most part, as a social peculiarity, while spirituality is generally considered at a singular level and inside a particular setting. Notwithstanding their normal amazing quality-related roots, spirituality may not be dealt with conversely. These are various regions, notwithstanding, covering their importance (Krok, 2009a; Kharitonov, 2012; Oluwole and Adeyemi, 2008; Oluwole, 2008a; Oluwole, 2008b; Oluwole, Okon, and Oyira, 2009; Krok, 2009a).

Cognitions about illness have been recognised as supporters of health-related conduct, psychological well-being, by and large, health. A few unique speculations have been created to make sense of how cognitions might apply their effect on health results. Mental portrayals envelop insights in regards to the results presented by the illness, its timetable, individual capacity to control the illness, whether the illness can be relieved or constrained by treatment, and the character of the illness (counting its name and side effects). Passionate portrayals reflect sentiments like dread, outrage, and sorrow about the illness (Oluwole, 2019). The advancement of illness portrayals is affected by certain variables, including individual experience, the idea of actual side effects, character attributes, and the social and social setting. Illness cognitions can fluctuate significantly among people. Illness cognitions happen because of ongoing infection/handicap when an individual

has assessed how much their condition could hinder everyday and objective co-ordinated activities (Sharma, 2015 & Hilliard, Riekert, Ockene & Pbert, 2018).

As much as there are studies on the psychological well-being of various individuals worldwide and in Nigeria in particular, presumptive behavioural factors such as spirituality, health-seeking behaviour and illness cognition and how they impinge on the psychological well-being of academic staff in tertiary institutions in Ogun State, Nigeria have not been investigated. Therefore, the main objective of this study was to examine the psychosocial indices (spirituality, health-seeking behaviour, and illness cognition) of presumptive behaviour and psychological well-being of academic staff in tertiary institutions in Ogun State, Nigeria. Other purposes are to:

1. examine the level of spirituality of the academic staff;
2. examine the level of health-seeking behaviour of the academic staff
3. examine the level of illness cognition of the academic staff
4. establish the level of psychological well-being of the academic staff
5. ascertain the relationship between the independent variables (health-seeking behaviour, spirituality, and illness cognition factors) and the dependent variable (psychological well-being) of lecturers in the selected institutions in Ogun State, Nigeria
6. determine the significant joint contribution of psychosocial indices (spirituality, health-seeking behaviour and illness cognition) and psychological well-being of the academic staff;
7. ascertain the significant relative contribution of psychosocial indices (spirituality, health-seeking behaviour and illness cognition) on the psychological well-being of academic staff in tertiary institutions in Ogun State, Nigeria.

### Research Questions

The following research questions were raised and answered:

1. What is the pattern of health-seeking behaviour of academic staff in tertiary institutions in Ogun State, Nigeria?
2. What is the pattern of the spirituality of academic staff in tertiary institutions in Ogun State, Nigeria?
3. What is the pattern of illness cognition of academic staff in tertiary institutions in Ogun State, Nigeria?
4. What is the pattern of psychological well-being of academic staff in tertiary institutions in Ogun State, Nigeria?

### Hypotheses

The following hypotheses were tested at a 0.05 level of significance:

1. There is no significant relationship between the independent variables (health-seeking behaviour, spirituality, and illness cognition factors) and the dependent variable (psychological well-being) among lecturers in some selected institutions in Ogun State, Nigeria.
2. There is no significant joint contribution of psychosocial indices (spirituality, health-seeking behaviour, and illness cognition) and psychological well-being of academic staff in tertiary institutions in Ogun State, Nigeria.
3. There is no significant relative contribution of psychosocial indices (spirituality, health-seeking behaviour, and illness cognition) on the psychological well-being of academic staff

in tertiary institutions in Ogun State, Nigeria.

## **Methods**

### **Design**

This study adopted a descriptive survey research design of correlational type. The rationale for this research design is that the variable of the study occurred before the commencement of the study. Also, the study intends to find relationships among the variables. The independent variables of the study were spirituality, health-seeking behaviour, and illness cognition meaning, while the dependent variable was psychological well-being.

