CHAPTER II
Review of literature

This section of the research report emphasizes review on PH and the related factors such as age, education, socio-economic status, work nature, self esteem, neuroticism, health disease, stress; Studies related to these factors are reviewed below:

Perceived health and sociodemographic factors-
Al Windi, Ma jeed, (2010). Assessed the association between perceived health and sociodemographic characteristics, work place and complaint symptoms among a health working population. Questionnaire dealing with sociodemographic characteristic, perceived health, symptoms and work place were used. The highest proportion of subjects reporting poor health was among subjects aged 45~64 followed by = 65 years and older. The proportion of female with poor perceived health is 19.5% compared to 11.3% among males. More than one third (34.2%) of divorced/ widowed perceive their health as poor compared to 9.1% and 14.9% among single and married subjects respectively. The proportion of subjects with poor perceived health is the highest among illiterate (24.7%) followed by intermediated school and primary school education with 18.2% and 17.6% respectively. Only 7% of those with higher education perceive health as poor. The poorer the perceived health, the higher the mean number of symptom is reported. In the logistic regression analysis marital status, education and work place are significantly and independently related to poor perceived health. Having depression or gastrointestinal or musculoskeletal symptoms and or head symptom complaint is related to poor perceived health. Conclusion: the results show inequalities in
self–related health and intervention programs aimed at improving health of the vulnerable groups is an important task for health policy and decision makers.

It has been reported in many research that effective education and knowledge and skill acquisition many disposition and value related factors influence people orientation to health. The positive attitude and other skill enable one to be competent and is a process of employing them (Tones and Tillferd2001, Enas and Enas2000, Gupta, 2000 ). It is also observed that the technological change spanning of responsibilities put heavy demand on the employees (Meles 1976). The employees are vulnerable to occupational stress. It is assumed to be reduced when employees have sound mental and physical health.

Faresio, and Rahmqvist,(2010). Aims: Educational level is a strong determinant of perceived health and also an important component in the socioeconomic concept. The aim of the study was to analyze a number of social conditions and lifestyle factors that might explain difference in self-reported health between the populations in two different social environments, one white-collar city and one blue-collar city. These “twin cities” are served by the same healthcare organization, but differ in terms of social history and current social structure. Methods: The mattered of consisted of responses to a community – based survey of individuals aged between 20 and 64 years, with an overall response rate of 49%. Differences in self-reported health status were tested with chi-square tests and regression analysis. Result: they found significant differences in self perceived health between the two populations. These differences in self reported health could not be explained by difference
in demographic factors, lifestyles, or living conditions. However, when the educational level of the respondent was taken into account, the differences in perceived health diminished. They public health in local communities tends to reflect the social history and social heritage of the population, and noted that educational level appears to be a vital factor for good perceived health of the individual in a community.

Quality of life-
Shively, et al (2005). Examined the effect of behavior management on health related quality of life (HRQL) in patients with heart failure. Intervention patients showed significantly improved self – reported disease specific HRQL (MLHF- physical dimension score) over time compared to control patients, there were no group differences in exercise performance, physical functioning, mental functioning of general health perceptions.

Rockville, et al, (2002). Studied reduction in the incidence of type II diabetes with lifestyle intervention or metformin. They hypothesized that modifying these factors with a life style – intervention program or the administration of metformin would prevent or delay the development of diabetes. 3234 non – diabetic person (mean age 51 years ) with elevated fasting and post load plasma glucose concentration to placebo, metformin, or a lifestyle – modification program with the goal of at least a 7% weight loss and at least 150 min. of physical activity per week. The average follow-up was 2,8 yrs. The incidence of diabetes was 11, 7.8 and 4.8 cases per 100 person years in the placebo, metformin, and lifestyle group, respectively. The lifestyle intervention was significantly more effective than metformin. To prevent one case of diabetes during a period of 3 years, 6.9 persons would have to
participate in the lifestyle-intervention program, and 13.9 would have to receive metformin.

