CHAPTER I

Introduction

“Health is the foundation of well being virtue, personality, wealth, happiness and solution”. Health is a state of complete physical and mental well being and not merely absence of disease.

The key concepts of the study are:

**Perceived health**: Perceived health refers to an individual’s assessment of his or her general health. Perceived health is operationally defined as defined as the opinion of the employees about the health related problems,

**Perceived health status**: – The ability to carry out much health behavior is affected by personal health, while illness may provide additional motivation for behavior change.

**Personality**: Personality is the more or less stable and enduring organisation of a person’s character, temperament, intellect and physique that determine his unique adjustments to his environment.

**Self esteem**: Self esteem has been defined as combination of self evaluations of worth resulting from the perceived likelihood to attain goals and the positive feelings that result from the evaluation (Burke, 1983).

**Shift work**: The term shift work is defined as an arrangement of working hours that uses two of more terms (shift) of workers, in order to extend the
hours of operation of the work environment beyond that of the conventional office hours.

Health is an asset most valued resource in an individual’s life. It is a state where there is a balance in body and its function, mental, social and spiritual well being, many habits pattern of thinking, emotional experience and attitude influence the over all quality of life which in turn affect the health. “Health is state of physical, mental, social and spiritual well being. The status of physical health based on the immune system of the individual. The immune system protect as from pathogen. The alternation in the count of WBC, weakens the immune system of the individual make him susceptible physical illness or reduce resistance. There is a saying that “sound mind in sound body” so the mental health of the people depends on the physical health.

Health knowledge and attitude constitute an important dimension contributing to health. The prevention of disease is the best method of health care and perfect health, should be our aim for achieving this we have to deal with all aspects of body, mind environment, behavior and consciousness. Human health is an important factor for personality development. Healthy person remains generally successful in his life. Unhealthy person become problem of his family and his society. Consequently, the fate of the nation depends upon the health of its citizens. Health has been defined in various ways. It has been defined as a “state of complete physical, mental and social well-being, not morel the absence of diseases or infirmity.” In general, two types of health have been discussed by the authors, the physical and mental health.
Physical and mental health

Physical health means all the organs in the body are carrying out their duties properly. This implies physical fitness of the body brought about by enough and proper food, the right amount of executrices, attention to the rules of health. It is not enough to avoid disease; one should not be satisfied with the absence of diseases every effort should be made to make sure that the body is completely physically fit.

In common usage mental health often means both psychological well being and lack of mental illness. In psychology the term mental health always stands with another term popularly known as mental hygiene. However, these two terms are not similar in meaning. In fact mental hygiene is a science. It has three fold objectives: 1. prevention of mental disorders. 2. Promotion of mental health 3. Correction of mental disorder. A psychological view of mental health: Mental health is the ability to adjust satisfactorily to the various strains of the environment, we meet in life. However in the eyes of Manniger (1930). It is the adjustment of human being to the world and to each other with a maximum of maintain ever temper an alert intelligence, socially considerate behavior and happy disposition. The clinical minded psychologists considered mental health as resistance to or absence of mental, illness and the psychoanalytic concept of mental health are oriental towards the status of intrapsychic equilibrium. Mental health can also be called process of human, self realization, self satisfaction and complete successful existence. The process has five characteristics of personality in relation to other (Johoda 1958). 1. Self – acceptance and acceptance to other, 2. Self recognition and recognition to other, 3. Self adjustment and adjustment to other, 4. Self confidence and confidence in other, 5. Self well being and well being of other.
“A person with good mental health is not always free from anxiety and guilt feeling. But neither is he overwhelmed by them. He will be able to meet the day to day problems of life with considerable confidence and most instances he can solve them without serious damage to his self–structure, he maintains his self–respect obviously he is not usually free from conflict, obviously he is not always emotionally stable. “The relation between mental health and efficiency is clear that efficiency can be used to evaluate mental health. It is certainly significant that emotionally disturbed, neurotic or inadequate personalities and characteristically lacking in this quality.

Mental Health means maximum development of physical, intellectual and emotional states of the individual. So that he can contribute maximum to the welfare of the society and can also realize his ideas and aims in life. The integration strong to mental health can be strongly supported by positive feelings. Feelings to insecurity, inadequacy, inferiority, hospitality and hatred, jealousy and every signs of emotional disruption and can act to disrupt mental stability and can lead to mental ill health. Contrary to such feelings are those of acceptance, love, belongingness, security and personal worth. Each one of which contribute to mental stability and serves as a signpost of mental health. Emotional health therefore is as integral part of mental health and emotion adequacy which may be defined in terms of the control depth and range of emotional life, as it self a criteria by which mental health can be evaluated. Health is a milestone in enhancing general equality, development and peace.

