CHAPTER-II

REVIEW OF LITERATURE

In this chapter, studies related to Self Efficacy, Locus of Control, Social Support and Adherence to Medical Regime are reviewed. This chapter is an effort to review some of the important studies in a chronological manner. For the discursive prose of the present study the investigator waded through page after page of various Journals, Abstract and Psychological Bulletins. The period of the review is from 1984 to 2016. An Abstract based manual search and Psychological bulletins were also carried out at Vivekananda library of Maharshi Dayanand University. Electronic journals and e – journals were scanned for access to up to date and wider range of information. Many psychological and background variable have been explored. Specific studies on the relationship between various components of Self Efficacy, Locus of Control, Social Support and Adherence to Medical Regime are briefly examined in the following table:

**Self Efficacy in Adherence to Medical Regime**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Years</th>
<th>Authors (s)</th>
<th>Variables</th>
<th>Tools Employed</th>
<th>Sample</th>
<th>Results/Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1992</td>
<td>Hurley &amp; Shea</td>
<td>• Self Efficacy</td>
<td></td>
<td></td>
<td>Individuals with higher level of Self Efficacy tend to manage their diabetes self care in better way.</td>
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<tr>
<td></td>
<td>Year</td>
<td>Authors</td>
<td>Variables</td>
<td>Participants</td>
<td>Findings</td>
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| 2 | 1993 | Kavanagh, Gooley & Wilson                                               | - Self Efficacy beliefs  
- Adherence and Diabetic control  
- Diabetic history  
- Current treatment | N = 63 diabetic patients | Concurrently and with a two month follow up, Self Efficacy was found to be a significant indicator of adherence to diet and exercise (components of treatment regimens). |
| 3 | 1999 | Clark & Dodge                                                          | - Self Efficacy  
- Health  
- Behaviour  
- Disease Management behavior such as using medicine as prescribed, adequate exercise and following recommended diet | N = 570 Heart disease Patients | Self efficacy significantly predicted several disease management behaviors such as taking prescribed medicines, doing adequate exercise, managing stress and having a recommended diet. |
| 4 | 2001 | Aljasem, Peyrot, Wissow & Rubin                                         | - Self Efficacy  
- Self care Behaviors  
- Diabetes Specific treatment behaviors | N = 309 Type II Diabetes | Higher Self Efficacy predicted more frequent blood sugar testing, less skipping of medication or binge eating and closer adherence to an |
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<td>5.</td>
<td>2003</td>
<td>Gyurcsik, Estabrooks &amp; Templar</td>
<td>Exercise related goals</td>
<td>Exercise related goal difficulty and specifying</td>
<td>ideal diet.</td>
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<td></td>
<td></td>
<td></td>
<td>Self Efficacy scheduling Self Efficacy Aquatic Exercise Attendance</td>
<td>Task &amp; scheduling Self Efficacy</td>
<td>Self Efficacy accounted for 4-10% variance self care behaviors in diabetes.</td>
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<td></td>
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<td>8 week Aquatic exercise attendance</td>
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<td>N = 216 Arthritis patients Mean age=69.21 years</td>
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<td></td>
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<td></td>
<td>Patient’s high attendance in aquatic exercise was associated with higher self efficacy and lower goal difficulty.</td>
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<tr>
<td>6.</td>
<td>2004</td>
<td>Harrison</td>
<td>Pathology</td>
<td>Radiograph</td>
<td>Functional Self Efficacy is a significant factor influencing the functional performance outcome of people with Osteoarthritis of the knee.</td>
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<td></td>
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<td>Self Efficacy pain level balance function</td>
<td>The Arthritis Self Efficacy scale</td>
<td>Functional Self Efficacy scale</td>
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<td></td>
<td></td>
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<td></td>
<td>The Functional</td>
<td>Functional Self Efficacy scale</td>
</tr>
<tr>
<td>N = 50 Osteoarthritis women with age range 50-84 years</td>
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</table>

