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Relationship between Unhealthy Lifestyles and Chronic Diseases in Adults

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Abstract

Purpose: Modern approaches in psychological studies, especially those related to the studies of health psychology, pay great attention to the different aspects of the personality, the factors influencing it, the way to measure it as well as its relationship with health and illness.

Materials and Methods: Modern personality researches hold strong similar evidence on the impact of mental trends and thinking processes on the personality compatibility. In addition, perhaps the difference in the degree to which the individual's health condition is affected is determined as well as biological and physiological factors by other factors related to the personality and the life style of the individual. In other words, the individual's behavioural approach through daily activities be it nutrition, sleep, physical activity, responding to stress, emotion processing and life style approaches can be a factor of risk on the individual's life.

Findings: When we discuss the individual's lifestyle, we refer to the behavioural

orientation of the individual through his or her daily activities regarding nutrition (quality, quantity and the way of consuming food...etc.), sleep (hours and type of sleep...etc.), physical activity (practicing different sports and continuity...etc.), responding to stress and managing emotions (some personality traits and ways of handling pressure...etc.) as well as the ways he approaches life. More comprehensively, these can be a factor of risk on the individual's life, as there has been an increasing recognition during the past two decades that lifestyle plays an essential role in illness as well as being a main factor in improving health.

Implications to Theory, Practice and Policy: Therefore, it is necessary to look into the impact of some of these factors related to illness such as; smoking, alcohol, gluttony... not engaging in sports and so on. All of this is aimed at pursuing a higher purpose which is the evolution of the individual and community health.

Keywords: *Unhealthy, Lifestyle, Chronic Diseases, Adults*

1.0 INTRODUCTION

There has been an increasing interest in the effects of personality on health and illness in recent years, especially regarding the personality traits and the way they interact with other environmental and social factors as well as their role in triggering the illness or maintaining health. It is necessary, when discussing the personality characteristics, to mention that there are various studies and researches that address what is known as negative personality characteristics and their role in provoking illness. Some negative personality characteristics include hostility, aggression, dependency, negative self-esteem, lack of self-sufficiency, a pessimistic view of life, anxiety, anger, emotional instability, low emotional responsiveness and low self-assertiveness... along with many other negative characteristics mentioned by scientists and researchers in their studies. (Albarak Fatoum,2008), (Mahmoud Chakir,2000), (Salah M'khimer,1984), (Aounia Ata Saoualha & al,2010) quoted from (Nait Abdessalam, 2014)

In addition to studying what is known as life styles which reflects significant aspects in the individual's life. Health psychologists consider lifestyle as one of the influential factors on health, as it plays a significant and critical role in improving health, preventing and treating disease. They define it as: "the decisions and behaviours related to health which control the performance of the individual to a large extent." Or as: "the qualitative factors that represent risk factors for diseases or sudden death." (Mahmoud Assayed, 2002, P12)

Definition of Lifestyle

When discussing the concept of "lifestyle", it is easy to notice that researchers have been at odds with each other regarding its definition or its dimensions due to the contrariety of their theoretical approaches, which explains the variations of denominations such as " quality of life", " standard of life" or " lifestyle" and became related to the health psychology also known as healthy behaviour patterns or healthy life patterns, which also made this difference revolve around the standard of this concept. However, some Arab studies showed that there is a difference between the concept of (quality of life) and (lifestyles) such as the results of the study of "El Djaich" (2005) that highlighted the identification of the relationship between the quality of life in patients with high blood pressure and strokes (cerebrovascular accident) applying the World Health Organization's quality of life measure. Furthermore, there are other studies that tackled the quality of life in high blood pressure patients as well as psychiatric and schizophrenic patients focusing on the following aspects: physical health, mental health, self-reliance, social and marital relationships, environment and lastly the religious and spiritual aspect and life approach. These aspects are considered the most appropriate to the concept of "quality of life" according to the World Health Organization (WHO).