**Psychological Health**

Poor health behavior and poor psychological health have been shown to be linked by a poor ability to develop coping strategies and employ them
effectively (Mechanic and Cleary, 1980). Dykema, Bergbower and Peterson (1995), confirmed the link between pessimistic explanatory style and illness and the increased perception of the negative impact of major life events. It is theorized that explanatory style influences helplessness (Peterson, Valliant and Seligman, 1988). The helplessness response to stressful life events leads to unhealthy habits and less likelihood to change these habits for the better (Peterson, 1988).

**Individual perception about health**

Health of the individual can be understood in terms of individual’s perception about his health. Many American and European studies have demonstrated that perceived health is an important predictor for onset of disability, in medical conditions and psychosocial status. Self assessed health status is dependent on an individual's awareness and expectations regarding their health. Self assessed health status may be influenced by a range of factors including access to health services and health information and the extent to which health conditions have been diagnosed. Social constructs of health also influence this assessment, for example definitions of health and the existing level of health within the community, judgments that one's own health is about the same, better or worse compared to others in this community.

Health is the important internal resource which assures a stable quality of life. This capacity is expressed, when a person possesses strong body capable of working with a controlled and balanced state of mind. The total health is a state where there is a balance between body and its function, mind, social and spiritual well being. Health occurs in gradual manner at any level and affect the individual understanding about health and related behavior, include range
of activities, which have direct and indirect impact on individuals health status. The habits pattern of thinking, emotional experience and attitude influence the over all quality of life, as the sociology and cultural back ground effect the life style.

In the new globalize and informational world, competition is inevitable and due to the tremendous pressure, stress is experienced by every one with at the personal or the organization level. Many other health problem have been studied from a psychological point of view (Simon 1992), in areas such as preparation and recovery from surgery, functional gastrointestinal illnesses, neuromuscular control in spastic individual and sleep disorders in older adults, have developed a cognitive behavioral treatment of essential hypertension has been working on training in blood glucose discrimination in insulin dependent diabetes mellitus patients.

Shobe (1957) proposed a model of integrative adjustment which is characterized by “self – control, Personal responsibility, democratic social interest and ideal, “behavior according to Sheen is normal to the extant that it expresses man’s most unique capacities for symbolization and social involvement. Among his criteria of the fully functioning person included the capacity for awareness and openness to experience.

Jahoda (1958) and Allport (1968), list other characteristics described for the healthy personality. They note that Self–actulizatizing people also are invariably creative, in the science of giving whatever they do a person and distinctive quality.
As point out of the individual who can adapt to the changing conditions of his environment, self respective and not rigid in his persons and are well trained and controlled, fulfills his objectives, in has insight into his conduct, can evaluate his behavior, improves his behavior on the basis of his self examination, has enthusiasm in his life, can work with curiosity and is devoted to his profession, is reasonable in his actions and accepts criticism sportingly.

The healthy person possesses good habits. He is balanced and is not easily annoyed, the healthy person has developed his own philosophy of life, and he develops definite, attitudes towards values of life.

Many of the criteria of mental health and adjustment are oriented to peace of mind of tranquility, where there is emotional harmony, positive feeling, control of thought and conduct and integration of motives. Attitudes are very similar to feeling in their relation to mental health. Healthy self concept is a sign of mental health. A person must maintain a healthy orientation to objective reality. So one must learn to think of himself in a healthy manner. Feeling of personal inadequacy, helplessness, interiority or insecurity or worthlessness will undermine an adequate self concept. This condition will serve to disrupt the relation between self and reality so that it becomes more difficult to meet other criteria of mental health. This idea can be compared with criterion of self – acceptance. Relation between such factors as pride and neurosis make the development of a healthy self concept one of the must important factors in the achievement of mental health.

**Good and poor physical and mental health**

Good physical health means absence of disease, with good personal adjustment in daily life, working with full efficiency. It is rather difficult to
define ‘good mental ‘health and poor mental health. A person with good mental health is not entirely free from anxiety and feeling of guilt, but either is he overwhelmed any them. He is able to meet the usual problem of life with considerable confidence. For the most part, he maintains emotionally stable. The range of normality is wide. Poor mental health differs in degree, then the kind, from one with good mental health his feeing of guilt may over whom him. His anxiety is not productive but fright endingly and threading. He sees no clear way to resolve his conflict’.

**Determinants of health** – There are many determinants of health, such as socio-culture and national factor, etc (writes the factors and then discusses them one by one):

1. **Sociocultural and national factor** - One reason that there are wide variations in the frequency of different positive and risk behaviors is national, cultural and religious tradition most countries have a distinctive cuisine, with preferences for particular foods and methods of preparation. Some religions and cultures disapprove of alcohol and smoking, while other proscribes the eating of meat from particular animals. Cultural factor also affect the behavior of young, adults prior to marriage and place limits on sexual expression.

2. **Sociodemographic factors** – As we have illustrated at several points in this chapter, health behavior are strongly associated with age, sex and socio economic status.