- Exercise, diet, skipping medication, testing blood for glucose.
| 7. | 2005 | Chao, Nav, Aikens & Taylor | • Self Efficacy  
• Depressive  
• Symptoms Medication Adherence | Reach Test  
• Timed Performance Test  
• The Western Ontario and McMaster Universities Osteoarthritis Index | N = 1700 Type II Diabetes | Reduced Self Efficacy and heightened perceived barriers had a negative impact on patient’s adherence to diabetes medication regimen. |
|---|---|---|---|---|---|---|
| 8. | 2007 | Maly, Costigan & Olney | • Self Efficacy  
• Age factor  
• Psychosocial factors (depressive) | Six minute walk test. Arthritis Self Efficacy Scale. | N = 54 (32 Females & 22 Males) with age range 50- | Results indicated that Self Efficacy had fully mediated the effects of age and impairment on walking.  
Self Efficacy partially mediated effect |
<table>
<thead>
<tr>
<th>#</th>
<th>Year</th>
<th>Authors</th>
<th>Measures</th>
<th>Study Details</th>
<th>Findings</th>
</tr>
</thead>
</table>
| 9. | 2008 | Renner, Kwon, Yang, Paik, Song & Schwarzer | • Self Efficacy  
• Outcome expectancies  
• Intentions  
• Planning Dietary Behaviors | Measure of objective risk status  
N = 697 Men and Women | Self Efficacy predicted dietary behavior of both the genders, but intentions and planning were relevant in females. |
| 10. | 2009 | Gyurcsik, Brawley, Spink, Brittain, Fuller & Chad | • Barrier to Physical activity  
• Efficacy to cope  
• Physical activity  
• coping strategy of each barrier | Online measures of all variables  
N = 80 arthritis patients | Self regulatory efficacy to cope and perceived physical activity barriers were significant social cognitive predictors of physical activity in females with arthritis. |
| 11. | 2010 | Mc Knight, Afram, Kashdan, Kasle & | • Self Efficacy  
• Catastrophizing of physical functioning | Longitudinal Study (9 month follow up of controlled trial  
N = 254 Osteoarthritis patients. | Self Efficacy partially mediated the effects between catastrophizing and physical functioning which suggests that Self Efficacy was more directly... |
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<tr>
<th></th>
<th></th>
<th>Zautra.</th>
<th>comparing exercise, self management and the two combined).</th>
<th>treatment targeted as compared to catastrophizing.</th>
</tr>
</thead>
</table>
| 12. | 2011 | Marks | • Enhancing Self Efficacy  
• Arthritis treatment regimens | Review of Literature |
|   |   |   |   | • Self Efficacy is potentially a potent predictor of the overall health status of the person with arthritis.  
• Self Enhancing strategies are likely to impact favorably upon the magnitude of the disability experienced by individuals with arthritis. |
| 13. | 2015 | Spink, Brawley & Gyursck | • Physical activity dose  
• Self regulatory Efficacy. | Online Questionnaire N = 117  
Females Age Range = 18-84 years |
|   |   |   |   | • Women perceived and explained their past experiences in relation to their Self Efficacy beliefs, particularly the failure ones.  
• Self Efficacy accounted for 35% variance in illness management behavior after a month’s follow up. |
## Locus of Control in Adherence to Medical Regime

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Year</th>
<th>Author(s)</th>
<th>Variables</th>
<th>Tools</th>
<th>Sample</th>
<th>Results/ Observations</th>
</tr>
</thead>
</table>
| 1.     | 1993 | Bundek, Marks & Richardson | • Health Locus of control  
• Attention to health related information  
• BSE (Breast Self Examination)  
• Pap smear  
• PBS (Physician Breast Examination) | • MHLOC  
• BSE  
• PBS  
• Pap smear | Hispanic women | • Belief in self for health outcome was positively related to screening behavior such as BSE and attention to Health related information.  
• Belief that medical professionals control the health outcomes was found to be positively related to the physician dependent screening activities such as Pap smear, PBS. |
| 2.     | 1996 | Christensen, Wiebe, Beotsch & Lawton | • Health Locus of control  
• Health competence  
• Medical | Interview method | N = 81 | A high degree of perceived competence is advantageous for those patients who are predominantly confident in taking actions towards their health care providers who set the |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Regimen Adherence</th>
<th>Parameters for them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>2008</td>
<td>Cherepakho</td>
<td>Findings support imparting risk education as per Locus of Control to Diabetes and Cardiovascular patients.</td>
</tr>
</tbody>
</table>
|   |    | - Health Locus of Control  
   |    | - Risk perception  
   |    | - Participation in Health Behaviors  
   |    | - MHLC scale  
   |    | - Other questionnaire  
   |    | N = 87 Diabetes, Cardiovascular and Cancer patients  
| 4. | 2009 | Morowatisharifabad, Mahmoodabad, Baghianimoghadam & Tonekaboni | Men have more Internal Locus of Control and white women have mainly Chance Locus of Control.  
|   |    | - Health locus of Control  
   |    | - Adherence to regimen  
   |    | - Diabetes Locus of control scale  
   |    | - Diabetes self care activates scale  
   |    | N = 120 Diabetes Patients  
|   |    | - Positive association was found between Internal LOC and adherence to Diabetes Regime whereas negative association was observed between Chance LOC and adherence.  
|   |    | - External LOC increases with age & Internal LOC decreases with education.  