### **Population and Participants**

Three higher institutions were purposively selected in Ogun State. Two Federal and one State tertiary institutions. These are the Federal University of Agriculture, Abeokuta (FUNAAB) currently with an estimate of 850 academic staff, while Moshood Abiola Polytechnic Ojere and Federal College of Education Osiele have 600 academic staff each. The presumed total figure for the three institutions is 2050 academic staff. For the population, as in the case of this study, the formula developed by Cochran (1963), as cited in Israel, (2003) to yield a representative sample for proportions was used. Therefore, using a simple random technique, 208 respondents representing 10.1% of 2,050 academic staff were selected as respondents. Federal College of Education Abeokuta were 83 (39.9%) while those from Moshood Abiola Polytechnic were 75 (36.1%) and respondents from Federal University Agricultural (FUNNAB) were 50 (24.0%) of the total respondents. The respondents with a range of fewer than 5 years were 16 (7.7%), while those with a range of 6 to 10 and 21 to 30 years were 21 (10.1%) of the total respondents respectively, while respondents with a range of 11 to 20 years were 149 (71.6%) of the total respondents, also those with a range of 31 years and above are 1 (0.5%) of the total respondents. This showed that respondents with years of experience range of 11 to 20 years had the highest percentage. The respondents with the age range of 31 to 35 years were 3 (1.4%) while those with the age range of 36 to 40 years were 20 (9.6%) of the total respondents and respondents with the age range of 41 to 45 years were 65 (31.3%) of the total respondents, also the respondents with the age range of 46 to 50 years were 64 (30.8%) while those with the age range of 51 to 55 years were 32 (15.4%) of the total respondents and respondents with the age range of 56 years and above were 24 (11.3%) of the total respondents. This showed that respondents in the age range of 41 to 45 years had the highest percentage. 131 representing 63.0% of the respondents were males, 77 of them or 37.0% were females. The majority of the respondents 93 (44.7%) were MA./M.Sc./M.Ed holder, while those with PhD were 58 (27.9%) of the total respondents and 32 (15.4%) of the total respondents were HND/B.Sc/B.Ed holders while 15 (7.2%) were M/phil holders and 10 (4.8%) were PGD holders. This showed that majority of respondents were MA./M.Sc./M.Ed holders.

After obtaining the consent of the lecturers, the researchers asked them to fill in a set of questionnaires. Each exercise lasted 10 minutes on the average. After completing the questionnaires, the collected data was transferred into a spreadsheet and double-checked.

## **Measures**

### **Demographics**

The demographic information included such information as age, years of experience, education, and marital status. The main parts of the questionnaire consist of items on the various forms of predictors

identified as described below:

### ***Health-seeking Behaviour Questionnaire***

The scale used in this study is an adapted form of the health-seeking questionnaire by Heather (2009). The scale covered fear beliefs and prevention beliefs. These constructs include client perceptions, attitudes, and preventive efforts regarding their health-seeking behaviour. The questionnaire asks whether the respondent feels susceptible to breast cancer, it asks how seriously or endangered they feel about breast cancer, in addition to whether they feel it is truly preventable on their part, and whether if diagnosed in the early stage, prevention can be of benefit to them. In the decision range, any mean value of 2.50 and above was considered accepted while below 2.50 was considered rejected. In this study, an alpha coefficient of 0.71 was established for its reliability.

### ***Psychological Well-Being***

The PWB measure is based on the eudemonistic concept of well-being developed by Ryff (1989). In our study, the Polish adaptation by Krok (2009b) was used. The questionnaire contains 42 items in six subscales: Self-Acceptance, Personal Growth, Life Purpose, Positive Relationships with Others, Environmental Mastery, and Autonomy. Items are rated on a 7-point Likert scale (from 1 – strongly disagree to 7 – strongly agree). It is also possible to calculate general factors of psychological well-being as the average of the six subscales. In the decision range, an average score of 2.50 and above is considered acceptable while below 2.50 is considered rejected. The internal consistency indicator for the entire scale is 0.914.

### ***Spirituality Self-Report Questionnaire***

The self-report questionnaire was developed by Heszen-Niejodek and Gruszczyńska (2004) and Metlak (2002) to measure spirituality levels. It consists of 20 statements rated on a 5-point Likert scale (from 1 – no to 5 – definitely yes). The spirituality scale reliability indicator is 0.903.