2. **Social and family factor** – Health behavior are strongly affected by peer group influences, family habits and social network. Family habits have a
strong impact on food choice, cigarette smoking, alcohol consumption and physical exercise habits.

3. **Biological factor** – It is emphasized that some health behavior are determined in part by biological factors. Factor such as nicotine and opiate dependence are strong determinates of smoking and drug use respectively. Dietary choice may be influenced in part by the metabolic or psychological effects of particular nutrients, While alcohol has an important reciprocal relationship with biological stress responses. There is also increasing interest in investigating the impact of genetic factors on health related behavior with evidence from twin studies that there is a heritable component to smoking initiation and nicotine addiction as well as to body weight and obesity which probably reflect genetic effects on food intake and physical activity.

4. **Legislative factors** – Several healths compromising behavior are affected by laws. In many countries the method of law enforcement is also relevant. Laws concerning is also relevant to minors have little deferent effect if they are not constantly monitored. In the case of driving, primary enforcement, when police officers are allowed to stop a vehicle solely for something likes a seatbelt violation.

5. **Macro- economics factors**- Many health behavior cost money. Cigarettes, alcohols, food, exercise. Facilities and access to health care have to be purchased. Economic factor such as the buoyancy of the economy and availability of disposable, together with have taxes on tobacco and alcohol have perceptible effects on behavior.
6. **Health status** – The ability to carry out much health behavior is affected by personal health, while illness may provide additional motivation for behavior change. People with diabetes and other metabolic disorder may have particular dietary requirements the effectiveness of medication taken by people with HIV can be affected by alcohol and diet. Diagnosis with a condition like coronary heart disease or non insulin dependent diabetes may provide the stimulus for weight reduction thought dietary change and physical exercise.

**General Psychological factors in health** –

Research has repeatedly shown that mental and emotional processes are some how implicated both in good health and in most physical diseases. Definitive proof of such relationship however and a beginning knowledge of what is happening in the body are relatively recent accomplishment. The boundaries of this field seem virtually limitless. The result or research in psychosomatic and behavioral medicine; reveal that there is probably no major organ system or physical homeostatic defense mechanism that is not subject to the influence of interactions between psychological and physiological events.”

The sometimes devastating effect of hopeless and helpless attitudes organic functioning has long been known, partly through anthropological research on voodoo deaths and similar phenomena.

The relationship between psychological factors and good health has also been well documented Jones et al.(1972), that is positive emotions often seen to produce a certain immunity to physical disease or to be associated with speedy and uncomplicated recoveries when disease does strike (O’Leary 1985). In fact
this reality complicates efforts to determine the true effectiveness of new treatment techniques, such as new drugs.

Self assessments of health obtained from surveys and interviews have consistently found age and sex differences in the tendency to report symptoms, ill-health, disability, visits to doctors and sickness absence. Many of these data, however, may have been misleading in using instruments of unknown or uncertain validity and reliability.

Some studies have found that the elderly in particular are likely to perceive their health as good even in the presence of overt pathology. Although many studies of the health of the elderly are available, rather less is known about that of middle age and younger groups, although writers on the “mid-life crisis” have indicated a rise at this time in emotional and social distress. It is by no means clear whether there is a linear relation between age and subjective health or whether the relation varies at different times of life or according to the area being measured – for example, emotional distress may as problems of energy loss increase (Hunt, McEwen, and McKenna, 1984).

**Internal factor of health** –
Knowledge - People need enough knowledge of potential dangers to warrant action (Bandura 1990), it is not enough to convince people that they should alter risky habit, most of them also need guidance on how to translate their concerns into efficacious action (Bandura 1990). Cognitive avoidance represents a coping strategy that may prevent problem recognition and the perceived need to change ones behavior (Catania 1990). Health education that provides specific information on the best types of help and how those type of
help might enhance perceived self efficacy, the greater is the success in maintenance of health promotion behavior (Bandura 1990). Knowledge regarding and the perceived value of behavior change inbreeds one’s risk of infection, were both consistently related to various measures of risk reduction (Becker 1998). Perceived susceptibility has a significant relationship to risk behavior independent of knowledge (Catania 1990). The perceived costs and benefits of changing high risk behavior and belief concerning of ability to make the appropriate changes are expected to influence the commitment to change high risk activities (Catania 1990). A perceived barrier was most often associated with a failure to adopt health action. The perceived expectation of specific referent individuals or groups and motivation to comply with those expectations determine the influence of the social environment on behavior. The health belief model has generally focused on factotums such as perceived susceptibility severity and benefits as determinates of health intention, be obtained would have an important impact on the taking action phase of the process (Catania 1990). In the traditional health education approach, information and education about the disease has been emphasized as a rational basis for adopting protective behavior or discontinuing established behavior (Rugg 1990).