De, Visser et al., (2002). Studied the influence of cardiovascular disease on quality of life in type II diabetic patients. This study also researched whether quality of life in any way predicts the manifestation of cardiovascular disease. Quality of life was assessed using the genetic RAND-36 and the disease-specific diabetes health profile (DHP). Cardiovascular mortality and mortality were registered by the general practitioner 281 Ss (aged 22.26 years) were examined 248 completed the questionnaires. After 3 years 189 Ss were re-examined and 161 completed the questionnaires. When compared to diabetics with out cardiovascular disease had a lower quality of life. Multiple regression analysis showed that cardiovascular disease negatively affects the RAND-36 dimension social functioning vitality and health change Cox’s regression analysis showed a negative relation between showed the RAND -36 dimensions; physical functioning and time to the manifestation of cardiovascular disease. The DHP appeared not to be manifestation of cardiovascular disease. In type II diabetics, cardiovascular has a negative effect on quality of life. A decrease quality of life is associated with a short term manifestation of cardiovascular disease.

Kaliterna, Prizmic and Zganec, (2004), investigated the quality of life, life satisfaction happiness and demands of work in workers with different work schedules while both group of shift workers, compared to non shift worker , reported needing more physical effort to complete their work and reported being more physically tied. no differences were found in reports of over all happiness, life satisfaction or total quality of life, However, night shift workers
reported greater percentage of time unhappy than the other two group of workers.

Brink, et al., (2005). Examined possible changes in health–related quality of life (HRQL) over time and, second, to predict (HRQL) at 1 year based on measures made 1 week and 5 month after a first-time acute myocardial infarction. There was an improvement in HQRL at 1 year, as measured by the questionnaire 36 item medical outcomes study short–from (SF-36), for both men and women as compared with the assessment 5 month after the acute myocardial infarction. However, the pattern was somewhat different for women and men. Women mainly reported increased scores on scales reflecting better mental health, whereas men, on the whole, demonstrated higher score in the physical health domain. Depression (HAD) and fatigue was identified as early predictors of lower HQRL at the 1 year follow-up. Our conclusion are that early assessment of fatigue and depression is worthwhile. As they may indicate decreased HQRL in men and women 1 year after first–time myocardial infarction.

Hanebuth et al., (2006). Studied the health related quality of life psychosocial work conditions and absenteeism in an industrial sample of blue and white collar employees. They found that the negative affectivity. Exhibition and impaired health perception were associated with absenteeism studies reported relationship absenteeism. Burton association between changes in presences Strohl, Kingman et al., (2003). Noted that sleep and circadian rhythm are biological processes are related with mental health problem and absenteeism.
Hahl, et al., (2002). Measured subjective health – related quality of life (HRQOL) of insulin – treatment Finnish patients with type I diabetes and described the influence of symptoms of diabetes – related long term complication on HRQOL. The 15-D health – related quality of life measure (15-D) was used to measure HRQOL. Background data were gathered with a separate questionnaire model was constructed to estimate the effects of symptoms of complications on HRQOL and to separate these effects from those of other health problem and aging. The 15-D scores declined markedly with increasing age, and the prevalence of symptoms of long term complication increased. The obit regression model showed that these symptoms have a significant negative influence on HRQOL causes substantial losses in terms of quality of life and utility from both individual and social perspectives. Thus the importance of secondary prevention, i.e. prevention of complications by better metabolic control, and also the so for theoretic possibility to prevent type I diabetes it self is emphasized.

**Perceived health and physical activity**-

Association between self – perceived health, physical activity, and BMD in aging Men and Women, was reported by Tervo, Nordstrom and Nordstrom (2011). Self perceived health was also found to be related to some of the lifestyle. In summary, several lifestyle factors to self perceived health were also found to be related to bone mineral density in a well defined cohort of middle aged men and women.

poor health as household income decreased. The results for women differed in that social isolation and low social support had a stronger association for self reported fair or poor health than low household income. Conclusions: The results indicated that perceived health was associated with socio-economic and social characteristics among middle-aged and elder residents in Japan.

**Personality bases of subjective health**
Duberstein, et al (2003). Examined the personality bases of subjective health (perceived health, functional status) after controlling for observer-related depression and medical burden. Four hypotheses were tested high neuroticism 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: moreover, this effect appeared to grow more pronounced with increasing age. This study underscores the conceptual and heuristic value of examining moderators of the link between personality variables and health.

**Health behavior**
Smith, et al., (2008). A sense of competence or self-efficacy is associated with many positive outcomes, particularly in the area of health behavior. They noted that sample of students, adults and persons with a chronic illness; provide evidence regarding the correlates of perceived health competence, such as health behavior, intentions, and general sense of competence and health locus of control.