### ***The Illness Cognition Questionnaire***

The brief illness perception had nine items. The items are developed by forming one question that best summarises the items contained in each IPQ-R subscale. All items except causal questions are scored using a 0 to 10 response scale. Responses to causal items can be grouped into categories such as stress, lifestyle, heredity, etc., determined by the particular disease being studied, and a categorical analysis can then be performed. In the decision range; an average score of 2.50 and above is considered acceptable while below 2.50 is considered rejected.

### **Methods of Data Analysis**

The data were analysed using descriptive statistics, person product-moment correlation (PPMC) and Regression Analysis.

### **Results**

This section presents the result of the research carried out on health-seeking behaviour, spirituality, and illness cognition factors as determinants of psychological well-being among lecturers in some selected institutions in Ogun State, Nigeria.

### **Research Questions**

Research Question 1: What is the health-seeking behaviour among lecturers in some selected institutions in Ogun State, Nigeria?



**Table 1: Frequency Distribution of Respondents' View on the Health-Seeking Behaviour of Lecturers. (n=208)**

S/ A	HEALTH-SEEKING BEHAVIOUR	VT (%)	AT (%)	ST (%)	NT (%)	$\bar{\chi}$	Std Dev	Remark
1	Have you looked for information about a health problem or a disease?	133 63.9 %	49 23.6 %	25 12.0 %	1 0.5%	3.5 1	.722	Accepted
2	Have you ever looked for information about ways to keep yourself from getting health problems or diseases?	131 63.0 %	64 30.8 %	13 6.3%	0 0.0%	3.5 7	.610	Accepted
3	Do you find out about health topics such as breast cancer, arthritis, malaria etc?	109 52.4 %	69 33.2 %	22 10.6 %	8 3.8%	3.3 4	.819	Accepted
4	Have you ever talked to friends and family members about illnesses?	88 42.3 %	78 37.5 %	38 18.3 %	4 1.9%	3.2 0	.803	Accepted
5	Have you ever looked up information about preventing (never getting) illness?	115 55.3 %	80 38.5 %	11 5.3%	2 1.0%	3.4 8	.644	Accepted
6	If you wanted information about preventing illnesses, would you want to visit a health centre/hospital?	92 44.2 %	63 30.3 %	29 13.9 %	24 11.5 %	3.0 7	1.021	Accepted
7	Can you do something to keep you from getting sick?	115 55.3 %	82 39.4 %	9 4.3%	2 1.0%	3.4 9	.629	Accepted
8	Do you believe if diseases are discovered early, they can be treated successfully?	128 61.5 %	71 34.1 %	6 2.9%	3. 1.4%	3.5 6	.627	Accepted
9	Compared to other people of your age, do you think your chances of getting sick are higher?	45 21.6	67 32.2	31 14.9	65 31.3	2.4 4	1.145	Rejected
10	Do you think having a surgical operation will increase your chances of dying?	34 16.3	53 30.8	64 30.8	57 27.4	2.3 1	1.046	Rejected
11	Do you think the medical treatment you would get for any ailment could be worse than the ailment itself?	26 12.5	42 20.2	30 14.4	110 52.9	1.9 2	1.109	Rejected
12	Do you think being afraid of becoming ill would keep you from looking for information about preventing sicknesses?	46 22.1	58 27.9	26 12.5	78 37.5	2.3 5	1.194	Rejected
13	Do you regularly go for medical checks?	70 33.7	55 26.4	60 28.8	23 11.1	2.8 3	1.021	Accepted
	<b>Grand Mean</b>					<b>3.0 0</b>	<b>.876</b>	

Sources: Researcher's field report, 2021

Key: (VT=4) Very True, (AT=3) Almost True, (ST=2) Sometimes True, (NT=1) Not True

Table 1 presented results on the health-seeking behaviour among lecturers in some selected institutions in Ogun State, Nigeria, and findings showed that the majority of the items' mean scores are above 2.50, which is the mean score for decision-making and acceptance while, items 9, 10, 11,

and 12 are below 2.50 and were rejected. The highest mean score of 3.57 was recorded in item 2, while the lowest mean score of 1.92 was recorded in item 11. The grand mean and standard deviation are 3.00 and .876, respectively. Since the aggregate mean score is 3.00 and it is above the mean value of 2.50, since the majority of the items are above 2.50, therefore accepted, which means that there was health-seeking behaviour. From the findings, it has been revealed by the respondents that there was health-seeking behaviour among lecturers in some selected institutions in Ogun State, Nigeria.