Attitudes, beliefs and core values – Perceived efficacy can affect whether people even consider changing their health habit hard they try should they choose to do so how much they change and how well they maintain the change they have achieved (Bandura 1990). The Stronger the perceived self efficacy the more likely people are to adopt the recommend practices (Bandura 1990). It is resiliency in perceived self efficacy that counts in maintained of changes in health the higher the perceived self efficacy, the greater is the success in
maintained of health promotion behavior (Bandura 1990) knowledge regarding and the perceived value of behavior change in red us ones risk of infection were both consistently related to various measures of risk reduction (Becker 1998). Perceived susceptibility has a significant relationship to risk behavior, independent of knowledge (Catania 1990). The perceived costs and benefits of changing high risk behavior and belief concerning of ability to make the appropriate changes are expected to influence the commitment to change high risk activities (Catania 1990). A perceived barrier was most often associated with a failure to adopt health action .The perceived expectation of specific referent individuals or groups and individuals motivation to comply with those expectation determine the influence of the social environment on behavior.

**Psychological disposition**– Perceived coping inefficacy increases vulnerability to stress and depression (Bandura1990). The personality construct most consistently linked to health promoting behavior is locus control the extent to which person perceives events in their lives to be with in their personal control. Persons who hold internal expectation are more likely to assume active responsible for maintaining their health (Darrow 1989). Anxiety to be significantly associated with expectation of being able to quit health impairing behavior with more severe functional impairment and with more poorly perceived health status (Eraker 1985). The health belief model is influenced by an individual motivational state psychogenic factor in health, especially individual sense of coherence, enables them to the potentially negative health consequences of stressful life event (Stokol 1992).

Physiology- Perceived coping inefficacy activates biochemical changes that can affect various facets immune function (Bandura 1990).
There are various models of health psychology, which describe health, based on their specific ideology.

**The Biomedical model** - The Biomedical model which has governed the thinking of most health practitioners for the past 300 years maintains that all illness can be explained on the basis of aberrant somatic processes such as biochemical imbalances Neurophysiologic abnormalities. The Biomedical model assumes that psychological and social processes are largely independent of the disease process.

**The Biopsychosocial model in health psychology** - The idea that the mind and the body go together and determine health and illness. Logically it implies a model for studying these issues. This model is called the Biopsychosocial model. As its name implies, its fundamental assumption is that health and illness are consequence of the interplay of biological, psychological and social factor (Engel 1977, 1980, Schwartz 1982)

**Health Belief model**

The most influential attitude theory of why people practice health behaviors is the health belief model (Hochbaum, 1958; Rosen-stock, 1966). This model states that whether a person practices a particular health behavior can be understood by knowing two factors: whether the person perceives a personal health threat and whether the person believes that a particular health practice will be effective in reducing that threat. The health Belief Model (HBM) (Hochbaum, 1958) was developed to understand the uptake of prevention and early detection behaviors, such as attendance at x-ray screening for tuberculosis. The Health belief model has generally focused on factors such as
perceived susceptibility severity and benefits as determinates of health intention. The HBM proposes that perceived vulnerability to disease and disease severity combine to form 'threat', and that threat perception motivates action. According to the HBM, threat perception drives behavior but the particular action taken is determined by beliefs about the behavioral options available to counter the threat. A particular behavior will only be adopted if its perceived benefits (i.e. potential to reduce the disease threat) outweigh its perceived barriers (such as cost, inconvenience, embarrassment, discomfort). In addition, cues to action, such as the presence of symptoms or having a medical appointment, were seen as necessary to 'set the process in motion' (Rosenstock, 1974).

**Protection motivation theory and extended parallel process model.** Perceived severity also forms part of threat perception in both Protection Motivation Theory (PMT) and the Extended Parallel Process Model (EPPM). In PMT, severity and vulnerability promote health motivation along with efficacy beliefs, but this is offset by the intrinsic and extrinsic rewards associated with 'unhealthy' behavior and the costs associated with performing the recommended behavior. In EPPM, however, the focus is solely on the balance between threat and efficacy beliefs. If efficacy beliefs exceed threat levels then health protective advice is followed ('danger-control'), whereas if threat beliefs exceed efficacy levels then efforts are focused on managing fear ('fear-control'). A number of commentators have observed that if the likelihood of experiencing a particular health problem, its perceived severity, or its perceived controllability is zero, then an individual's motivation to act should also be zero. One conclusion that some researchers have drawn is that
vulnerability, severity and efficacy should combine multiplicatively, so that if any one of these three variables holds a value of zero, motivation will be nil.

**Perception of Health Threat**

The perception of a personal health threat is influenced by at least three factors: general health values, which include interest and concern about health; specific beliefs about personal vulnerability to a particular disorder; and beliefs about the consequence of the disorder, such as whether or not they are serious. Thus, for example, people may change their diet to include low-cholesterol foods if they value health, feel threatened by the possibility of heart disease, and perceived that the threat of heart disease is severe.

