Surveying relation between body fitness factors, some bloody factors and quality of life level of active and non-active staff of sewage and water office

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ABSTRACT

Background: The aim of this research is surveying relation between physical preparation factors, some bloody factors and quality of life level of active and non-active staff of sewage and water office. Objective: Research population was all the staff of sewage and water office of Bojnourd (150 people). Statistical sample was 40 (20 active and 20 non-active) of staffs of sewage and water office with average and standard deviance of testers age 37.17±4.71, height 173.55±6.29 M, weight 78.18±9.04 Kg and BMI 25.95±2.68 Kg/M2. First each group was physically tested. 20 of active staff in a specific time present in a room and first have Rakport test, then withstand test [up and sit] and at last flexibility test and in other time these tests were taken from 20 non-active staffs. In second session tests was taken in on hour of day and in a specific day of week so that all of staffs can participate and in third session questionnaire was complicated in 2 groups.

Results: To analysis data, descriptive statistical method (index of tendency and dispersion) and inferential statistics [to determine data normality test using KS, using one-way ANOVA test for comparison of active and passive lateral variations of the comparison group index] in significance level of P <0.05 was used.

Conclusion: Results show that there is a significant differences between physical fitness and some hematological parameters and life quality of active and non active people in water and sewage office which this difference is because of regular exercise of active group. The results of this study showed that people who engage in sports and physical fitness have a high Vo2max.

INTRODUCTION

Activity and movement are very important in human life and in each period explain different. Today’s in industrial and civilized societies human movement is more limited and sport and physical activities has a special place [12]. Machinery life and development of recreational facilities, a situation contrary to the nature of modern man has led him, so that today many of the diseases caused by lack of control, and poverty as we move. Desk staff always get good employees and avoid physical activity and movement caused hematological changes, lack of fitness, decreased physical fitness, bone pain, coronary heart diseases, respiratory distress, decreased quality of life and... So to prevent these problems, promote and develop the sport among people, particularly employees as one way of saving controller is recommended [5].

Today for human society is proved that people adjustment with environment need balance in physical preparation, sport, life quality and blood combination. And if people of this have no good situation will become isolate, sick with poor quality of life and a sense of balance would be in good physical and mental health [16]. Blood Like all other organs of the body, especially in response to any type of physical activity is not the same. Type of activity, time, duration and severity of the condition the body to respond appropriately to their shows. Provide energy for active tissue, requiring cooperation and efficiency to other tissues of the body, especially the blood tissue. hematological factors and mainly red blood cells and hemoglobin, have the main task of transporting nutrients and oxygen to the active tissues, carrying waste and carbon dioxide from the tissues to the lungs [8].

Increase in the concentration of red blood cells, increase blood oxygen carrying capacity of the blood and increasing physical activity can lead to greater efficiency. Thus, physical work capacity and maximum oxygen uptake in humans prominently involved in the active transport of oxygen to the tissues depends on [5]. Many observations have shown that blood components and their quality of life and fitness levels will change as a result of exercise training [6].
Human life is the basic factor that plays an important role in the general development, especially mental development and is moving in [11]. What constitutes human motion activities, infrastructure, level of fitness the body. Having high fitness, it will help not only our basic movements, but also is useful in learning athletic skills [13].

Exercise and movement is essential to human life. Fitness and physical activity is to maintain personal hygiene and social factors, and those who are unresponsive and simply go along with it, in fact, have not yet learned the art of living. Physical activity, nutrition, alcohol, smoking and reduce stress not using to achieve mental and physical health, as part of the national health targets of developed countries and encouraging the public to bring to the program on the its riches increase longevity and benefit of quality of life [20].

Physical fitness is also a set of inherent and acquired the ability to perform physical activity and exercise regularly can boost levels of physical fitness such as speed, power, agility, flexibility, cardiovascular and respiratory endurance, coordination power and etc [10].

One of the things that may be able to substantially increase the quality of life is to be involved in regular aerobic physical activity. High quality of life that people feel good, work better during the day and having an independent life and independent, regular physical activity and a group of young adults and prevent cardiovascular diseases, diabetes and other systemic diseases and increased life expectancy in the population.

Increasing the effectiveness of staff such as water and sewage office like other source and human of society need staff to be mental and physical healthy. And this need healthy life. So organization which interested in life quality should made charm life for society [3].