**Research Question 2:** What are the spirituality patterns of lecturers in some selected institutions, in Nigeria?

**Table 2: Frequency Distribution of Respondents' Views on the Spirituality of Lecturers (n=208)**

S/A	SPIRITUALITY	MD	SD	OW	NE	$\bar{\chi}$	Std Dev	Remark
1	I feel God's presence	153 73.6 %	27 13.0 %	13 6.3	15 7.2%	1.4 7	.900	Rejected
2	I experience a connection to all of life	119 57.2 %	67 32.2 %	15 7.2	7 3.4%	1.5 7	.771	Rejected
3	During worship, I feel the joy that lifts me out of my daily con	136 65.4 %	47 22.6 %	19 9.1	6 2.9%	1.5 0	.780	Rejected
4	I find strength in my religion or spirituality	139 66.8 %	52 25.0 %	9 4.3	8 3.8%	1.4 5	.753	Rejected
5	I find comfort in my religion or spirituality	155 74.5 %	43 20.7 %	4 1.9	6 2.9%	1.3 3	.660	Rejected
6	I feel deep inner peace or harmony	124 59.6 %	69 33.2 %	9 4.3	6 2.9%	1.5 0	.716	Rejected
7	I ask for God's help during daily activities	133 63.9 %	47 22.6 %	22 10.6	6 2.9%	1.5 2	.798	Rejected
8	I feel guided by God during daily activities	129 62.0 %	66 31.70 %	4 1.9	9 4.3%	1.4 9	.742	Rejected
9	I feel God's love for me directly	156 75.0 %	40 19.2 %	6 2.9	6 2.9%	1.3 4	.675	Rejected
10	I feel God's love for me, through others	126 60.6 %	49 23.6 %	21 10.1	12 5.8%	1.6 1	.889	Rejected
11	I am spiritually touched by the beauty of creation	122 58.7	59 28.4	21 10.1	6 2.9	1.5 7	.789	Rejected
12	I feel thankful for my blessings	141 67.8	52 25.0	9 4.3	6 2.9	1.4 2	.711	Rejected
13	I feel a selfless caring for others	100 48.1	91 43.8	8 3.8	9 4.3	1.6 4	.754	Rejected

14	I accept others even when they do things I think are wrong	88 42.3	85 40.9	28 13.5	7 3.4	1.7 8	.804	Rejected
15	I desire to be closer to God or in union with God	120 57.7	70 33.7	14 6.7	4 1.9	1.5 3	.708	Rejected
<b>Grand Mean</b>						<b>1.5 1</b>	<b>.763</b>	

**Key: (MD=1) Most days, (SD=2) Some days, (OW=3) Once in a while (NE=4) Never**

#### Sources: Researcher's field report, 2021

Table 2 presented results on the spirituality of lecturers in some selected institutions, in Nigeria and findings showed that all of the items' mean scores are below 2.50, which is the mean score for decision-making and rejection. The highest mean score of 1.78 was recorded in item 11, while the lowest mean score of 1.33 was recorded in item 5. The grand mean and standard deviation are 1.51 and .763, respectively. Since the aggregate mean score is 1.51 and it is below the mean value of 2.50, all of the items are rejected which means that there is no daily life spirituality among lecturers in some selected institutions in Ogun State, Nigeria. From the findings, it has been revealed by the respondents that there is no daily life spirituality among lecturers in some selected institutions in Ogun State, Nigeria.