Health behaviors are behavior undertaken by people to enhance or maintain their health. Poor health behavior are important not only because they are implicated in illness but also because they may easily become poor health habits. A health habit is a health related behavior that is firmly established and often performed automatically without awareness although a health habit may have.

There also is evidence that various traits linked to personality are related to psychosocial adjustment. Roca and coworkers described that the fulfillment of criteria for posttraumatic stress disorder at discharge was related to the personality traits neuroticism, openness, and extroversion. In an evaluation of survivors from the King's Cross accident in London, Turner and colleagues reported that neuroticism was related to general health. The definition of positive health behavior is more controversial. The first attempt to a formal definition was given by Kasl and Cobb (1968), who stated that “health
behavior was any activity undertaken by a person believing himself to be healthy for the purpose of preventing disease or detecting it at an asymptomatic stage”. This definition is orientated towards the detection and prevention of disease by healthy individuals and does not include actions by people who are already ill. However, much health behavior a carried out by people with a diagnosed condition and is aimed at delaying the further progression of the disorder. A health behavior as one that is consciously carried out for health enhancing purposes. But both positive and risk health behaviors are important irrespective of whether the individual carries out the activity for health reasons. Exercising on most days would be regarded a positive health behavior, whether the person does this for health reasons or because they are social aspects or are trying to look good. We would therefore define health behavior as activities that may help to prevent disease, detect disease and disability at an early stage promote and enhance health, or protect from risk of injury common positive health behaviors include regular physical exercise, various dietary choices, using sunscreen, using a seat belt, driving sensibly and taking advantage of medical and dental screening opportunities.

**Self Esteem**- Self esteem is defined as ones overall self evaluation composed of respect, competence and worth (Cast and Burke 2002). It is the attitude individuals have about themselves as good or bad the attitude individual have about themselves. People with high self esteem are psychologically better adjusted; self esteem refer to a person’s subjective evaluation of their own worth: put simply, it is how good a person feels about him of herself. During the 1970’s and 80’s the fostering of self esteem was seen to be of great benefit in and of itself. Teachers and parents were encouraged to offer every child unconditional praise and to refrain from any criticism or negativity which
might damage a child’s self esteem. A lack of self esteem was blamed for all kinds of problems, and high self esteem was regarded as almost synonymous with good functioning and mental health.

Self Esteem,” as the panacea for all psychological ills,” has begun to be questioned. For example, a major review of the self esteem literature found that many of expected questioned consequences of low self esteem were not supported by the research. Evidence also began to accrue of the potentially harmful effects of excessively high self esteem, for example an association between inflated self esteem and violence. Researchers also began to find children and adolescents whose self esteem was inflated beyond their actual achievements and abilities. These children had been raised on a diet of unconditional praise dissociated from real accomplishment, with the result that they felt good about themselves, but for no reason other than they had repeatedly been told how unique.

During the 20th century, illness causes has shifted from, infectious disease, caused pathogens to chronic lifestyle – related disease that is largely preventable by practicing certain health behaviors (Brannon and Feist 1997). An investigation of whether the personality dimensions, self esteem and optimism are related to the practice of health behaviors would be helpful in developing education and training programs and in motivating individuals to change their lifestyle to benefit from optimum health.

Booth-Kewley and Vickers (1994) found the “Big Five” personality dimensions, neuroticism, and extraversion, openness to experience, agreeableness, and conscientiousness to be reliable predictors of health
behavior. An investigation into self esteem and optimism is expected to demonstrate a link as well.

High self esteem individuals more confidence in their abilities and the resulting expected success (Baumgardner, 1991), they are less susceptible to mood swings (Campbell, Chew and Cratchley, 1991) less vulnerable to depression (Hokanson, Rubert, welker, Hollander and Haden, 1989), and tend respond to negative events positive thoughts (Taylor and Brown, 1988).

Optimism has been shown to be strongly associated with physical and psychological health (Lightsey, 1996). Scheier and Carver (1985) define optimism as generally believing that one will experience good versus bad outcomes in life. Optimists have positive expectation for the future and use more problem focused coping strategies, especially when they believe the situation is controllable (Scheier, Carver and bridges, 1994). Optimists also use positive reinterpretation in developing strategies whereas pessimists use denial and tend to withdraw or disengage from a goal (Scheier,Weintraub, 1986). According to the control theory, the optimist more favorable outcomes and exerts more effort to obtain these outcomes. Optimists have better consistency and persistency in executing goal directed behavior so they cope better with stress (Scheier and Carver, 1985). Optimists also cope better when a stressful event is something that will continue and must be adjusted to (Scheier, Weintraub and Carver, 1986).

