

THE EFFECT OF PHYSICAL EXERCISES ON ILLNESS BEHAVIOR: A CASE OF PSYCHIATRIC PATIENTS OF SERVICES HOSPITAL OF LAHORE

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KEYWORDS	ABSTRACT
Physical Exercises, Illness Behavior, Psychiatric Patients, Services Hospital, Lahore, Pakistan	The physical exercises are considered as the most effective tool which has good effect on diverse illness behaviors of individuals. The aim of this research is to check effect of physical exercises on illness behavior. For this purpose, this research examined views of 100 psychiatric patients from services hospital, Lahore which were selected randomly. The results of study show that “physical exercises” has positive significant effect on illness behavior. This result is same result as propose in previous research. In future, this kind of research will also conduct on the other departments of different hospitals. This research can help the policy-makers of heath department to formulation of batter policies for promoting thoughts of physical exercises especially in psychiatric patients of the country. For generalizing the results, more researches on the other sectors like education sector, telecom sector may also have conducted.

INTRODUCTION

This research is designed to check direct effect of physical exercises on illness behavior. This is seen that most of researches on physical exercises are carried out in population of western countries. The study supports a convenience to investigate the consequence of routine exercise on the diseased behavior in prospering country like Pakistan. Different researches indicates that illness behaviors result in numerous illnesses (Black, Pilowsky, & Gill, 1995; Jae, Jang & Lee, 2008; Clark & Smith, 1998; Scicchitano, Lovell, Pearce, Marley & Pilowsky, 1996; Roberts, Rhodes, Girman, Guess, Lieber, 1997;). The illness behaviors are very prominent topic in for different stages of life especially this is very prominent in the old age people (Glaesmer, Martin, Brahler & Rief, 2008). The physical exercises have positive significant effect on the illness behavior (Khosro, Yew & Mutalib, 2018). There are number of psychological and physical advantages of regular physical exercises (Mewes, Rief, Brahler, Martin & Glaesmer, 2008). This is also noticed that the people of USA and advance countries are less involved in the physical exercises. This condition is also very verse in developing countries as well.

The illness behavior is distinguished from health attitude in such a manner that it is the attitude of people who feel to be sick and who require medical treatment (Cockerham, 2016). Mechanic and Volkart (1960) were the prime scholars who suggested the idea of illness attitude in 1960 to comprehend the feature of illness. Both defined illness acts “as the ways in which given symptoms may be differently perceived, evaluated, and acted (or not acted) upon by different kinds of persons (Mechanic & Volkart, 1960)”. Afterward in 1986 Mechanic accompanied some variations in the description of this concept and defined “illness behavior as varying ways individuals respond to bodily indications, how they monitor internal states, define and interpret symptoms, make attributions, take remedial actions and utilize various sources of the informal and formal care (Mechanic, 1986)”. Gabe, Bury and Elston (2004) have proposed the short definition of the illness behavior as “Illness behavior refers to the way in which people define and interpret their

symptoms and actions they take in seeking help” (page. 63). Through this definition of concept of the illness behavior has defined by some others.

Young (2004) consider the sickness as socially developing and social-cultural in nature. Hence, it can be claimed that sickness behavior is the person’s reaction towards the signs of affliction in circumstances of their socio-cultural activity. This reaction can be glared in the arrangement of labeling of manifestation, self-concern, lay referral system, leading to the usual as well as religious shaman, gaining capable health care professionals and faithfulness to practitioner order. Similarly, Suchman (1965) describes that how people face sickness at several levels. According to levels of the sickness, sick person negotiates 5 stages and develop sequential conclusions for moving from one level to the other level. The first is accompanying the signs of disease. In this level, person feels abnormal entity in body or in body’s part. The person then comes in the second stage where the person acquires that he/she is sick. The ill role is rooted by physician or family members. Third stage is acquiring medical treatment. At this stage, association with health care supplier is crucial. At fourth stage, the treatment is agreed and role of patient is accomplished. At this level, the constancy to medical treatment is dynamic.

The final stage is the improvement and the restoration. After the improvement, patient is back to its normal life. Consistently, the improvement is lazy or in case of chronic disease it can be lifelong process. The effective model on the utilization of health aid as the piece of sickness behavior, named as “behavioral model of health services uses” proposed by Anderson (1960s). Anderson (2008) gave examination of model over developmental stages. The model elaborated the utilization of the health aid for health issues by 3 main components; inclined factors, permissive factors and requirement factors and distinctive traits (Anderson, 2008). The researches describes that physical exercises have effect on mental and physical health (Garber, 2011). The physical exercise has great impact on patients of dementia (Forbes, Thiessen, Blake, Forbes & Forbes, 2013; Pitkälä, Savikko, Poysti & Laakkonen, 2013; Brett, Traynor & Stapley, 2016). Therefore, physical exercises can reduce different illness behaviors like anxiety, body flexibility, stability, power and diverse wellbeing and fitness benefits. There are psychological and physical advantages of regular physical exercises. In advance countries, people are less involved in physical exercises and this condition is also verse in developing countries.