**Research Question 3:** What is the illness cognition of lecturers in some selected Institutions?

**Table 3: Frequency Distribution of Respondents' Views on their Illness Cognition**

S/A	Illness Cognition	Not at all	Moderately	Severely	$\bar{x}$	Std Dev	Remark
1	How much has your illness affected your life?	48 23.1%	138 66.3%	22 10.6	2.1 3	.568	Accepted
2	How long do you think your illness will last?	106 51.0%	84 40.4%	18 8.7	2.4 2	.647	Accepted
3	How much control do you feel over your illness?	27 13.0%	126 60.6%	55 26.4	1.8 7	.615	Accepted
4	How much do you think your treatment can help your disease?	27 13.0%	121 58.2%	60 28.8	1.8 4	.628	Accepted
5	How often do you experience symptoms of your disease?	24 11.5%	152 73.1%	32 15.4	1.9 6	.519	Accepted
6	How much do you care about your illness?	35 16.8	121 58.2	52 25.0	1.9 2	.643	Accepted
7	How well do you feel you understand your illness?	39 18.8	96 46.2	73 35.1	1.8 4	.717	Accepted
8	How much does your illness affect you emotionally (for example, does it make you angry, scared, upset, or depressed)	69 33.2	74 35.6	65 31.3	2.0 2	.804	Accepted
<b>Grand Mean</b>					<b>2.0 0</b>	<b>.642</b>	

Sources: Researcher's field report, 2021



Table 3 presented results on the illness cognition of lecturers in some selected institutions and findings showed that all of the items' mean scores are above 1.50, which is the mean score for decision-making and acceptance. The highest mean score of 2.42 was recorded in item 2, while the lowest mean score of 1.84 was recorded in items 4 and 7 respectively. The grand mean and standard deviation are 2.00 and .642, respectively. Since the aggregate mean score is 2.00 and it is above the mean value of 2.50, therefore, since all of the items are above 1.50 and were accepted, it means there was an illness cognition among lecturers in some selected Institutions. From the findings, it has been revealed by the respondents that there was an illness cognition among lecturers in some selected institutions.

**Research Question 4:** What is the pattern of psychological well-being of lecturers in the selected institutions?

**Table 4: Frequency Distribution of Respondents' Views on their Psychological Well-being  
n=208**

S/A	Psychological Well-Being	SA	SLA	SL D	SD	$\chi$	Std Dev	Remark
1	I will in general be impacted by individuals with a solid assessment)	30 14.4 %	116 55.8 %	34 16.3	28 13.5 %	2.7 1	.87 6	Accepted
2	As a general rule, I believe I am responsible for the circumstance where I reside	73 35.1 %	77 37.0 %	35 16.8	23 11.1 %	2.9 6	.98 2	Accepted
3	I think have new encounters that challenge how you consider yourself and the world	74 35.6 %	80 38.5 %	32 15.4	22 10.6 %	2.9 9	.96 8	Accepted
4	Keeping up with cosy connections has been troublesome and disappointing for me	42 20.2 %	109 52.4 %	35 16.8	22 10.6 %	2.8 2	.87 5	Accepted
5	I carry on with life one day at a period and don't consider what to come	44 21.2 %	97 46.6 %	39 18.8	28 13.5 %	2.7 5	.93 9	Accepted
6	At the point when I take the narrative of my life, I am satisfied with how things have ended up	70 33.7 %	81 38.9 %	42 20.2	15 7.2%	2.9 9	.91 1	Accepted
7	I believe in my suppositions, regardless of whether they are in opposition to the overall agreement	52 25.0 %	109 52.4 %	23 11.1	24 11.5 %	2.9 1	.90 4	Accepted
8	The requests of regularly of life frequently get me down	70 33.7 %	88 42.3 %	30 14.4	20 9.6%	3.0 0	.93 3	Accepted
9	As far as I might be concerned, life has been a consistent interaction of getting the hang of, changing and development	62 29.8	90 43.3	40 19.2	16 7.7	2.9 5	.89 4	Accepted
10	Individuals would depict me as a giving individual, willing to impart my chance to other people	70 33.7	83 39.9	41 19.7	14 6.7	3.0 0	.89 8	Accepted

11	A few groups meander carelessly through life, yet I am not one of them	78 37.5	87 41.8	27 13.0	16 7.7	3.0 9	.89 9	Accepted
12	I like most parts of my character	94 45.2	64 30.8	24 11.5	26 12.5	3.0 9	1.0 32	Accepted
13	I judge myself by what I believe is significant, not by the upsides of what others believe is significant	68 32.7	101 48.6	28 13.5	11 5.3	3.0 9	.81 8	Accepted
14	I am very acceptable at dealing with the numerous obligations of my everyday life	99 47.6	68 32.7	27 13.0	14 6.7	3.2 1	.91 3	Accepted
15	I quit any pretence of attempting to make a major enhancement or change in my day-to-day existence quite a while past	74 35.6	88 42.3	31 14.9	15 7.2	3.0 6	.89 1	Accepted
16	I have not experienced numerous warm and confiding involved with others	67 32.2	78 37.5	43 20.7	20 9.6	2.9 2	.95 5	Accepted
17	I feel as though I've done everything to do through everyday life	32 15.4	107 51.4	47 22.6	22 10.6	2.7 2	.85 2	Accepted
18	I feel frustrated about my accomplishment throughout everyday life	42 20.2	76 36.5	40 19.2	50 24.0	2.5 3	1.0 67	Accepted
<b>Grand Mean</b>						<b>2.9 3</b>	<b>.92 2</b>	