**Fitness factors:**

Machinery life make human far from activity and movement poverty make happiness far from him and make him fat. Studies in the last decade of the past century have shown that obesity and body fat distribution, especially in the midsection of the body [back and stomach], a good predictive factor for cardiovascular and metabolic diseases in the future [13].

The human life is the basic factor that plays an important role in the general development, especially mental development and is moving. What constitutes human motion activities, infrastructure, level of fitness the body. Having high fitness, it will help not only our basic movements, but also helpful in learning athletic skills.

**Blood factors:**

Sports hematology, and taken great strides in the last 30 years as a specialized sub-branch of science has emerged. Like other organs, the blood of any type of physical activity, the answer is not the same. The type, timing, intensity and duration of exercise conditions the body to respond appropriately to their shows [11], observations in blood show that exercise training made in blood composition varies. Zibo et al find out that physical exercise increase body work power and used oxygen. Also will make change in body such as environment blood eritrosity system [27].

The number of white blood cells and platelets in the circulation, physical dynamic can be increased rapidly in humans [17]. However, these variables hematology in sports medicine for diagnostic purposes, control and preventive measures, are crucial. Regular exercise, all adverse changes in blood plasma volume low, high hematocrit, fibrinogen, high, high viscosity, platelet aggregation and reducing fibronoliz which is caused by lack of exercise [6]. So that all simple and inexpensive tests are available CBC, and even some abnormalities can also be detected [13].

**Life quality:**

Quality of life is the individual perception of their position in life in the context of culture and value systems in which they live and it is in relation with aims and standards. WHO definition of health as well as complete physical, mental and social, not just the absence of disease and disability due to spread of the disease and other health positive aspects are [9]. Life quality is an objective tool to measure health and total welfare, and it is a key index which should mention in health researches. Also now life quality discussion is one the big problems in health and medical researches.

Definition which is in life quality is suitable for hygiene support, divided to 5 group: typical life, happiness, gain individual aim, have advantage for society and natural capacity. In other words, the link between quality of life, health status, on the one hand and the ability to pursue life goals [values to enhance the physical lives of from others. Therefore, to meet basic needs and priorities, evaluation of policies played a major role in the quality of life. Quality of life in the form of a scientific concept in the past ten years has attracted the attention of many people.

Quality of life in the form of a scientific concept in the past ten years has attracted the attention of many people. Quality of life is a multidimensional concept that includes aspects such as physical health, mental health, economic status, personal beliefs and is interacting with the environment. Nowadays organizations strategic approach to human resources as it is intelligent and valuable assets and are considered more important than ever...
to consider the quality of life of job satisfaction for the staff. Quality of life and well-being of the physical, psychological, and social, that is understood by the parties and represents one of the life satisfaction.

The purpose of the study and results of quality of life resulting from the fact that we empower people to live with greater joy and meaning. Workplace health and mental health, quality of life is achieved by creating indexes and attention to this problem in all organizations is necessary to prevent the exhaustion of low efficiency. Measure perceptions and feelings about their own health in order to evaluate the situation and assess the usefulness of health care interventions and appropriate use of health services is an important point. Quality of life, happiness and life satisfaction, and with factors such as age, culture, gender, education, class, and social environment and disease are associated with together. Studies about quality of health organization staff life in Iran is very limited. In studies which done in Sabzevar about about treatment staff in physical dimension, 20% has low life quality, 64% average and 15% has favorable life quality and average of men life quality was significantly less that women.

In another study conducted at the Tehran University of Medical Sciences, quality of life of the executive responsibilities of the significant relationship existed between marital status, age, sex, degree the public or professional type of hospital, quality of life correlated personnel have been observed [21]. The results of studies conducted in Australia shows that quality of working life of personnel decreased with increasing age and also show that staffs who work in a little organization have Less dissatisfaction with the quality of work job [22].

Eftekhari et al [9] examined the effect of exercise classes during the summer on some factors and physical fitness, body composition and physical self-concept among adolescent girls, and the results showed that changes in aerobic power, muscular endurance, flexibility, agility, body mass index, total physical self-concept and self-concept subscales of the body, the significant difference between the control group and experimental group (p<0.05).

According to the results, it seems that summer sports classes such as the base model is implemented, impact on physical fitness, movement, body composition and physical self-concept is to organize these classes should be uninterrupted [9].