Psychology has also a significant role in the study, development and improvement of human behaviour. Human behaviour is what contributes in the achievement or non-achievement of the quality of the human's surrounding environment and the offered services. In other words, the quality of human behaviour contributes to a large extent in achieving the quality of life. As for the supporters of the behavioural approach, they focus on the concept of "healthy lifestyle" and approach it as one of the health-affecting factors.

Definition of Healthy Behaviour Patterns

Before discussing the Healthy Behaviour Patterns, we should firstly mention, even briefly, the concept of healthy behaviour as it can be defined as a comprehensive concept of behaviour patterns and situations based on health and illness and the use of medical services. Healthy behaviour is also defined as all the behaviour patterns that aim at the improvement and development of the individual's health energies.

Healthy Behaviour Patterns are based on actions taken by the individual in order to detect and prevent diseases. This includes behaviour patterns that seem suitable to maintain and improve health and restore physical health.

There are five crucial factors that are able to determine healthy behaviour patterns and they are:

- Factors related to the individual and environment (age, case history, knowledge, skills and orientations...)
- Factors related to protection and community (profession, qualification or education, behaviour predictions and requirements related to the individual's position and social support...)
- Social and cultural factors (available offers, ease of use and access to the health service centres in terms of health education, awareness and public communication systems...)
- Social and cultural factors in general (systems of religious and ideological values and legal systems...)
- Physical environmental factors (weather, nature, infrastructures...) quoting from: Abd El Hadi & al, 2008)

The Significance of Healthy Behaviour Patterns Study

Studying the patterns of healthy behaviour in chronically ill patients is generally the convergence point between health psychology, medical psychology and social psychology, building upon the preventive health model in understanding health and illness. Accordingly, several countries have embarked on projects aiming at promoting healthy behaviour change on the population level such as the American Healthy People Project (healthy people, 2010) which consists in intervening in order to set a behaviour that promotes health and preserves the individual's resources that allow him to overcome diseases, psychological stress and hardships. This project relies on health education that aims at bridging the gap between the individual's knowledge on health, disease and the factors related to them as well as the individual's actual behaviour in the realm of everyday life. This behaviour comprehends individuals', communities and organizations' actions as well as the determinants and results issuing from social change and health policies focusing on promoting coping patterns and improving the quality of life (Taylor, 2003)

Chronic Disease

Illness as a biological deviation is usually perceived as one of the undesirable cases by individual as it is uncomfortable be to the patient or his surroundings. Illness refers to the incapability of enjoying physical and mental health. Chronic diseases are a huge burden on both the individual and the community and are considered the main cause of death in the industrialized world as well as the developing countries such as Algeria which is undergoing an epidemiological transition that made chronic diseases a serious health issue such as high blood pressure which numbers are in constant increase during the last decade.

Characteristics of chronic diseases are as follows:

- Chronicity, as it is hard to treat and requires permanent care.
- Chronic illnesses are related to the behaviour and lifestyles: changes
- Occurring in the quality of food such as salt, sugar fats, canned food preservation materials and lack of physical activity...etc.

- Chronic diseases are affected by physiological and social factors to the point where these diseases are considered social illnesses (Taylor, 2003)
- It is related to the health behaviour and risk factors such as smoking, consuming alcohol, non-compliance with medical instructions and health illiteracy.
- These diseases are burdensome for the individual's lifestyle as they lead to functional disabilities, sick leaves and constant occupation of healthcare institutions in addition to financial burdens. (Zatout, 2005)

It is necessary to point out that primary hypertension is the most common disease among the patients and is the most dangerous as it predisposes individuals to atherosclerosis not to mention its other severe complications such as the heart enlargement and its impact on kidneys... etc.

The epidemiological image has changed during the recent years, and in the meantime most serious diseases in the highly industrialized countries are considered chronic cases that can be prevented or regulated by changing behaviours that cause illness. Epidemiologists say that the main causes of citizens' deaths in the greatest technologically developed nations are heart diseases and arteries, cancer, cerebrovascular disease and accident. All these death causes have at least one behavioural link and none of them has a common vaccine or a medical treatment. There is a promising field of behavioural research and that requires a long-term comparison between people who have been convinced to change their behaviour (quitting smoking) and people who didn't change their behaviour, in order to discover whether the regulation of the risk factor changes the occurrence of the disease or its trajectory (i.e. lung cancer).