**Sources: Researcher's field report, 2021**

**Key: (SA=4) Strongly Agree, (SLA=3), Slightly Agree, (SLD=2) Slightly Disagree, (SD=1) Strongly Disagree**

Table 4 presented results on the psychological well-being of lecturers in some selected institutions, and findings showed that all of the items' mean scores are above 2.50, which is the mean score for decision-making and acceptance. The highest mean score of 3.21 was recorded in item 14, while the lowest mean score of 2.53 was recorded in item 15. The grand mean and standard deviation are 2.93 and .922, respectively. Since the aggregate mean score is 2.93 and it is above the mean value of 2.50, all of the items were accepted, which means that there was positive psychological well-being among lecturers in some selected institutions. From the findings, it has been revealed by the respondents that there was positive psychological well-being among lecturers in some selected institutions.

### Hypotheses

**Ho<sub>1</sub>:** There is no significant relationship between the independent variables (health-seeking behaviour, spirituality, and illness cognition factors) and the dependent variable (psychological well-being) among lecturers in some selected institutions in Ogun State, Nigeria.

**Table 5: Inter-Correlation Matrix of Independents and Dependent Variables**

Variable	Psychological Well - being	Health-seeking	Spirituality	Illness cognition
<b>Psychological Well-being</b>	1			
<b>Health-seeking behaviour</b>	.160*	1		
<b>(P value )</b>	.021			
<b>Spirituality</b>	-.048	.171*	1	
<b>(p-value)</b>	.491	.013		
<b>Illness cognition</b>	-.199**	-.161*	-.082	1
<b>(p value)</b>	.004	.020	.226	
<b>Mean</b>	<b>53.00</b>	<b>39.08</b>	<b>22.72</b>	<b>16.04</b>
<b>Standard Deviation</b>	<b>10.06</b>	<b>4.68</b>	<b>7.43</b>	<b>2.21</b>

The Table showed that there was a relationship between the independent variables (health-seeking behaviour, spirituality, and illness cognition factors) and the dependent variable (psychological well-being) among lecturers in some selected institutions in Ogun State, Nigeria. That is, health-seeking behaviour ( $r = .160$ ,  $n = 208$ ,  $p < .05$ ) and illness cognition ( $r = -.199$ ,  $n = 208$ ,  $p < .05$ ) has significant with psychological well-being, while spirituality ( $r = -.048$ ,  $n = 30$ ,  $p > .05$ ) has no significant with psychological well-being. It implies that, except for spirituality, there was a significant relationship between the independent variables (health-seeking behaviour and illness cognition factors) and the dependent variable (psychological well-being) among lecturers in some selected institutions in Ogun State, Nigeria.

**Ho<sub>2</sub>:** There is no significant composite contribution of the independent variables (health-seeking behaviour, spirituality, and illness cognition factors) and the dependent variable (psychological well-being) among lecturers in some selected institutions in Ogun State, Nigeria.

**Table 6: Summary of Regression Analysis of the Combined Prediction of the Independent Variable (Health-Seeking Behaviour, Spirituality and Illness Cognition Factors) and the Dependent Variable (psychological Well-being) among Lecturers in Some Selected Institutions in Ogun State, Nigeria**

.R	R Square	Adjusted R Square	Std. Error of the Estimate			
0.252	0.064	0.050	9.80555			
Summary Regression ANOVA						
	Sum of Squares	Df	Mean Square	F	P	Remark
Regression	1335.645	3	445.215	4.630	0.004	P<0.05 Sig.
Residual	19614.355	204	96.149			
Total	20950.000	207				