MATERIALS AND METHODS

Scale and Measurements

Current research used the ten items adopted scale of Vlachopoulos, Ntoumanis & Smith (2010) of independent variable physical exercises. Responses were recorded on five point Likert type scale ranged from “Strongly disagree” to “Strongly agree”. Moreover, current study utilized the 13 items adopted the scale of Engelberg, Singer, Bhaskaran, Brähler & Glaesmer (2013) regarding dependent variable i.e. illness behavior. Responses were recorded on five point Likert type scale ranged from the “Strongly disagree” to “Strongly agree”.

Hypothesis Development

As per existing research, the physical exercises have positive significant effect on illness behavior (Khosro et al., 2018). On the basis of this fact current study argue the following hypothesis. H₁: The Physical exercises have positive and significant effect on the illness behavior.

Demographic Analysis

The demographic information regarding Psychiatric Patients is presented in the table No 1 which provide the information about the respondents’ personal characteristics those who participated in the current research study.

Table No 1 Demographic Information about Psychiatric Patients

Demographics	Type	Frequency	Percentage
Gender	Male	78	78
	Female	22	22
Age (Years)	25-30	12	12
	31-35	24	24
	36-40	14	14
	41-45	20	20
	46-50	30	30
Literacy Status	Educated	66	66
	Un Educated	34	34
Period of Physical Exercises	Below 1 year	63	63
	2 years	17	17
	3 years	15	15
	Others	5	5
Means of Physical Exercises	In Jym	32	32
	Other Persons	28	28
	Independently	40	40

Reliability Analysis

For the internal consistency, the Cronbach Alpha was used. The overall Cronbach alpha is 0.83 for the total 23 items. The literature revealed that the data is reliable if cronbach alpha is greater than 0.60. therefore, from present results, it is concluded that the data is good and reliable.

Table No 2 The Correlation Analysis

	Physical Exercises	Illness Behavior
Physical Exercises	1	
Illness Behavior	0.396**	1

Correlation is significant at the 0.01 level (2-tailed) **

Table No 2 describes the correlation analysis. The coefficient of the correlation between physical exercises and illness behavior is 0.396. This value shows that both the variable has positive significant relationship between each other's.

Table No 3 Regression Analysis (Model Summary)

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	.663 ^a	.323	.312	.45138

Table No 4 Regression Analysis (ANOVA)

Model	Sum Squares	Df	Mean Square	F	Sig.	
1	Regression	8.312	1	8.312	80.797	.000 ^b
	Residual	44.823	220	.204		
	Total	53.135	221			

Table No 5 Regression Analysis (Coefficients)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		β	Std. Error	Beta		
1	(Constant)	2.497	.215		11.611	0.000
	Physical Exercises	0.355	0.056	0.396	6.387	0.000

a. Predictors: (Constant), Physical Exercises

b. Dependent Variable: Illness Behavior

Table No 3, 4 and 5 are explain regression analysis. The value of R^2 is 32.3 this value is more than 25%. Value of F is 80.797. And p of F is 0.000. This value is smaller than 0.01 and fall in acceptance range. All the values of t are non-zero. As p value for the effect of physical exercises on illness behavior is smaller than 0.01. Value of β for is 0.35. This implies that 1 unit change in physical exercises will bring the 35.5 % change in illness behavior positively. Therefore, from the results of the regression, it is decided that the hypothesis is accepted.

DISCUSSION AND CONCLUSION

This research was designed to check the impact of physical exercises on illness behavior. Two hypotheses were emerged from problem statement wherein one was related with the association between the physical exercise and illness behavior while the second was related with the impact of physical exercise on illness behavior. The results indicate that there is strong effect of the physical exercises on illness behavior. These results were supported by the results of the existing research studies on the similar issues (Jae, Jang & Lee, 2008; Brett, Traynor & Stapley, 2016; Khoso, Yew & Mutalib, 2018). It means that people who are engaging themselves in physical exercises will prevent themselves from various kind of illnesses. The results of the study provide significant information about the relationships of the research variables under considerations. Therefore, this research can help the policy-makers of the health department to formulation of batter policies for promoting the thoughts of the physical exercises especially in the psychiatric patients of the country. In future research studies, the same kinds of researches are also conducting in other hospitals for generalizing the results.

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