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Authors</th>
<th>Measures</th>
<th>Sample Size</th>
<th>Findings</th>
</tr>
</thead>
</table>
| 5. | 2010 | Christensen, Howren, Hillis, Kaboli, Carter, Cvengros, Wallston & Rosenthal | - Health Locus of control  
- Medication Adherence  
- VA electronic Pharmacy record  
- MHLOC Scale | N = 18 physician and 246 comorbid patients | Dyads of Physicians and Patients holding similar beliefs regarding the degree of personal control that individual patient has over his health outcomes showed significantly higher overall and cardiovascular medication regime adherence and lower diastolic blood pressures. |
| 6. | 2011 | Omeje Nebo | - Health Locus of control  
- Adherence to regimen  
- MHLC  
- DAQ | N = 100 Hypertensive patients | Internally oriented patients adhered more to their treatment regimen as compared to the Externally oriented Patients. |
| 7. | 2013 | Aflakseir & Zarrinpour | - Health Locus of Control  
- Adherence to diet regimen  
- MHLC  
- SDSCA  
- Summary of Diabetes Self Care Activities Questionnaire | N = 140 Type II Diabetes | - Those having Powerful Locus of Control (such as doctors) were found more likely to adhere to recommended diet regimen.  
- Chance LOC was found significantly associated to non adherence of diet regimen. |
<table>
<thead>
<tr>
<th>No.</th>
<th>Year</th>
<th>Author(s)</th>
<th>Study Details</th>
</tr>
</thead>
</table>
| 8.  | 2014 | Berglund, Lytsy & Westerling | • Health Locus of Control  
• Disease Burden  
Three dimensional Health Locus of Control Scale  
N = 414 Cardiovascular disease  
• Self associated health perception is positively related with Internal LOC whereas negatively correlated with high Chance Locus of Control and other Powerful (OP) in-patients at high risk for cardiovascular disease.  
• Burden of disease has negative association with Internal HLOC but positive relation with Chance HLOC. |
| 9.  | 2014 | Jahan | • Health Locus of Control  
• Compliance  
• Wallston HLC Scale  
• 11 item Compliance scale made for the purpose  
N = 200  
• Patients with high Internal Locus of Control had a controlled blood sugar level and were much better contained with medical regimen.  
• Females had a highly compliant behavior. |
| 10. | 2014 | Kretchy, Owusu & | • Health Locus of control,  
Structured questionnaire  
N = 400 Hypertensive  
Non-adherence to Medication regimen was found to be significantly |
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</table>
| 11. | 2014 | Kadambari, Singh & Hooda | • LOC  
• Adherence to Medication | • MHLOC  
• Medical Adherence Rating Scale | N = 100  
Type II Diabetes Patients. | Internal Locus of Control was found to have a significant and positive correlation with Adherence to Medication. |
| 12. | 2016 | Howren, Cozad & Christensen | • Perceived control,  
• Adherence to fluid intake restrictions | | N = 119  
chronic kidney Disease | Patients with high perceived control and high preference for control displayed the most favorable traits of adherence. |
<table>
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<tr>
<th></th>
<th>Year</th>
<th>Author(s)</th>
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<th>Sample Size</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>13.</td>
<td>2016</td>
<td>Besen, Gunussen, Surucu &amp; Kosar</td>
<td>- Preference for control&lt;br&gt;- Locus of control&lt;br&gt;- Self-care activities A1C level</td>
<td>N = 129 Type 2 diabetes</td>
<td>Internal Locus of Control is positively correlated to self care activities. Locus of control predicts 19% of self care activities.</td>
</tr>
<tr>
<td>14.</td>
<td>2016</td>
<td>Zaky</td>
<td>- Knowledge of health circumstance LOC&lt;br&gt;- Adherence to hypertensive regimen</td>
<td>N = 150</td>
<td>- Women with External Powerful Others Locus of Control were high on adherence and knowledge.&lt;br&gt;- Chance Health Locus of Control has lowest level of regimen adherence.</td>
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</tbody>
</table>
### Social support in adherence to medical regime

