

## **SUMMARY**

### **EVALUATION OF THE HEALTH-RELATED BEHAVIOURS OF THE DIOCESAN CLERGYMEN IN THE PODKARPACKIE PROVINCE**

#### **Introduction**

With the aging population and the increased demand for medical care it became indispensable to conduct social campaigns in the field of promoting proper health-related behaviours which decrease the risk of many illnesses. Adequate transfer of information that encourages us to take care of our health is largely decisive of the willingness to adopt proper lifestyle. Psychologists are of one mind in this respect and they emphasise the importance of authority factor in promoting the said actions to be undertaken by individuals. In Poland the most influential groups in point are medical doctors and clergyman, the latter holding true especially in the Podkarpackie province. Clergymen are considered by many as an example to follow, which is not disturbed by the scandals with the representatives of this group receiving a lot of publicity in the media. The high level of trust in the Church and thus in the clergymen is reflected in the high percentage of Catholics taking part in the Sunday mass. It is thus justified to claim that clergymen have significant influence on the improvement of health-related behaviours in the society and these are associated mainly with the catholic religion. It needs to be stressed that discussing the issues in point and encouraging people to lead proper lifestyle do not constitute sufficient measures here. It remains of utmost importance to set trustworthy examples to follow.

#### **Objectives**

The main objective of the thesis is to conduct assessment of the health-related behaviours of the diocesan clergymen at the territory of the Podkarpackie province. It is also essential to identify the level of satisfaction with life among members of the population covered by the analysis.

#### **Data and methodology**

The research covers the diocesan clergymen in the Podkarpacie province from the main territorial units of Archdiocese of Przemyśl (pol. *Archidiecezja Przemyska*) and Diocese

of Rzeszów (pol. *Diecezja Rzeszowska*). The custom-designed survey includes, among others three standardised scales, such as IZZ (pol. *Inwentarz Zachowań Zdrowotnych*, transl. *Inventory of Health-related Behaviours*), MHLC (ang. Multidimensional Health Locus of Control Scale) and SWLS (ang. Satisfaction with Life Scale). The research covered the period from October 2017 till March 2017, which made it possible to apply the principle of equal probability in gathering the representative sample of clergymen. The surveys were sent to all the parishes. Finally, there were 250 clergymen who took part in the survey: 52% (130) of clergymen from Archdiocese of Przemyśl and 48% (120) clergymen from Diocese of Rzeszów. The result complies with the distribution of population which is supported by the value  $p=0,32$ . For the accepted level of reliability ( $p=0,05$ ) and the number of clergymen as known to the researcher the sampling error amounted to  $\pm 5\%$ .

## Results

The analysis of the health-related behaviours of the type IZZ among the diocesan clergymen in the Podkarpackie province brought the final result of  $77,12 \pm 16,20$  ( $Me=78$ ). If we refer this value to the Polish standards for men, as accepted we receive the information about the average results. Individual domains which make constitute the IZZ ration are also found in the middle part of the scale, althout we can see slightly higher value for psychologically positive attitude. The index for positive correlation between the internal self-control ( $25,27 \pm 5,10$ ) and external influence ( $23,13 \pm 5,57$ ) on the one side and good health state are similar for clergymen. Priests are found to be less convinced that health condition is a matter of chance ( $17,60 \pm 5,95$ ). While comparing the results with the normalised sample for men we observe slightly higher values in the sub-scale MHLC – I – the influence of results other than lower results in the sub-scale MHLC – P – a chance. The level of satisfaction with life among the clergymen stays at the level of  $22,51 \pm 5,43$  ( $Me=23$ ), although it makes the borderline case at upper threshold – 6 STEN. The highest correlation values show that the level of SWLS increases together with the increase of the psychologically positive attitude among clergymen ( $r_s=0,43$ ,  $p<0,001$ ) and the general index IZZ ( $r_s=0,39$ ,  $p<0,001$ ). Moreover, priests who believe that self-control is decisive about their health condition show higher satisfaction with life ( $r_s=0,32$ ,  $p<0,001$ ). Calculations of the IZZ results showed statistically significant differences which inform us about the fact that older representatives of clergymen show better health-related behaviours as regards nutrition ( $p=0,044$ ) and they demonstrate better higher values for the final result ( $p=0,032$ ). Furthermore, increased frequency of sport activities among priests also contributes to the

better health-related habits in any of the fields covered by the analysis. More than 20% of the priest's drink alcohol at least ones a week (complete teetotalism holds true for 12,8% of priests) and almost 37% of them smokes cigarettes, the frequency index varying among individuals. At the same time the said addictions with the frequency of at least once a week refers to almost 10% of priests and it relates mainly to the younger generation. Referring to the place of residence, the findings on the health-related behaviours, The Multidimensional Health Locus of Control Scale and Satisfaction with Life Scale are similar for the priests living in cities and in rural areas. It is worth emphasising that the custom-designed questions allowed the author to demonstrate the statistically significant correlations informative about the fact that priests who are younger and live in cities drink alcohol and smoke cigarettes more often.

## **Conclusions**

The results emerging from the evaluation of the health-related behaviours of diocesan clergymen in the Podkarpackie province show that the values remain at average level and they do not differ significantly from the standards accepted for the adult men. It is worrying, however, that –violating the rules advocated by the Church –many clergymen have problem with alcohol abuse and smoking cigarettes and these addictions contribute to the occurrence of chronic diseases and reduced satisfaction with life. The average values of health-related behaviours among clergymen makes it impossible to hold clergymen as an ideal example to follow to promote proper life style among the believers as –in view of the above mentioned weaknesses –they become less credible. It is only the clergymen who do not have any addictions and live in line with the health-promoting principles can have significant influence on the behaviours of believers and the proper, healthy lifestyle is related to the increased life satisfaction and contributes to the decrease of illnesses. Finally, we may claim that there is a need to increase the awareness of healthy lifestyle among the clergymen. This recommendation is voiced in the Holy Bible and it is beneficial not only for the clergymen themselves but also for the believers because priests can affect the health promoting behaviours among the believers and thus make the functioning of health care system more effective.

## **Keywords:**

health-related clergymen, satisfaction with life among clergymen, IZZ, MHLC, SWLS.