



**THE IMPACT OF POSITIVE THINKING TRAINING ON THE QUALITY OF
WORKING LIFE OF PHYSICAL EDUCATION TEACHERS OF MAHSHAHR**

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ABSTRACT

This study aimed to investigate the effects of positive thinking training on the quality of working life of physical education teachers of Mahshahr was conducted in the academic year 2014-2015. Positive thinking or positive thinking, emphasizes on increasing happiness, health and scientific study on the role of personal Powerful, positive social systems on optimal health promotion (Sharifi and Najafi Zand, 2006) and quality of life refers to promote and healthy of people's emotional, social, physical and their ability to perform everyday tasks (Nilforooshan2004).All of physical education teachers of Mahshahr establish the study methodofquasi-experimentaland Statisticspopulation . The sample includes 100 people from the teachers Samplingmethodstoselectand open, randomly were divided to twogroups of 50 people, One group served asthe experimental group and the other as a control group. The subjects in both groups, were matched age, and education. Data collection device, questionnaire's quality of life (SF-36) Varvshrbvn (1992) with the reliability and validity ($r = 0.9$) and positive thinking were taught in the educational content of 50 to 60-minute in 10 sessions. Afshar (2009) uses this content in his master's thesis about the and validity of the approval. Method to monitor study is the first both groups were compared and test the quality of life. The experimental group received 10 sessions of positive thinking and after ending training was tested again the quality of life of both groups and thenwas analyzed obtained data. To analysis of data was used from covariance analyze Statistics test. The results showed that positive thinking training impact onquality of life of teachers in the city of Mahshahr. Of the eight components of the evaluation of the quality of life, verified physical function with a

significant level of 0/001, fatigue or vitality with a significant level of 0/006, emotional health with a significant level of 0/03, and social performance and the significant level of 0/03. The results of this study is consistent with the results of Besharat's research (2004) and Niri Dehghan (2006).

Keywords: Quality of life-positive thinking –department of education y mahshahr city-sports teacher-increasing happiness

INTRODUCTION

(Quality of life) One of the most fundamental concepts is in positive psychology oriented. Changing idea from that the only scientific progress, medicine, technology can improve life, to believe that the well-being of the individual, family, social and community is obtained from combination these developments occur with the values and perceptions of individual from well-being and environmental conditions, is the primary sources tend to quality of life (Scully 2, 2002). Due to the importance and broad range of quality of life onin the field of positive psychology perspective factors affecting the has been explored much. So far the impact of factors such as gender, intelligence, spiritual needs, health own and others, leisure activities, work and social life, family, relatives, and physical and demographic indicators has been studied. Among social factors, family roles and relationships of its members with each other in shaping the quality of life seems to be very basic. In the past, they not only paid on the basis of objective factors and physical therapy assessment but

also over time the concept and definition of health was given a wide range. At this time, the subjective factors, such as Experiences, behaviors and desired state of person physical, psychological and social and all-round attention to the individual was Considered as standard way to assess the patient's disease and the treatment on. From this perspective, health is not only associated with health interventions but also depends on other factors such as social, economic, cultural, and life not only were considered to means quality of life more than ecology and physical factors, but also focused on how the individual psychological performance and others towards life improving

The origin of the emergence of the concept of quality of life back to a very long period among philosophers and scientists for Iran, Greek, Chinese, and it is rooted in literature and philosophy and medicine, and this topic that a good life is, how life always considered during AGES philosophers and thinkers. Initially they believed that happiness is a gift of God, and a happy man

lives well, and happiness, as a simple way success was defined.

In this book, the lower segments of the public support and its impact on their lives and the national capital was discussed and quality of life they knew to the 1950s, the so-called quality of life issues in economic and social use and at the time the term is more an economic sense to the psychological after the pyramid of needs Maslow 3 (1954), the hierarchy of needs. it covers (Nice 4, 1999).

Arizi (2006) on study Quality of life in middle-aged Shahin Shahr has shown that they have the average state from the quality of life and more their problems in their mental health and vitality.

Dehghan (2006) on study stress and quality of life in college students showed that relaxation can improve the perception of quality of life, so we can advise use relaxation to enhance the quality of life, students.

Zahmatkesh (2007) on relationship of positive and negative automatic thoughts in depressed patients with evidence suggesting that, negative thoughts in significantly higher is more than non-depressed. A set of studies focuses on the role of positive thoughts, they have raised that that sometimes the most important determinant of depression is the degree of positive thoughts. In order to examine , 200

students from Tehran University were randomly selected and tested and results show the positive and negative thinking while connected, they prepare independent information on depression provide. There is a direct link between depression and negative thoughts and negative correlation between depression and thoughts positive.

Nasiri (2008) on the research, performed meaningful life, hope, life satisfaction and mental health of women. The sample of 382 women who are Cultural Education District 2 in Shiraz, correlation coefficient showed that that there is a positive correlation between significant living with hope, happiness, life satisfaction, and there is a negative correlation between depression and significant living . In other words, meaningful life so indirectly and in interaction with hope can increase happiness and life satisfaction and reduce depression.