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.

Smith, et al., (2006). Noted that more than 70% of children/adolescents diagnosed with cancer are long-term survivors. They studied the perceived health status and health-promoting behaviors of adolescent/young adult cancer survivors. The study was based on the health promotion model; perceived health status and health-promoting behaviors were measured using the General Health Index (GHRI) and the Health Promoting Lifestyle Profile II (HPLP II). The sample consisted of 60 cancer survivors 2 year after completion of cancer treatment and attending a survivorship clinic. Mean baseline scores of the GHRI (76.66; SD 10.41) indicate perceived health status is positive and similar to normative (noncancer survivor) adolescent/young adult samples. Surprisingly, there was no correlation between scores on the GHRI and the HPLP-II in this sample (r = 0.03).

Kendall, et al (2001). They examined the ways in which adolescents with congenital cardiac disease believed that the condition had affected their life, and how these views were related to their perceived health. Interviews were conducted with a series of 37 adolescents, 17 girls and 20 boys, aged from 11 to 18, as they attended the clinics of 4 pediatric cardiologists in a teaching hospital in the United Kingdom. Transcripts of the interview were analysed for recurring themes. A questionnaire was formed consisting of a set of questions for each theme, and additional items eliciting “perceived health”, and administered to a second series of 74 adolescents, 40 boys and 34 girls, who were again aged from 11 to 18 years. Slightly less than half (46%) perceived
their health as either “good” or “very good”, and one – third (33%) rated it as “average”. The majority (66%) felt themselves to be “the same” as, or only very slightly “different” from, their peers. The assessment of the degree to which they saw themselves as different from other “complexity of the underlying medical condition” as rated by their physician. It was the psychosocial themes, such as exclusion from activities or the effect of the condition on relationships, that were most strongly related to the perception of their by the adolescents. Improved education of parents, teachers and peers, and attendance at classes for cardiac rehabilitation, might help to ameliorate some of this problem.

For good health it has been recognized that the Community the biomedical and the psychological factors bring changes human behavior, and physical health. The examination of the review reveals that the two broad domains of variable affect the health, the social environmental factors and the individual factors.

**Cultural and socio-economic forces and health**

Smith, et al., (2005). Attempted the cultural and socio-economic forces that shape belief about diabetes and its self–management. Methods: thirteen focus groups were conducted in community setting in West Virginia using a semi – structured interview guide. Result: diabetes is perceived as a relatively new disease. Self – management behavior reflect a mixture of culture beliefs and limited resources. Moral over – tones stigmatize diabetes. They concluded that understanding patients illness experience from with in their culture framework in important for successful community programming regarding chronic disease management.
Job strain with psychological problem-
Bourbonnais, and Vezina, (1999), examined the association of job strain with psychological problem and the potential modifying role of social support at work. The same associations were found between psychological demands, decision latitude, and a combination of the 2 with psychological distress and emotional exhaustion for current exposure and for cumulative exposure, social support had a direct effect on these psychological symptoms but did not modify their association with job strain.

Health and social relationship-
Tsunoda, et al., (2008). Social capital refers to the quantity and quality of social relationship, such as formal and informal social connections as well as norms of reciprocity and trust that exist in a place or a community. This article analyzed the data from Japan 2004 B Survey in order to elucidate the effects of social capital and socio-psychological factors on the health of Japanese males and females. The survey was a part of a nationwide fandom study on Japanese national character, which has been conducted by the Institute of Statistical Mathematics since 1953. A total of 785(372 males and 413 females) valid data the from 1,200 adult sample were used. Logistic regression analysis showed that the self reported symptoms were increased by negative attitude to generalized trust in males, and by negative attitude to norm of reciprocity in female. Moreover, in females, health dissatisfaction was enhanced by low perceptions of support. In both genders, self reported symptoms were increased by an adherence to religion and spirituality in males, whereas in females, the health dissatisfaction increased with low income and a concern about superstitions. Thus, from a viewpoint of social capital, perceived health is susceptible to personal relationships in females and to distrust in males.
Anxiety seems a key factor affecting perceived health. In addition, females are influenced by economic status and superstitions, whereas males are more concerned about religion or the mind in relation to health. These findings are useful in developing health policies for Japanese.