Anbari et al [4] evaluate effect of eight weeks method of general sport on physical preparation and general health of men staff, and results show that stomach muscles stability (37.4 ±8.5 vs 23.3±7.3), Girdle muscular endurance (5.1±3.5 vs 1.8±2.4), muscular power (218±21.1 vs 192.6±21.6), Cardiorespiratory endurance (145.7±231.9 vs 22.62±1861.02) has significant increase and in body mass index (2.9 ± 25.1 vs 3.7 ± 25.2) and percentage body fat (4.1 ± 15 vs. 4.6 ± 17.2) was significantly lower in the intervention group than the control group (P<0.05). However this method had no significant effect on general health (p>0.05).

Tayebi et al [25] evaluate a meeting to review the style of circuit resistance training [35% of one repetition maximum intensity of 10 stations, each station for 20 seconds, with no rest between stations and only 60 seconds of active rest between rounds, 3 rounds] and find out that wbc and neutrophils have a significant increase and lymphocytes and eosinophils have been no significant change and the reason for this increase is independent of the variation of pv and Nutrosioz.

Jafari et al [22] evaluate the relation of value of total lanphosite by CD4 cellules value in people who have HIV. In this study amount of all TLC and CD4 lanphosite in HIV people is the same. This sameness does not effected by sex, age and hemtocrite but people who have not treated significantly have relation not the same who have anti-retrovirus treatment. Optimum limit of TLC [Optimal TCL Cutoff] is to foresee CD4 in this studt 1300 cell/mm. counting amount of all lanphosite is simple and cheep and can be used in zone where we have no CD4 test for start of anti retrovirustrestment decision.

Gaini, DrAbasali [11] has studied effect of a maximum sport activity on answer of hematological factors of athlete and non-athlete teenager, and blood sample was taken just after sport activity. Analysis show that:

Sports activity has maximum significant level in plt, wbc, rbc, Htc, MVC, Hgb, mchc(P=0.00) and (p=0.004) mpv of teenager athlete and has no effect on [p=0.977] mch and [p=0.793]rdw.

Sport activity has the most significant effect on [p=0.000]wbc, rbc, plt, hgb, hct on teenager athletes and (p=0.101)MCH, [p=0.935]Mehc, [p=0.574]Mev, (p=0.833))rdw has no effect.

Internal researches on life quality:

Abdollah Pour et al [1] studied life quality and effective factor on them on governmental staff of Boukan2009 and results show that average of 4 dimension of life quality [physical, mental, social and environmental health] of government staffs of boukan is 66.9, 61.64, 67.8 and 51.5. effective factor in each position is education level and sickness in physical dimension, working in mental dimension, physical health dimension, living house and years of working in environment health dimension and marriage situation in social health dimension.

Hashemi Motlaq et al [15] studied comparison of connecting skills and quality of working life of movement active and non active staffs of Islamic Azad University of East Azarbayejan, and results show that: average age of science corps was 37.53 years old and from 342 people of research test. 209 in recent year has motion activity regularly. In comparison of life quality active and passive tester has no significant difference. In comparison of
connectivity ability active and passive tester has significant difference. Also results of of correlation coefficient show a significant relation between connecting ability and quality of job life ($p \leq 0.05$)

Houlli et al examined the four protocols of resistance training including: three protocols for a meeting with the different workload and a protocol of 21 weeks, with control of two independent variables nutritional supplement [protein or placebo], age [young and old], and realized : significant increase in neutrophils and lymphocytes in all three protocols, a session with no difference in the nutritional supplement elderly subjects compared to young adults meeting showed a lower increase in the three protocols

Lymphocytes was significantly reduced to below baseline at 2 hours post exercise recovery period [Lanphopenia]. Alterations between neutrophils and lymphocytes in the protocol 21 weeks, make no difference in the nutritional supplement and the results of such analysis show : 1.Enhancing hormones such as catecholamines 2. Increase blood flow to the mechanical release of leukocytes adhering to the walls of the endothelial marginal value implies that especially neutrophils 3. increase in lymphocytes due to increased loss of fluid, lymph, resulting from resistance exercise dynamic and increased activity of the sympathetic nervous system 4. increase in neutrophils induced by increasing the possible levels of hormones and cytokines during and shortly after exercise : the example IL_6 the stimulates the release of leukocytes from the bone marrow. The muscle damage may play an important role in cytokine production and increased the number of leukocytes.