The Table showed there was a composite contribution of the independent variables (health-seeking behaviour, spirituality, and illness cognition factors) and the dependent variable (psychological Well-being) among lecturers in some selected institutions in Ogun State, Nigeria. The Table show coefficient of multiple correlations (R) of 0.252 and a multiple R square of 0.064. This means that 5.0% (Adj.  $R^2=0.050$ ) of the variance in the Psychological Well-being accounted for by the independent variables when taken together. The significance of the joint contribution was tested at  $p<0.05$  using the F-ratio at the degree of freedom (df- 3/204). The table also showed that the analysis of variance for the regression yielded an F-ratio of 4.630 at 0.05 level. It implies that there was a significant composite contribution of the independent variables (health-seeking behaviour, spirituality, and illness cognition factors) and the dependent variable (psychological well-being) among lecturers in some selected institutions in Ogun State, Nigeria.

**H<sub>03</sub>:** There is no relative contribution of the independent variables (health-seeking behaviour, spirituality, and illness cognition factors) and the dependent variable (psychological well-being) among lecturers in some selected institutions in Ogun State, Nigeria.

**Table 7: Relative Contribution of the Independent Variables to the Dependent Variables (Test of Significance of the Regression Coefficients)**

Variable	Unstandardised		Standardised			
Model	(B)	Std. Error	Beta	T	Sig	Remark
<b>Constant</b>	56.74	8.383	-	6.78	.00	-
<b>Health-seeking behaviour</b>	.313	.149	.146	2.097	.037	$P<0.05(\text{Sig.})$
<b>Spirituality</b>	-.119	.093	-.088	-1.273	.203	$P<0.05(\text{not Sig.})$
<b>Illness cognition</b>	-.827	.312	-.182	-2.659	.009	$P<0.05(\text{Sig.})$

The Table reveals there is a significant relative contribution of the independent variables to the dependent variable, expressed as beta weights. Health-seeking behaviour and illness cognition factors have relative contributions to psychological well-being. Using the standardized regression coefficient to determine the relative contributions of the independent variables, illness cognition ( $\beta = -0.182$ ,  $t = -2.652$ ,  $p < 0.05$ ) was the most potent contributor to the prediction followed by health-seeking behaviour ( $\beta = 0.146$ ,  $t = 2.097$ ,  $p < 0.05$ ), while spirituality ( $\beta = -0.088$ ,  $t = -1.278$ ,  $p > 0.05$ ) has no significant relative contribution to psychological well-being. It implies that there was a relative contribution of the independent variables (health-seeking behaviour and illness cognition factors) and the dependent variable (psychological well-being) among lecturers in some selected institutions in Ogun State, Nigeria.

## Discussion

The results indicated that health-seeking behaviour, spirituality, and illness **cognition** were jointly and relatively associated with the psychological well-being of academic staff in tertiary institutions in Ogun State, except for spirituality, which failed to have a significant contribution to the dependent

measure. A negative correlation between spirituality and psychological well-being was opposite to the literature stating a significant positive influence of spirituality on the psychological well-being of an individual (Macleod, 2016; Mamta & Sharma, 2013). Surprisingly, the results of the study noted that spirituality did not act as a protective resource, i.e., fostering psychological well-being among the academic staff. This was in contrast to the studies of Oluwole (2008, 2012, 2018) and Kor et al. (2019) who show that spirituality is stable over time and contributes to better subjective well-being.

Spirituality and health-related ways of behaving can assume a critical part in characterising psychological well-being. Individual spotlight on actual health and the human body or psychosocial health and the human brain and soul could likewise decide psychological well-being (Oluwole, 2013, 2017). Notwithstanding, these cases require more exploration, particularly including a complete and insightful way to deal with different sorts of health-related conduct, various types of spirituality, and point by point parts of psychological well-being. Further study is likewise important to investigate different determinants of the decision of college studies, e.g., explicit perspectives toward health, spirituality, and self-improvement.

The illness cognitions appeared to be related to psychological well-being among the academic staff. With the good course of the relationship, it is conceivable to expect that acknowledgement of the illness or handicap and figuring out how to live with it impact psychological well-being emphatically and diminish sensations of uneasiness and misery. Our outcomes propose that illness cognition is potentially a superior indicator of psychological well-being. This is in accordance with discoveries of Currier, Hermes and Phipps (2009), Maurice-Stam, Broek, Kolk, Vrijmoet-Wiersma, Meijer-van cave Bergh, van Dijk, Phipps and Grootenhuis (2011). It was found that illness-related trouble was emphatically connected with practically all psychological well-being. It tends to contend that the connection between illness cognitions and passionate well-being demonstrates that tension and gloom hold illness-related components. At the end of the day, the illness cognitions of the academic staff apply to their psychological work.