Research on individual differences in impression regulation appears to be in its early stages and we anticipate on increased volume of conceptual and empirical activity in the coming years.
Self esteem maintenance and enhancement the idea that people act to maximize their self esteem is included as a cornerstone of many current theories of social behavior (Soloman et al 1991), Steen (1988), Tesser (1988) and is often cited as key motive influencing the content of self presentation self glorifying illusions at least in moderation but are also associated with psychological adjustment mental health and superior functioning Taylor and Brown (1988). Self esteem needs have been cited as the basis for self glorifying descriptions of self, self serving attribution biases, self flattering social comparisons, preferences for positive interpersonal evolutions and self justificatory activities, Taylor and Lobel (1989), Tesser (1988), Steele (1988). In most of these areas public and private facets of the motive usually have been treated as distinct but interrelated, differences between moles exist when explaining why people want to maximize self esteem (Ef Solomon et al 1991) and whether people prefer to maintain or to boost current yet the models share the core idea that positive self evolutions are preferred and sought.

Attributions that glorify self usually general positive affect, provided they do not commit the individual to perform at unrealistic levels generate negative affect, Higgins (1989), because of these associations self esteem maintenance and self affect, regulation can be seen as interrelated processes found support for the hypothesis that people attempt to regulate their affective state through self presentation.

Despite the pervasiveness of egotistical activities one problem for self enhancement models has been to account for conditions under which people do not prefer self glorification as when they take responsibility for failure or
seek out diagnostic in for motion even if it may confirm their worst fears. Usually, these counter findings are explained by arguing that there are cases where positive self evaluations are not adaptive because they will produce poor decisions with costly consequences that ultimately lower evaluations.

Self esteem has been considered as the central aspect of psychological functioning (Taylor and Brown 1988, Whyllie 1979). Common conception of self esteem tends to equate it with the balance of positive and negative conceptions one has about oneself the more positive self esteem conceptions and few negative self conception one holds the higher ones self esteem.

Global self esteem can also be distinguished from racial or collective or evaluation of ones social identity (Tajfel and Turner 1986 ). Global self esteem refers to feeling of personal self worth, whereas racial or collective self esteem refers to evaluations of the worthiness or value of the social group or category. In low self esteem, yet have high feelings and personal self worth, empirically, measure of collective self esteem and personal self esteem are only moderately correlated and interact indifferent ways with variables such as personal or group performance information.

Self esteem, our evaluation of ourselves, can range between feeling that we are worthy and valuable members of society to feeling we are worthless and valueless. Self esteem reflects the “It’s” judgment the “me”, which immediately affects how the “I” experiences itself. Self esteem pervades both the “I” and “me” aspects of identity.
Personality traits such as anxiety proneness, poor frustration tolerance, and poor socialization affect health. The personality domain neuroticism was related to poorer health outcome. Likewise, neuroticism had a negative association with therapeutic response. Neuroticism also has been related to a poor health outcome in diabetes mellitus. In a prospective study, it was finally shown that neuroticism and extroversion had different predictive values for anxiety and depressed mood after 3 and 5 years in patients with early rheumatoid arthritis.

At present it is not clear to what extent personality traits, and especially neuroticism-related traits, contribute in health perception. Previous studies on the role of personality in health usually have indicated that physical problems interact in a complicated manner with their psychosocial characteristics. Personality characteristics have been given a central role in the perceived outcome somatic conditions.

Eysenck has proposed four broader dimensions of personality: extraversion, neuroticism, psychotisim and intelligence which have been discussed in the following pages.

(1) **Extraversion:**
One of the major personality dimension described by Eysenck is Extraversion-Introversion (E-I). The typical extravert is sociable, exuberant, like parties and craves excitement, thus characterized by though mindedness, frequently impulsive, tendency to be out going, desire for novelty, preference for vocations involving contact with other people, tolerance for pain, prefer people
oriented jobs (e.g. sales and social work), higher arousal level in the evening, prefer quicker; less accurate work approach, and under socialized supper ego.

The typical introvert is shy, self controlled, quiet, introspective and inhibited rather than impulsive. Thus characterized by tender mindedness, seriousness, performance interfered with by excitements, easily aroused but restrained, preference for solitary vocations, sensitivity to pain, more reliable, conscientious and punctual, higher arousal level in the morning prefer slower, more accurate work approach, prefer theoretical and scientific careers(e.g. engineering chemistry, teaching math etc.) and over socialized super ego.

(II) Neuroticism –

The second major dimension of Eysenck’s personality model is Neuroticism – stability. Eysenck assumes that neuroticism is a trait continuum ranging from normal to neurotic end. Points near to the plus end of hypothetical continuum represent well integrated, emotionally stable, non-neurotic personalities; points towards the minus end of the hypothetical continuum represent poorly integrated, emotionally unstable, neurotic personalities (Eysenck 1962, p-52). The personality characteristic of neurotic person can be described as emotionally unstable, easily aroused, worrisome, frequently complain about anxieties and bodily aches, showing dependency, low energy, narrow interests and usually does not belong to groups, anxious, restless, have poor sensory acuity and little frustration tolerance. At the other and of the scale is the emotionally stable persons who are characterized as cheerful reliable calm and even – tempered, less easily aroused, carefree, reliable and normal.
Eysenck opined the physiological basis of N-dimension through autonomic nervous system reactivity. He suggests that the person, whose autonomic nervous system is highly reactive, is likely to develop a neurotic disorder. Specifically, he links this dimension with the limbic system, which influences motivation and emotional behavior. Persons high on neuroticism tend to react more quickly to painful, novel disturbing, or other stimuli than do more stable persons. Such persons also exhibit a more persistent reaction than do highly stable persons.