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<th>Sr. No.</th>
<th>Year</th>
<th>Author(s)</th>
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<th>Tools</th>
<th>Sample</th>
<th>Result/ Observations</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>1988</td>
<td>Glasgow &amp; Toobert</td>
<td>Self reporting of adherence to glucose testing medication, exercise and diet</td>
<td>Frequency of unsupportive and supportive behaviors related to medications, glucose testing, exercise, diet (Diabetes family Behavior checklist)</td>
<td>N = 127 above 40 to 88 years Type II Av. Duration: 9 years of Diabetes</td>
<td>Relevant regimen specific DFBC score significantly predicted classification of adherence behavior for all four self care behaviors.</td>
</tr>
</tbody>
</table>
| 2. | 1992 | Sherbourne, Hays, Ordway, Di Matteo & Kravitz | • General adherence  
• Patient specific  
• Disease specific adherence  
• Social Support | • Number of close friends and relatives  
• Composite measures of perceived | N = 1198 patients of various illness with age range 19-97 years. Hypertension Diabetes Heart Disease. | • Perceived availability of support predicted an increased adherence in Diabetes.  
• No other significant relationship between support |
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<th>availability of 4 types of Social Support ▪ Extent of emotional ties and interpersonal functioning.</th>
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<tbody>
<tr>
<td>3.</td>
<td>1997</td>
<td>Miller</td>
<td>Patient provider communication ▪ Depression ▪ Treatment adherence Diabetes iv)severity</td>
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<td>4.</td>
<td>1999</td>
<td>LO</td>
<td>Success in complying (Intention and Efficacy) ▪ Social Support ▪ Chronic stress</td>
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</table>
| 5. | 2001 | Ciechanowski, Katon, Russo & Walker | • Quality of patient – provider relationship  
• Self reported adherence to diabetes regimen  
• Depression  
• Diabetes severity | N = 367 type I & II  
Poor communication between patient and provider is associated with poor adherence to treatment in patients with Diabetes. |
|   |   |   |   |   |
| 6. | 2002 | Donald, Wykle, Misra, Suwonnaroop & Burant | • Social support  
• Personal factors (Education & comorbidity)  
• Mental health and physical functioning acceptance  
• Health promoting behaviors  
• HgbA1C  
• Face to face Interviews  
• Health Survey(SF-36)  
• Personal Resource Questionnaire (PRQ -85)  
• Revised (IAD - R) scale | N = 63 African American type II Diabetes Patients  
Structural and instrumental Support predicted health promoting behaviors but Social Support had no implication for glycosylated hemoglobin levels. |
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<thead>
<tr>
<th>#</th>
<th>Year</th>
<th>Author</th>
<th>Types of Social Support</th>
<th>Study Methodology</th>
<th>N = 29 studies on Diabetes self Management, asthma, epilepsy, heart disease management</th>
<th>Positive relationship between Social Support, chronic illness and self-management especially with Diabetes.</th>
<th>Dietary behavior appears susceptible to social influences.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>2004</td>
<td>DiMatteo</td>
<td>Social support (structural) functional adherence to Medical regiments</td>
<td>Review of literature from 1948 to 2001</td>
<td>N = 122 studies</td>
<td>Practical support is correlated with adherence.</td>
<td>Adherence is found more in cohesive families compared to families with conflict. Marital status and living</td>
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<td>9.</td>
<td>2004</td>
<td>Treharne, Lyons &amp; Kitas</td>
<td>N = 85 with 75% women patients. Disease Duration = 10.29 years Mean age 58.8 years</td>
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<td>No significant role of Social Support was found in medication adherence. Higher adherence was reported by patients who had strong belief about necessity of medicine and believe that medication is not overused.</td>
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<td>10.</td>
<td>2004</td>
<td>Trief, Snyder, Britton &amp; Weinstock</td>
<td>N = 78 Insulin treated Diabetes</td>
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<td>Adherence to exercise and diet components of diabetes regimen is predicted by Quality of marital relationship It did not predict any of the components with a 2 year follow up.</td>
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<tr>
<td>No.</td>
<td>Year</td>
<td>Authors</td>
<td>Dependent Variables</td>
<td>Sample Size</td>
<td>Findings</td>
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</table>
| 11  | 2011 | Rahimi, Shojaeizadeh, Mohebbi & Majlessi | - Social support and Diabetes Control  
- Gender  
- Age  
- Education  
- Disease Duration  
- BMI  
- Marital Status | N = 430 patients including 113 type I and 317 type II patients. | • Social Support has significant relationship with HbA1C in Type II and not in Type I.  
• Marital status, BMI & Gender had significant relationship with Social Support from family & HbA1C in both Type I & II Diabetes.  
• Age had significant relationship with perceived Social Support & HbA1C in Type II Diabetes.  
• Education was not significantly related with perceived Social Support & HbA1C in Type I Diabetes.  
5) Disease Duration was not |
significantly related with Social Support & HbA1C in Type I & II Diabetes.