Health-seeking behaviour emphatically predicts the psychological well-being of academic staff in Ogun State tertiary institutions. Health-seeking behaviour required a lot of cycles, and this can, straightforwardly and in a roundabout way, impact the representative's well-being. A study done by Seligman *et al.* (2005) demonstrates that the area of positive brain research upholds reason and positive inclination as the vital elements of worker well-being. This shows that there is solid availability and impact between information on the board and representatives' well-being. This assertion can be upheld by the discoveries that were made by Bockerman *et al.* (2012). In his study, it is observed that more noteworthy independence of information on the board at work might prompt more prominent representative well-being. This study adds to the field of positive psychology by concentrating on the relationship connecting with the effect of health-seeking behaviour rehearsed on academic staff's psychological well-being. There are a couple of studies that have been directed in regards to information on the board issues and workers' feelings of well-being. Past writing talked about the effect of work commitment, workaholism, working environment connections and work-family struggle on well-being (Caesens *et al.* 2014; Brunetto *et al.* 2013; Shimazu *et al.* 2015). Also, Chung *et al.* (2015) have seen workers' feelings of well-being as an intervening impact on information sharing way of behaving.

Wellness is characterised as the capacity to comprehend, acknowledge and follow up on the ability to lead a reason filled and drawn throughout everyday life and to have the option to accomplish wellness in each of the seven components of the model (ICAA, 2020). Wellness then, at that point, requires the person to be effectively occupied with seeking assets to keep up with their wellness with an emphasis on each of the seven aspects. Health-seeking behaviour is characterised by private activities to advance ideal wellness, recuperation and restoration (Nursing Outcomes Classification, 2010). Consequently, the individual activities to advance wellness, i.e., health-seeking behaviour of a more established grown-up should be ideal to accomplish wellness. The capacity to comprehend one's actual capacity level, familiarity with fall risk (established in the natural aspect), and psychosocial factors are significant parts of wellness.

Health-seeking behaviour is a complicated idea with many aspects that should be investigated, and because of an absence of understanding, endeavours to further develop health-seeking behaviour have missed the mark (Cornally & McCarthy 2011). In this study, it is expected to comprehend the connection between specific speculated factors grounded in the Seven Dimensions of Wellness and investigated whether they could give knowledge into understanding the health-seeking behaviour of the elderly living freely locally as a way to help academics. To a regular teacher, effectively one should be drawn in and get help from different health and local area support administrations to empower them to keep up with their well-being.

### **Implications for Counselling and Recommendations**

The study demonstrated a significant joint influence of spirituality, illness cognitions, and health-seeking behaviour on psychological well-being among academic staff of tertiary institutions in Ogun State. There was a significant relationship between illness cognitions, health-seeking behaviour, and psychological well-being. It was found that individuals with higher illness cognitions and health-seeking behaviour were more positive about their perceived psychological well-being. Therefore, a strategic approach to spreading awareness of campus support services on psychological wellness is very essential for all members of staff in tertiary institutions. There is a lack of mental health policy in many tertiary institutions in Nigeria, to drive the provision of counselling services efficiently among academic staff. It is recommended that professional bodies such as the Counselling Association of Nigeria and the Association of Professional Counsellors in Nigeria need to develop policies on the establishment of counselling centres for all institutions of learning to provide psychosocial support for staff and students. There is a need for a vibrant counselling centre for every institution as this is critical to the psychological well-being of academic staff.

Spirituality, illness cognition, health-seeking behaviour, and psychological well-being are complex concepts that are vital components in terms of assisting the academic staff of tertiary institutions. Future research is required to understand psychological well-being among academic staff. Other combinations of physical and cognitive factors are needed to conceptualise and operationalise the term psychological well-being concerning Nigerian academic staff. Future studies may be needed to determine the role of physical functional ability, or level of physical activity participation, on illness cognition, health-seeking behaviour and psychological well-being.



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