**Health and shift work**

Skipper, Jung & Coffey (1990) examined relationships between the physical health and mental depression of employees shift workers and their scores on relevant social and work-related variables. Shift work was not found to be significantly related to either the employee’s physical health or mental health (depression).

Suzuki (2004) conducted a survey of employees with questions from the general health questionnaire in the hope of improving the work environment of supervisor (employees) and to provide data that will allow a discussion of the measures necessary for preventing medical errors, thus improving occupational health. For each type of accident, the percentage of those who had made medical errors was significantly higher for the “Mentally in poor health” group than for the “mentally in good health” group. Logistic regression analysis had revealed significant associations between experience of medical errors in the past 12 months and being mentally in poor health, with night or irregular shift work, and age.

Kane and Kartha (1992) studied job sharing as the alternative choice while allowing working men to cope with the multiple stressors of having a career and family without having to sacrifice their sense of well-being. Results revealed
that there was no statistical difference between the general well being scores of men working full time part time or job sharing.

Quentin and Monk (1991), reviewed complaints related to shift workers results show that shift affects health status and family organization.

Frost and Jamal (1979), reported that workers on the day shift appeared to be better off than their counterpart on other shift in terms of such characteristics as fulfillment of needs at work and perceived emotional well being.

Escrib (1992) studied the attitudes of shift works to permanent and rotating shift work and the impact of shift work on social and family life. Result indicate that and employees a rotating shift who are dissatisfied with their working hours give incompatibility with social and family life as the main reason.

Shamir (1982) reported a positive relationship between the non standard work schedules and the level of conflict between work and family life.

Shamir (1982) constructed on index of work non- work conflict and found that workers on a rotating shift scored lower than those working days, after noon or nights.

**Circadian clock and fitness of health**-
Significant correlation was observed by Ohida, et al (2001) between sleep disorder and the following factors (1) working night shift (2) having anxiety or stress (3) getting less than 6 hours of sleep (4) working in cities (5) having
children and (6) bathing more than 1 hour before going to bed in addition, significant correlations were observed between getting less than 6 hours of sleep and the following factors (1) being 40 years of age or older (2) working in cities and (3) having anxiety or stress. The results of this study suggest that sleep problem among employees are associated not only with night – shift working but also with life style. Natural variation in clock parameter in necessary for the circadian clock to contribute to organization fitness. Reported that permanent night shift works report fewer health problem than routine shift works.

Justice at work place and health-
Elovaino et al (2006) reported that justice at work, fair decision making procedures and managerial skill are impotent factor in an effort to develop healthy and will functioning work place.

Health and Self Esteem -
Cornwell, and Schmitt, (1990). A cross – sectional, descriptive, comparative design was used with a sample of 26 women with rheumatoid arthritis (RA), 23 women with systemic lupus erythematosus (SLE), and 28 healthy (HLT) women to examine: (a) the relationship of illness to perceived health status, self – esteem and body image, (b) the relationship between perceived health status and both self – esteem and body image. (c) The relationship between these three variables and age and time since diagnosis, and (d) the problems, needs and fears of women with RA and SLE. Perceived health status differences were found between the ill and healthy subjects, but self – esteem differences were non significant; mean scores on body image of RA and HLT groups approximated each other, while SLE subjects had lower scores.
Perceived health status was directly related to self – esteem, but not to body image. Age and time since diagnosis were weakly positively related to perceived health status. Both similarities and differences were identified in the problem, needs and fears of RA and SLE subjects.

Ji- Young An, et al., (2008). The purpose of this study was to examine whether living arrangements significantly affect life satisfaction, self – esteem, and perceived health status of elder Korean women. A total of 121 women aged 65 to 89 was interviewed in an urban community senior center in Korea. The convenience sample was obtained by face- to- face interview using a structure questionnaire. Life satisfaction, self-esteem, and perceived health status were strongly correlated with each other. Living arrangements significantly affected life satisfaction, self-esteem, and perceived health status. Women who live with their married son had the highest life satisfaction and self – esteem and perceived themselves to be healthier in comparison to their counterparts. Therefore, government programs need to be developed to assist children in caring for their parents to improve their overall well – being.