Rahimi (2009) in relation to Fourth domains of quality of life, the (perceived environment) a feeling of safety, quality of health, income, access to information, opportunities for leisure, quality residence, access to medical services and the satisfaction of personal travel as Indicators have been considered.

MATERIALS AND METHODS

All of physical education teachers of Mahshahr establish the study method of

quasi-experimental and Statistics population. The sample includes 100 people from the teachers. Sampling methods to select and open, randomly were divided to two groups of 50 people. One group served as the experimental group and the other as a control group.

The subjects in both groups, were matched age, and education. Data collection device, questionnaire's quality of life (SF-36) Varvshrbvn (1992) with the reliability and validity ($r=0.9$) and positive thinking were taught in the educational content of 50 to 60-minute in 10 sessions.

The purpose of the questionnaire, is assessment of health, both physical and emotional state that obtained by combining the scores of eight health domains health components. The questionnaire has 36 terms that is evaluated seven different domains of health.

- 1) Physical functioning
- 2) limitation of playing the role due to physical
- 3) limitation of playing the role due to emotional
- 4) bodily pain,
- 5) social function
- 6) fatigue or vitality
- 7) mental health.

Scale quality of life was translated into Persian by Montazeri and Gashtasbi (2005). Reliability and validity of the Persian version of this questionnaire has been confirmed in Iran ($r=0.9$). Also Rahimi (2007) to determine the reliability of the scale has been used from Cronbach's alpha method.

Grading method this test is that (10 words, including phrases 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) evaluates physical dimension. (4 words such as 13,14,15,16) evaluates dimension of physical role playing, (2 words, 21 and 22) physical pains (5 words including 1, 33, 34, 35, 36) public health, (4 terms of 23 and 27, 29,31) fatigue or vitality, (2 words, 20 and 32) social function, (3 words such as 17,18 and 19), role playing of emotional (5 words including 24, 25, 26, 28, 30) emotional health, together quality of life the people. Score below is zero in this questionnaire and the highest is 100.

Positive Thinking educational content were taught in the 50 to 60-minute sessions. This content is used by Afshar (2009) in his master's thesis and its validity is approved. A summary of which is presented below.

Meetings	Time	Topic	purpose
First	60minutes.	Identify to Positive Thinking	Students become familiar with the positive and negative thinking
Second	60minutes.	Identify to positive and negative thoughts	Participants will be able to identify positive and negative thinking
Third	60minutes.	Emotional states	The subjects could recognize emotional states at different times
Fourth	60minutes.	Exchange of perceptions	Subject could use optimization from his/her different feelings at different times
Fifth	60minutes.	Expressed excitement	Students can develop positive emotions in her/his life and see its consequences in life

Sixth	60minutes.	Practicepositive Notes	Note the positive and the positive aspects of their
Seventh	50minutes.	Understanding theconcept ofoptimism	Subjects become familiar with a sense of optimism and pessimism
Eighth	60minutes.	The definition ofhappiness	Students become familiar with the concept of innate joy and be able to teach others
Nine	50minutes.	Building apositiveimage	Identify positive and negative images and build positive self-schema
Tenth	60minutes.	Relaxationtraining	Participants can communicate harmony between mind and body to achieve relaxtion

According to table 2 and Calculated t in independent groups, $t=0/69$ quality of lifewill be accepted. That is positive thinking training on quality of life is affected.

According to table 3 based on Analyze covariance Calculated F equal to 11/12 i.e. positive thinking training physical education teachers on the quality of life is affected Koohrang city.

Method of performing the study is that the first of both control and experimental groups were tested quality of life questionnaire.

According to that study is a quasi-experimental model, analysis of covariance was used also uses a statistical model was used independent t.

RESULTS AND DISCUSSION

RESULTS

Table 2: Comparison the control group with control in the variable of quality of life

p	df	t	SD	M	Levels
0/001	98	6/09	3/13	88/76	Test
			6/08	80/01	Control

Table 3: Analyze covariance control and experimental groups in quality of life

P	F	S.S	DF	M.S	The sourcechanges
0/001	321/42	111/52	1	111/52	Pretest
0/100	11/12	3/65	1	3/65	Group
		0/196	98	11/341	Error
			100	150/00	Total

Research Article

Positive thinking training is affected on quality of life physical education teachers on the city of Mahshahr Based on data from Table II and III as compared to the control group and the test is in quality of life. As a result of statistical hypothesis was confirmed positive thinking means training teachers in the city of Mahshahr impact on quality of life. As well as the eight elements of evaluation of quality of life

with significant physical performance 001/0, 006/0 significant level of fatigue or vitality, emotional health with a significant level of 0/03, and social functioning with significant level 0/03 was confirmed. The results from the study (Mahdavian, 1997). (Aliyah et al., 2000). (Bahrami, 2003). (Rahdanh, 2003). (Evangelism, 2003). (Birjandi, 2004). (Health, 2005). (Dehghan, 2004). (Jalaei, 2007).(Driver and Gutman, 2004). (Masters, Klein, Zhvyntya, Kgzhvn,

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