**Method:**

Research method was descriptive – correlation to evaluate relation of fitness factors, some blood factors and level of life quality of active and passive staff of water and sewage office which is main aim of this research. Statistic population of this research is all the staff of water and sewage office of Bojnourd which 50 persom was participate from 150 and 40 of them was selected and for selecting 2 active groups [3 session each week and 1.5 hours each week, general health and sport] and passive [ no activity] body activity evaluation questionnaire was used.

Tools of collecting data is questionnaire of physical activity evaluation, questionnaire of general health standard, questionnaire of life quality standard. To analysis raw information a] descriptive statistic (central attitude and transmit indexes)b) deductive statistic [to evaluate data normalization by K-S test, use one-way ANOVA to evaluate half changes about being active or passive, group and indexes comparison . significant level $p \leq 0.05$.

**Results of research:**

There is no significant relation between average of shape dimension [height, weight, BMI] of active and non active staff of water and sewage office of Bojnourd $p<0.05$

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Active staff [standard deviation ± average]</th>
<th>Non active staff [standard deviation ± average]</th>
<th>F</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height [CM]</td>
<td>172.85 ± 7.22</td>
<td>174.25±5.30</td>
<td>0.488</td>
<td>0.489</td>
</tr>
<tr>
<td>Weight [Kg]</td>
<td>77.51±8.57</td>
<td>78.85±9.67</td>
<td>0.213</td>
<td>0.647</td>
</tr>
<tr>
<td>BMI[KG/M2]</td>
<td>25.97±3.14</td>
<td>25.93±2.20</td>
<td>0.003</td>
<td>0.957</td>
</tr>
</tbody>
</table>

There is no significant difference between physical preparation factors [Rakport, stomach muscles stability and flexibility] of active and passive staff of water and sewage of Bojnourd $p<0.05$.

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Physical preparation factor</th>
<th>Active Staff [Standard deviation ± average]</th>
<th>passive Staff [Standard deviation ± average]</th>
<th>F</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rakport [mm/Kg/min]</td>
<td>57.60±2.90</td>
<td>57.10±3.24</td>
<td>0.263</td>
<td>0.611</td>
<td></td>
</tr>
<tr>
<td>Stomach muscles stability [value/min]</td>
<td>35.45±8.32</td>
<td>28.45±6.24</td>
<td>9.04</td>
<td>0.005*</td>
<td></td>
</tr>
<tr>
<td>Flexibility [cm]</td>
<td>51.00±6.07</td>
<td>40.45±5.57</td>
<td>32.71</td>
<td>0.001*</td>
<td></td>
</tr>
</tbody>
</table>

There is no significant difference between average of some some blood hematology factors [Rakport, stomach muscles stability and flexibility] of active and passive staff of water and sewage of Bojnourd $p<0.05$. 
Table 3: Comparison of some blood hematology factors in active and passive staff of water and sewage office of Bojnourd.

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Active Staff [Standard deviation ± average]</th>
<th>Passive Staff [Standard deviation ± average]</th>
<th>F</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical preparation factor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rakport [mm/Kg/min]</td>
<td>57.60±2.90</td>
<td>57.10±3.24</td>
<td>0.263</td>
<td>0.611</td>
</tr>
<tr>
<td>Hemoglobin density [million / microlitr]</td>
<td>15.42±0.83</td>
<td>14.83±1.47</td>
<td>2.47</td>
<td>0.124*</td>
</tr>
<tr>
<td>Hematocrit [%]</td>
<td>44.82±2.49</td>
<td>42.62±3.14</td>
<td>5.99</td>
<td>0.019*</td>
</tr>
</tbody>
</table>

There was no significant difference between mean level of level of life quality [quality of life, general health, physical functioning, role limitations due to physical and social functioning] in both active and inactive employees of water and sewage office of BOJNURD p<0.05.

Table 4: Comparison of life quality level [quality level, general health, physical performance, Limitation of play role [physical]] in active and passive staff of water and sewage office of Bojnourd.