The emergence of incurable diseases such as acquired immunodeficiency syndrome (AIDS) has epidemiologically led to shedding the light on the behavioural physiological and social factors which play a specific role in these diseases. In addition to that, the globalization and westernization of lifestyles have led to a significant change in dietary and health habits as well as stress factors associated with a culture of conflict and competition which has increased the spread of these diseases in an unprecedented manner in the history of humanity.

Lifestyle and Chronic Diseases

Recently, there has been an increasing and significant interest in the relationship between lifestyle and chronic diseases. The Fourth Statistical Diagnostic Manual of the American Psychology Association has pointed out the role of the lifestyle variations with chronic disease and considered it one of the causing factors. Lifestyle studies in the field of health have earned their current significance due to the changes that occurred within the nature of the diseases in the 20th century. The attention has shifted from the infectious diseases such as tuberculosis and influenza to chronic diseases such as cardiovascular and arteries disease, digestive system and cancer...etc. for which drug treatment is considered ineffective, in other words, incurable.

All changes accompanying modern lifestyle (unhealthy food, fast food, lack of physical activity, drug misuse...) had all a hand in the major changes that affected the patterns of the disease itself. These include high blood pressure and other cardiovascular and arteries diseases and other types of cancer, alongside with the changes that effected the rates of children's deaths and life expectancy. (Majdi Ahmed, 2006)

Psychological and family factors have been increasingly recognized as determinants that should be taken in consideration regarding health and social measures. Thus, consider the impact of some psychological and family factors related to the disease as the programs targeting the prevention from illnesses and promoting health and well-being are under the obligation of understanding culture, traditions and beliefs as well as the patterns of interaction between family members...etc.

In addition, it is important to acknowledge that the structures and functions of healthcare services are significantly influenced by prevailing systems in both family and society. The head of the doctors in the United States has published a report regarding the improvement of health and the prevention from diseases. He has attributed half of all the deaths of Americans in 1976 to the unhealthy lifestyle which confirms the idea of health psychologists regarding the relationship between lifestyle and health or illness. (Majdi Ahmed, 2006)

Researchers insist on the importance of the healthy behaviour and the responsive factors in the way of intervention in order to prevent these diseases or reduce the impact on the both the individual and society. (Zatout,2005). Alongside the pattern that focuses on the individual in an attempt to modify lifestyles, an environmental approach emerged from behavioural research in health and occupational safety domains which in fact has a great significance and capacity to discover early signs of symptoms related to stress and lifestyle. (Majdi Ahmed, 2006)

Results of Some Field Studies in Health Psychology

As mentioned previously, health psychology researches are heading towards the study of what is known as health patterns as well as examining attitudes toward healthy behaviour. The researcher Zaatout (2005) led a study regarding chronic diseases patients among which 148 patients had diabetes and 128 others suffered from high blood pressure. The results showed that 54% of chronic patient have a negative approach toward healthy lifestyle compared to the diabetes patients. This negative approach was more prominent especially among older and illiterate women. The approach towards the healthy behaviour has also varied depending on demographic and social variables. The negative approach associated with low social and economic status whereas the positive approach is associated with younger diabetes and high blood pressure patients.

The results of this study are also based on the connection of the healthy behaviour approach with both perceived social support and perceived self-efficacy and religiousness. As indicated by the correlation coefficient, the relationship between the approach toward a healthy behaviour and each of the three variables varies among individuals based on the gender, age and socioeconomic status, nature and chronicity of the disease. The results also show the importance of decreased perceived self-efficacy level among females (Zaatout, 2005)

The results of this study come to confirm colleen's perspective on the impact of the healthy behaviour on chronic disease. He confirms that it has become the main basis for intervention attempts in order to change the destructive behaviour and improve the quality of life of the patients (Colleen, 2000) as he understands the difficulty of healthcare provision due to the interaction between personal, social and environmental factors.