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<tbody>
<tr>
<td>12.</td>
<td>2011</td>
<td>Awasthi &amp; Mishra</td>
<td>Social Support</td>
<td>Perceived illness consequences, controllability, outcome beliefs</td>
</tr>
<tr>
<td>13.</td>
<td>2012</td>
<td>Boas, Foss,</td>
<td>Social Support</td>
<td>Pharmacological</td>
</tr>
</tbody>
</table>

N = 162 type II diabetes |
| Freitas & Pace | Non-pharmacological treatment (diet & physical exercise). |  |  | adherence.  
Social support, clinical and metabolic control variables were not to be associated with each other. |
|---|---|---|---|---|
| 14. 2013 Awasthi & Mishra | Social Support  
Physical Wellbeing  
Psychological wellbeing | Illness Consequence Belief Measure  
Illness Controllability Belief Measure  
Illness outcome Belief Measure  
Social Support Measure | N = 100 women with cervix cancer  
Age:30-65 years | Social support can change not only patient’s perception of their health problems but also its consequences.  
Emotional informational, social companionship and practical support were found to be negatively correlated with the severity of interpersonal physiological consequences of illness.  
Patient’s belief in self control and being controlled by the doctor was related to |
less severity and less pain for illness and stronger hope for a better health outcome.

### Self Efficacy, Locus of Control and Social Support in Adherence to Medical Regime

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Year</th>
<th>Author(s)</th>
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<th>Sample</th>
<th>Results/Observations</th>
</tr>
</thead>
</table>
| 1.      | 1984 | Schlenk & Hart  | • Health Locus of Control  
• Perceived Social Support  
• Health value,  
• Compliance with insulin administration diet, exercise hypoglycemia, self monitoring of Blood glucose and foot care | • MHLC by Wallston  
• SSQ by Schlenk  
• 18 item list of health value by Rokeach  
• Self reporting of activities regarding diet, hypoglycemia, exercise and interview | N= 30 Insulin dependent diabetes patients | Statistically significant correlations were observed between Social support, Powerful and Internal Health locus of Control with Compliance. |
2. 1987   Stanton  Adherence to Medical regimen determinants like:
- Understanding of Medical regimen
- Effective communication between patient and Medical Professional
- Satisfaction with healthcare provider
- Health Locus of Control
- Social Support
- Treatment disruption to lifestyle