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Active Staff [Standard deviation ± average]</th>
<th>Passive Staff [Standard deviation ± average]</th>
<th>F</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life quality dimension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life quality</td>
<td>89.74±5.76</td>
<td>75.44±10.40</td>
<td>28.89</td>
<td>0.001*</td>
</tr>
<tr>
<td>General health</td>
<td>80.00±14.95</td>
<td>68.25±15.24</td>
<td>6.05</td>
<td>0.019*</td>
</tr>
<tr>
<td>Physical work</td>
<td>91.50±20.78</td>
<td>77.75±15.68</td>
<td>5.57</td>
<td>0.023*</td>
</tr>
<tr>
<td>Limitation of play role [physical]</td>
<td>95.00±13.07</td>
<td>66.25±32.72</td>
<td>13.31</td>
<td>0.001*</td>
</tr>
<tr>
<td>Social performance</td>
<td>91.25±12.88</td>
<td>86.25±15.12</td>
<td>1.26</td>
<td>0.267</td>
</tr>
</tbody>
</table>

There is no significant relation between antropometric indexes with some blood factors of active and passive staff p<0.05.

Table 5: Relation of antropometric index with some blood hematologic factors in active and passive staff of water and sewage office of Bojnourd.

<table>
<thead>
<tr>
<th>Indexes</th>
<th>weight [Kg]</th>
<th>BMI</th>
<th>Red globules value [million / microlitr]</th>
<th>Hemoglobin density [million / microlitr]</th>
<th>Hematocrite [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>0.001*</td>
<td>0.243</td>
<td>0.362</td>
<td>0.359</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>0.001*</td>
<td>-</td>
<td>0.039*</td>
<td>0.037*</td>
<td>0.027*</td>
</tr>
<tr>
<td>Red globules value</td>
<td>0.243</td>
<td>0.039*</td>
<td>-</td>
<td>0.001*</td>
<td>0.001*</td>
</tr>
<tr>
<td>Hemoglobin density</td>
<td>0.001*</td>
<td>-</td>
<td>0.001*</td>
<td>0.037*</td>
<td>0.362</td>
</tr>
<tr>
<td>Hematocrite</td>
<td>0.359</td>
<td>0.027*</td>
<td>-</td>
<td>0.001*</td>
<td>-</td>
</tr>
</tbody>
</table>

There is no significant relation between body fitness level with life quality of active and passive staff p<0.05.

Table 5: Relation between body fitness level with life quality in active and passive staff of water and sewage office of Bojnourd.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>0.002*</td>
<td>0.118</td>
<td>0.830</td>
<td>0.590</td>
<td>0.927</td>
<td>0.615</td>
<td>0.807</td>
<td>0.635</td>
</tr>
<tr>
<td>BMI</td>
<td>0.002*</td>
<td>-</td>
<td>0.009*</td>
<td>0.011*</td>
<td>0.087</td>
<td>0.239</td>
<td>0.285</td>
<td>0.807</td>
</tr>
<tr>
<td>Red globules value</td>
<td>0.243</td>
<td>0.039*</td>
<td>0.00*</td>
<td>0.005*</td>
<td>0.047*</td>
<td>0.031*</td>
<td>0.073</td>
<td>0.135</td>
</tr>
<tr>
<td>Hemoglobin density</td>
<td>0.001*</td>
<td>-</td>
<td>0.00*</td>
<td>0.004*</td>
<td>0.00*</td>
<td>0.002*</td>
<td>0.091</td>
<td>0.016*</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>0.359</td>
<td>0.027*</td>
<td>0.001*</td>
<td>0.001*</td>
<td>0.001*</td>
<td>0.001*</td>
<td>0.016*</td>
<td>-</td>
</tr>
</tbody>
</table>
Discussion and results:

Analysis of results of some physical preparation factors [general stability, flexible, stability and body power] has a significant difference between two group of active and passive staffs \( p<0.05 \).

Results of this hypothesis is parallel by Paufenberg, Wing & Hayd, Paufenberg & Hayd.

The result can be that people who engage in exercise and cardiovascular exercise are better than those who do not enjoy exercise and diagnosis of human health and the sedentary people who pay for Entertainment exercise, health and physical fitness of subject to often’s. In the last forty years is clearly important in the epidemiology of physical activity and its effects on mortality and incidence of the disease has proven. These studies have shown that lifestyle immobile right corner vascular obstructive disease risk and mortality due to other causes is associated with. Such studies as a basis for enhancing public health, combating diseases of obesity and physical inactivity in adults is provided.

The results of analysis of factors such as blood [hemoglobin concentration, red blood cell count and hematocrit]:

Results of this study show significant relation between some blood factors such as [blood red globulins value, hematocrit instead of hemoglobin density] of active and passive staffs \( p<0.05 \).