In the same context, Taylor confirms that changing to the healthy behaviour leads to improving quality of life through the following:

- Decreasing the rates of deaths related to chronic diseases by impacting life style.
- Increasing life expectancy and decreasing these diseases.
- Extending the duration of a healthy, fulfilling life, free from the burden of these illnesses.
- Reducing healthcare expenses at both individual and collective levels.

A healthy behaviour can be identified as every activity an individual does in order to improve or maintain his or her wellness such as healthy nutrition, physical activity and adhering to medical instructions and treatment as well as avoiding risk factors and unhealthy behaviour. (Taylor, 2003)

In a study on risk factors of developing high blood pressure, it was found that smoking, high cholesterol levels, dietary lifestyle and family history are among the most significant risk factors in addition to psychological and demographic variations such as depression, aggressiveness or hostility, the low socioeconomic status and the absence of social support. This study has also highlighted the way the impact of these factors altogether influences the physiology of the heart and arteries due to the direct relationship between stress and vital changes in the circulatory system, as it was confirmed that by controlling those factors using stress coping and managing strategies, mortality rates can be reduced from 50% to 70%. (Bailey, 2002)

In another study of (Nait Abdessalam, 2004), it has been proved that this disease (hypertension) is associated with behaviour, lifestyle, psychological and social stressors and is also associated with some psychological and social variants. It has been found in a survey of (Nummela & al, 2009) quoting from (Sayed, 2011) that the increase of self-efficacy is considered one of the variants indicating healthy behaviours improvement in a sample of 2216 individual. The survey highlighted the necessity of focusing on the variant of self-efficacy as one of the positive elements in achieving health improvement. Previous studies have advocated the role of self-efficacy variant as a psychological identifier of healthy behaviour patterns which Herrick's study (Herrick, 1996) has proven quoting from (Sayed, 2011): "it has been found that self-efficacy holds a significant impact on engaging in physical exercise, quitting smoking and adhering to a positive healthy diet and that on a group of adults (393=N).

It is believed that the individual's behaviour and preferences are influenced by the way his potential effectiveness is perceived when facing life's pressures and demands which "Pandora" called "self-efficacy) as people tend to undertake tasks which they are actually capable of fulfilling, while on the other hand avoid tasks that seem beyond their capacities. Individuals who think they have low self-efficacy tend to perceive their problems as something scary and alarming contrary to how they actually are in real life, so they just avoid facing those problems. (Sayed, 2011)

An experimental study has come to the fact that the experimental group that involved a sample (N=87) of adults with high blood pressure subjected to a health promotion program based on self-efficacy training became more engaged in healthy behaviours and experienced a decrease in blood pressure compared to the control group (N=52) that didn't receive any treatment. Similarly, another experimental study compared two groups one of which was subjected to a psychological counselling program to enhance self-efficacy, whereas the other served as a control group. This revealed that the experimental group showed better self-efficacy compared to the control group. This has resulted in an impact on several aspects of the experimental group's lives including as this latter recorded a higher quality of life, self-disclosure and positive self-esteem (Watson, 1992) quoting from: (Sayed, 2011)

2.0 CONCLUSION AND RECOMMENDATIONS

- Some studies focused on the healthy behaviour in patients suffering from hypertension (high blood pressure), see studies of the researchers (Zaatout, 2005) and (Nait Abdessalam, 2014) and (Colleen, 2000). They emphasize that the healthy behaviour is now the main base for the intervention attempts to change the destructive behaviour and improve the patients' quality of life.
- Similarly, (Taylor, 2003) confirms that switching to the healthy behaviour results in the betterment of the quality of life.

- All the studies focused on some factors that influence the quality of life both positively and negatively. For instance, the studies of (Herrick, 1996) and (Nummela & al, 2009) that disclosed the role high self-efficacy plays in the improvement of the quality of life.
- The study of Zaatout (2005) also displayed the association of the approach toward the healthy behaviour with perceived social support, perceived self-efficacy and religiousness among some patients with hypertension and diabetes.

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