- Interview
- Self report
- Behavioral indices

N = 50 Hypertensive patients

Greater expectancy for Internal Locus of Control, Greater Understanding of the treatment regimen and a stronger Social Support were significant determinants of adherence.
<table>
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<tr>
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<th>Year</th>
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<th>Variables</th>
<th>Sample Size</th>
<th>Findings</th>
</tr>
</thead>
</table>
| 3 | 1987 | McCaul, Glasgow & Schafer    | Knowledge, Expectancies, Skills, Environmental support, Adherence to IDDM regimen aspects including insulin injection, glucose testing, diet & exercise | N = 84 adults and 23 adolescents IDDM patients | • Expectancies and Environmental support were significantly associated to various adherence behaviors.  
• Psychosocial variables were found to be strong predictors of insulin administration and glucose testing compared to diet and exercise.  
• Regimen knowledge had no statistically significant relation to adherence |
| 4 | 1993 | Taal, Rasker, Seydel & Weigman | Social Support, Self Efficacy, Health problems/status, Adherence to health | DUTCH-AIMS N= 86 RA patients | • Self Efficacy was found to be significantly related to subjective experience of health.  
• Social Instrumental |
| 5. | 1996 | Tillotson & Smith | **• Internal diabetes Locus of Control**  
**• Social Support**  
**• Adherence to weight control regimen** | Interview | N = 465 (NIDDM) | Internal LOC and Social Support are modest but significant predictors of adherence to diabetes regimen.  
- Social Emotional Support’s relation to health status was not significant. |
| 6. | 2004 | WU, Tang & Kwok | **• Self Efficacy,**  
**• Health Locus of Control,**  
**• Psychological distress** | **• Generalized Self Efficacy Scale**  
**• MHLC, General Health Questionnaire** | N = 159 females Age= 60-89 Years |  
- Self Efficacy and Health LOC have their major influences on participant’s Mental Health Status.  
- Psychological distress was found to be predicted by a low Self Efficacy and high External Locus of Control. |
| 7. | 2004 | Franks, Cronan & Oliver | • Social Support  
• Self Efficacy  
• Depression  
• Mood Disturbance  
• Health Status  
• Impact of Fibromyalgia Syndrome | N = 568 Women with fibromyalgia Syndrome | • Larger Social Support Networks were clearly associated with greater level of Self Efficacy for pain and symptom management.  
• Quality is more important than Quantity of Social Support in determining the outcome in females with FMS.  
• Perceived quality of Social Support was correlated with lower levels of depression, helplessness, mood disturbance, impact of fibromyalgia, higher levels of self efficacy |
<table>
<thead>
<tr>
<th>No.</th>
<th>Year</th>
<th>Authors</th>
<th>Methods</th>
<th>Sample Size</th>
<th>Results</th>
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| 8.  | 2005 | Schoster, Callahan, Meier, Mielenz & Di Martino | • Social Support  
• Self Efficacy  
• Motivating factors/barriers to attending the Class (content instructor, location schedule) | N=347  
Age range= 32-90 years | PACE encourages a perception of Social Support and increases Self Efficacy for exercise by allowing participants to work at their own pace. |
| 9.  | 2006 | Gillibrand & Stevenson | • Locus of Control  
• Social Support  
• Self Efficacy  
• Quality of life | N=118  
Age Range = 16-25 years. | • High family support and low levels of Locus of control correlate with the decline in perception of severity and vulnerability to diabetes related complications among young people  
• High level of Internal LOC and high Self Efficacy |
| 10. | 2008 | Kim, Laura, McEwen, Kieffer, Herman, & Piette | **Social Support**  
**Self Efficacy**  
**Physical activity**  
**BMI (Body Mass Index)**  
**Dietary Habits** | **N= 228 women with GDM (Gestational Diabetes Mellitus)** | **Social Support from family and friends was found to be associated with better Diet and Self Efficacy for not overeating and exceeding healthy diet**  
**Social Support and Self Efficacy showed association with physical activity.** | **Adherence to regime measured by DSCAS** | **High Level of Social Support predicted adherence to self care regime.** | **Social Support predicted the benefits of adhering to self care regimens.** |
| 11. | 2009 | O’Hea, Moon, Grothe, Boudreaux, Bodenlos, Wallston & Brantley | • Locus of Control  
• Self Efficacy  
• Outcome Expectancy  
• HbA1c level | HbA1c levels used to indicate gradations of medical regimen adherence | N = 109 Type II Diabetes patients  
• Patients with low Self Efficacy and low outcome expectancy are benefitted the most from high Internal LOC.  
• Patients with low Self Efficacy and high outcome expectations were related to poorer HbA1c levels. |
| 12. | 2010 | King, Glasgow, Toobert, Stryker, Estabrooks, Osuna & Faber | • Self Efficacy  
• Problem Solving  
• Social Environmental Support  
• Diabetes Self management (dietary, exercise medication)  
• Diabetes Control Demographic  
Biological Outcome | Online Questionnaires | N= 463 Type II Diabetes Patients  
Concluded that interventions to improve self management in patients with Diabetes, should be targeted on enhancing Self Efficacy, Problem Solving and Social support. |
| 13. | 2016 | Kadambari & Hooda | • Self Efficacy  
• Locus of Control  
• Adherence to Medical Regime (Diet, Medicine Exercise) | • Chronic self Efficacy scale  
• MHLOC  
• MARS  
• Diet Check list  
• Exercise Check list | N = 100 Arthritis Patients  
Age range = 40-60 year | • Self Efficacy & Locus of control are statistically significant predictors of Adherence to medical Regime  
• Adherence to medicine was found to be significantly predicted by internal LOC.  
• Adherence to diet was significantly predicted by Doctor and Internal Locus of Control and Communication with physician  
• Adherence to Exercise was reported to be significantly predicted by Self-Efficacy components i.e. exercise regularly and Manage Symptoms. |
With this extensive review of the literature, investigator could not find enough studies conducted in Indian context to study the relationship between Self Efficacy, Locus of Control, Social Support and Adherence to Medical Regime. All this background is sufficient in itself to realise the necessity of filling in the gaps in knowledge and conducting and exhaustive research to investigate the relationship between Self Efficacy, Locus of Control, Social Support and Adherence to Medical Regime. With this, the author moves to next chapter dealing with major objectives and hypotheses.