According to the hypothesis, the results show that blood factors mean some haematological parameters (erythrocyte count and hematocrit), hemoglobin concentration, except for active and inactive employees sewer services BOJNURD there is a significant difference \( p<0.05 \) it can be concluded that exercise on blood factors influence the findings of this research is common and that is to focus on increasing physical activity and the concentration of hematocrit and blood erythrocytes are corresponds findings of Davidson and Diana and Gaini. And increases and changes in blood factors for continuity of activity and external conditions such as the degree of readiness and skill dependent. So much more action, more changes will result in a longer run. Gaini et al [12]. V van Biomant 1973, Mayrobol 1986, Hasibedret 1987 in their studies find out that while sport and physical activity, red blood cells in humans does not vary in a study by Davidson and Berbet Seven conducted in hemoglobin, hematocrit and RBC count reduced activity compared to the initial state that arose prior to the decline in operating these training days remain. And this is not consistent with the present results. Thus, exercise training resulted in changes in blood composition. Overall, the exercise training increased the number of red blood cells and less water in the blood, which increases the oxygen -carrying capacity of concentration and increases blood circulation, and physical activity is more efficient than the final outcome.

In general it can be concluded, that total increased physical exercise, physical work and the high maximal oxygen consumption \((\text{VO2max})\) facilitates triggered a series of changes in body systems such as peripheral blood erythrocytes. It is thought that people who exercise training increased the number of erythrocytes in the peripheral blood than people who are untrained.

Knowledge of exercise and physical activity to improve and enhance human health, it is ancient history. Gashel believes people need a fitness program for two main reasons, firstly, exercise and regular exercise increases the efficiency and health of the cardiovascular system - the respiratory muscles, to benefit fully from the capacity of human, physical fitness, secondly increases living good things. Fundamental question of fitness is vital to ensure the health and wellbeing of the population. Increase the efficiency of the body through physical education and physical activity does not result from any other training program and physical education should be an integral part of education and training programs.

The results of analysis of the quality of life subscales [physical functioning, general health, role limitations due to physical health, social functioning]:

The results showed a significant difference in quality of life subscales (physical functioning, general health, role limitations due to physical health, social functioning) were observed between active and inactive employees \( p<0.05 \). Burgner believes in symptoms, functional status, social functioning, emotional status and cognition, sleep, rest, energy and vitality, public perception of health and satisfaction with life scale is the meaning of life [12].

Many researchers in physical, psychological and social aspects of quality of life have expressed meaning. The concept of quality of life is a concept of non-obvious aspects of physical, psychological, social, spiritual, and is sedated. Today, the aim of assessing the impact of quality of life assessment and treatment of disease for life, is considered as a major element. Considering that in passive group zero hypothesis was accepted and in active group zero hypothesis is rejected.

As a result of regular physical activity to improve health and quality of life subscales (physical functioning, general health, role limitations due to physical health, social functioning) employees affected. This finding sparse research on various aspects of quality of life in Iran has been consistent. According to studies, writing research has been done on the quality of life of employees.

In two study of mental disorders accession in general society is 12.5 % and 16.7 % [100 & 99]. In researches related to mental health situation in organization staff. As a sample, the amount of mental disorders in Iran Khodro staffs 11.4% [101], ZobAhan staffs 9.7% [102], Sepah Bank staffs 11.2% [92], and teachers and education staffs 18.6% [30].
Rikarido et al., 65 subjects participated in two weeks of its 12-week aerobic exercise stimulate and evaluate its effects on physical function and quality of life, increase physical function and quality of life outcomes based on the. But did not reduce fatigue and weight training during this period. Aman Dali et al. A training program with 108 random samples over a period of eight weeks, did his subjects three times a week during this period operated. Results in increasing mental and physical performance improvement testified.

In this study, researchers sought to examine factors related to physical fitness, blood factors and quality of life in active and inactive employees sewer services and in the same direction significant results achieved the present study discussion and analysis hypotheses study, and consistent with findings from other studies have been conducted to compare. Regular exercise and consistent level of fitness [week 3 sessions and each session 1.5 hours can lead to improvements in indicators of strength, general flexibility, endurance and muscle strength, and red blood cell count, hematocrit, and quality of life of employees also exercise regularly employee makes improve the quality of life subscales (physical functioning, general health, role limitations due to physical health, social functioning) showed a significant difference in them (p<0.05).

REFERENCES


[23] Questionnaire of Quality of Life SF – 36.