Health and Personality -
Prasad, et al., (2005). Studied the neuroticism problem of diabetics and heart attack patients. For this research work, a sample of 150 diabetic (75, male and 75 females) and 150 heart patients (75 male and 75 female) belonging to various hospitals and clinical located in the district Haridwar, India were selected with the help of incidental sampling technique. The mental health questionnaire (India adaptation of middle sex hospital questionnaire- A measure of neurotic patterns) developed by Srivastava and Bhat (1974) was used for data collection. The mental health questionnaire measure neurotic
problem in different dimensions. Finding that the results revealed that diabetics and heart attack patients differ significantly in item of neuroticism.

**Locus of control**

Pareek, (2000). Noted that many studies have reported that internal locus of control, is related to the health behavior that is high internals manifest more health related activities and cope better with illness, than the externals.

**Health and Trauma**

Numerous studies have found that trauma exposure is associated with poor health perception and lower health related quality of life in population ranging from combat veterans (29) to disaster victims (30) to refugees (31). Childhood trauma was associated with poor self reported health in medical patients. Among other studies conducted with medical sample, one of over 1,300 female primary care patients found that both high - severity (e.g.) physical or sexual abuse and low severity (e.g.) pushing or grabbing levels of domestic violence were associated with a greater number of physical symptoms (33). Another study of female primary care patients found that sexual trauma in childhood or adulthood was associated with lower health related quality of life (34). A study of over 1,100 male and female US Army personal found that a higher number of physical symptoms was related to sexual trauma and directly experienced trauma.

**Health and Occupational Stress**

Clark, et al (2004). Attempted to develop, implement and evaluate a brief intervention to improve adherence to the recommended lifestyle changes for patients with type-2 diabetes, in particular to help patients to reduce the total
amount of fat consumed and to increase lifestyle physical activity levels. Results indicated that the intervention was successful in helping patients to reduce fat intake and, to a lesser extent, increase lifestyle physical activity levels. These self-reported changes in behavior were reflected in the objective data with weight maintenance in the intervention group compared to the control group, together with a significant reduction (2 cm) in waist circumferences. Conclusion: these results provide further evidence of the effectiveness of tailored intervention for lifestyle change.

**Role conflict and role overload and health**

Baba, Galperin and Lituchy (1999) found that role conflict, role overload, and social support predicted stress, which along with social support predicted burnout. Burnout was the sole predictor of depression which in turn predicted both absenteeism and turnover intention.

Work environment that may require some adaptive response on the part of employees. Role stressors, workload, interpersonal conflict, organizational constraints, job autonomy, and participative decision making are commonly studied.

Job-related stressors (Jex, p. 189). Strains represent, “a multitude of maladaptive ways employees may react to stressors” (Jex, p. 182). Strains are typically categorized into three types: psychological, physical, and behavioral.

**Alcohol, drug and health among the works**

Many other health problems have been studied from a psychological point of view (Simon 1993) in areas such as preparation and recovery from surgery, functional gastrointestinal illnesses, neuromuscular control in spastic individuals, and sleep disorders in older adults, have developed a cognitive behavioral treatment of essential hypertension.

**Self-perceived health**

Self–perceived health was also found to be related to some of the lifestyle factors that were significantly related to BMD. Several lifestyle factors related to self–perceived health were also found to be related to bone mineral density in a well–defined cohort of middle-aged men and women (Tervo, Peter, and Anna, 2011).

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 haplessness (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).

Peterson and De Avila (1995) report that optimist’s view that optimistic view themselves as being less at risk for health problems than people in general. Optimists underestimated their susceptibility to hypertension in a study by O’Brien, VanEgeren, and Mumby (1995) in this same study optimists reported lower levels of stress and physical symptoms than the pessimists. O’Brien, VanEgeren, and Mumby (1995) hypothesized that the optimist’s perceived susceptibility judgment would inhibit health behavior.
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 and, 1986; Carver 1985). 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 (Scheieer, Weintraub and Carver, 1986).

Individual perception of the stressor (Lu, et al., 2005). Therefore, it is common in stress research to use self report measures of perceived stress when assessing a person’s degree of stress. More and more studies are examining how personality affects the stress process experienced by workers and people in general. Personality is now commonly viewed as an important determinant of health and psychological outcomes (Haslam et al., 2009). type a / b behavior patterns (Ganster, Sime et al.,1991, Ashford and Jamieson, 1993) and other personality traits such as locus of control (Cauce, 1992; Parkes 1984 Srivastava, 2007) and hardness have all been shown to influence how a person is affected by stress. Recently, five factor model traits have also been studied in the stress process.