Neuroticism is one of the most widely studied traits in the entire field of psychology even more may be known about this trait than previously recognized, in light of new evidence that neuroticism my be part of underlying dimension that includes self esteem, Locus of control and generalized self efficacy (Judge et al 2002). A number of researchers have suggested that some aspect of this trait may be rooted in a biological system at helping guard against potentially threatening or harmful situation (Rothbart et al 2000, Watson et al 1999).

Personality health association may reflect at least three distinct processes (Contrada et al 1999, Rozen ski et al 1999) personality difference may be related to pathogenesis mechanism that promote disease. This has been evaluated most directly in studies relating various facets of disagreeableness to greater reactivity in response to stressful experiences (Smith and Gallo 2001) However part of the complexity of testing hypotheses about the role or personality in the physiological processes of a disease involves the need for greater clarity about the disease processes involved and the phases during which personality effects may be implicated.
Neuroticism is defined by the intercorrelations among the trait of anxiety, depression, low self esteem and shyness. Neuroticism is a risk factor for depression and anxiety, and introversion in combination with neuroticism increases risk of depression (Clark 1994).

Neuroticism includes both anxious distress and irritable distress (Rothbart and Bates 1998, Shiner and Caspi 2003). These two separate dimensions of distress proneness are evident already in infancy. Anxious distress is inner focused and, by childhood, includes tendencies toward anxiety, sadness, insecurity, and guilt. Big five neuroticism typically emphasizes this component. In contrast, irritable distress taps outer directed hostility, anger jealousy, frustration, and irritation in children, such hostile distress is often evoked by limits set by adults. The distinction between inner directed and outer directed distress is similar to the distinction between internalizing and externalizing psychiatric disorder. Because anxious distress and irritable distress are likely to follow different developmental path and predict different outcomes, these two lower order traits should be investigated separately in many instances. In fact international lexical studies of adult personality have provided that theses two aspects of distress proneness often appear on different factors (Saucier and Goldberg 2001).

High neuroticism is associated with poorer perceived health, low extroversion is associated with poorer perceived health, low openness to Experience is associated with worse functional status, and age moderates the relationships between personality and subjective health (Duberstein, Sorensen, et al; 2003).
(III) Psychoticism:
Eysenck has added a third dimension of personality, called as psychoticism – super ego strength. People high on this personality dimension tend to be egocentric, impulsive, insensitive to other, opposed to social customs, poor concentration, poor memory, cruel, disregard for danger and convention, liking for unusual things, and considered peculiar for others. These people are often seen as troublesome, as lack of caring for other and as intentionally upsetting other people. Eysenck regards it as personality continuum along which all people can be located and as being more common in men than in women.

(IV) Intelligence:
The 4th dimension of Eysenck’s personality model is known as intelligence, which denotes a mental condition or a compel of conditions for specific performances or achievements. It is defined as the ability to overcome difficulties in situations. In general, intelligence is considered today as a characteristics aspect or dimension of personality. It was found that there is significant correlation between personality score and intelligence test scores. Thus we can say that intelligence test scores may be influenced by motivation. Anxiety and certain other personality characteristics. There seems to be correlation between personality types and forms of intelligence.

Shift work- shift work is a form of work scheduling involving a process in which a group of worker succeeds each other at the same workstation in shift. The shift can be organized either in a rotation, a continuous or a discontinuous fashion. Notwithstanding the patterns of work scheduling, it has been unequivocally aspect that shift work in general disrupts biological rhythms,
sleep and social life. In addition, shift work leads to a number of clinical and non clinical problems. It retards human performance and increases the chances of occurrence of major industrial accidents. This review presents some recent data dealing with the deleterious consequences of shift work and discusses the possible ways to optimization of human shift work would minis the occupational health hazards among shift workers, maximize their performance and augment the productivity their organization.

Despite the fact that working at night has been prevalent at least since the Roman time and had extended with the industrial Revolution (2.8% night workers in 1904, in Western Europe). In the first few decades of the nineties technology progressed tremendously and also the methods of production, in order to satisfy increasing needs of the contemporary society. This phenomenon probably evolved methods leading to a more effective use of the available natural recourses and manpower. Many industrialized countries, then introduced and adopt shift work system with a view to optimize utilization shift work system with a view to optimize utilization of human resources and to ensure continuity in operation of industries and various other production houses. Consequently, the population of shift workers grew steadily and is still growing at a pace faster than before. At present nearly one fifth of the total global work force in shifts. The reason for growing number of shift workers is manifold: (1) Modern industries depend upon expensive machines and continuity in their functioning is extremely mandatory and cost effective. Therefore, these machines have to be manned by works round the clock.(2) Shift work determines dimension if the return on capital investment and (3) Quality in the current day lifestyle demands immediate and round the clock service from various indispensable sectors such as public health, transport,
security (both internal and external), communication and media. All these sectors need men to be posted/deployed round the clock. Thus, shift working has become a routine feature and will be absolutely inevitable in future, if the present character and the rate of growth and development in industries are to continue.

What is shift working? ‘The term shift work is defined as an arrangement of working hours that uses two or more terms (shift) of workers, in order to extend the hours of operation of the work environment beyond that of the conventional office hours. The varieties of shift work include: table/permanently displaced working hours in which the work schedule used does not require a person normally work more than one shift (including night work), Rotating shift work in which an individual is normally required to work more than one shift, changing from one shift to another and unscheduled working hours. On all shifts is also a special form of shift work, where in case of emergency the particular group of workers called for their duties. The most widespread shift system is when production is organized in eight hour shifts, called morning, evening and night shifts.

According to the international Labor Office, shift work is defined as; As method of work organization under which group of crews of workers succeed each other at the same workstation to perform the same operations, each crew working a certain schedule or shift so that the undertaking can operate longer than the stipulated weekly hours for any worker. Often the term is used when more than one work period is scheduled in a working or when most of the working hours fall outside the standing workday such as evening, night or weekend shifts.
Psychosocial/Physiological problem in shift work: The irregular work hours affect the whole family: the worker, his/her spouse and children. The displacement of the shift worker in time and space can result in domestic incontinence, both for the individual and spouse as well as other members of the family, to the extent that it could have dethronement effects on family relationships. The difficulties in social life are mainly due to an inharmonious relationship between work schedules of shift workers and those of other day workers. Thus it is difficult for shift workers to participate in regular meeting and in other social events / activities, which are usually scheduled in the evening or on weekends.

There is no evidence that shift work is related to manifestation of psychiatric ailments. Shift work also complains more frequently about depression help illnesses and stress.

There are also common complaints in shift work, such as disturbed sleep, disturbed appetite, and lethargy, apathy, poor concentration and neuroticism, and depression thus. It seems clear that the depression induced psychosocial dislocations bring about dysrhythms.

The levels of anxiety were found to be significantly higher in spouse and children of shift worker compared to their counterparts sampan in the family of day workers also the status of mental health was significantly low among spouses of shift workers compared to their day working counterparts. This indicates that disturbed daily schedules of shift worker many modulate anxiety and mental health in their spouses and children. A model proposed by rutenfraz et al. suggests that the major disease mechanism each brought about
by disturbed circadian rhythm city which leads to, stress the stress reaction is responsible for complaints such as lack of well being and problem adverse health states. The intervening variables such as housing standards sleeping conditions the family situation personality and psychological adaptability are also responsible for such complaints these intervening factors determine whether a particular version is able to cope with shift work successfully social environment many also play a key role in an independent pathway from shift work to disease.

**Rational for the study**-

There is need to find accurate and reliable indicators on which to base the planning, provision and evaluation of health services. Self assessments of health is important, and are better predictors of adjustment to major episodes of illness .The self assessment of health, major influenced by many psychosocial factors.

Subjective health measurement is contributing to the evaluation of health problems, the burden of diseases and health needs at the population level. Perceived health status is not a substitute for more objective indicators but rather complements these measures. Studies have shown perceived health to be a good predictor of subsequent mortality. During the past two decades, interest in subjects' perceived health has become one of the important research fields in epidemiology and research concerning health services. In the new globalize and informational world, competition is inevitable and due to the tremendous pressure, stress is experienced by every one with at the personal or the organization level. There are evidences that relate SES, Self concept
personality type, with very few attempts have been made to study self assessment of health of employees in industrial sector. Perceived health status of the employees in relation to personality and self esteem have not been much worked there fore a study entitled perceived health status in relation to self esteem , personality and nature of work was undertaken for the research work. In the present study an attempt is made to find out association between self assessments of health i.e.; perceived health, self esteem, personality and nature of work.

1. **Perceived health:** is operationally defined as defined as the opinion of the employees about the health related problems, measured with the help of C.M.I.

2. **Self esteem:** Is operationally defined as the opinion about self personally and socially desirable and undesirable way of self esteem scale.

3. **Personality:** the concept of personality type is operationally defined as the extroversion and neuroticism personality as measured on EPQ scale.

4. **Nature of work:** Is defined in term of type of duty in which the supervisors and the managers of steel industries have to work, the shift duty, and day duty. The shift duty work means that employees working in rotation duties where as day duty means that the employees have to work on fix day hours.