Self-Perceived Health: Negative and Positive Mediation Role within a Path Model

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Abstract

The evaluation of own health condition is important for the work rapports and ultimately for the outcomes related to global performance of an organization. The purpose of this paper was to examine the role of self-perceived health (SPH) in the relationship between healthy life expectancy (HLE) and the following indicators of the functioning inside a workplace: relationships with colleagues (GRC), ability to influence decisions (AID) and opportunities to use knowledge and skills (OUKS). The sample was constituted conveniently from Eurostat database (N = 30 countries). The examination of a SEM model proved almost full support of the hypothesized relationships (GFI = .95, χ^2 = 5.25, df = 12, RMSEA < .001). We observed that more increases in healthy life expectancy associates significantly and positively with higher self-reported health that, in its turn, increased the quality of relationships and, eventually the ability to influence the decisions inside a workplace. Yet, an increased self-perceived health had an inhibitor effect on the variable referring to opportunities to use knowledge and skills. We discuss these results.

Keywords: Self-Perceived Health; Structural Equations Model; Working Organizations

Introduction

Self-perceived health refers to the opinion that an individual holds about own mental and physical functioning. This corresponds to the well-known conceptualization of health, as "absence of illness" elaborated by World Health Organization. Self-perceived health described in terms of "very good" or "good" proved to have positive correlations with the degree of happiness and well-being and a negative association with stress [1]. Health is a resource for the individual, for the society, and, not the less, for the organization inside the person works inside a culture. "Health has both an intrinsic and an instrumental value" [2]. According to the same source, women, if less educated and men, if exposed to physical hazards, benefit from better health. Yet, in a review study, the authors bring evidence for the fact that when compared to the majority of population, the migrants constitute in a disadvantaged group in terms of the health condition [3].

In this study, the aim is to examine self-perceived health, in relationship with healthy life expectancy and the ability to influence decisions. We assume that if a person evaluates the health to be high, than it is very probable to feel in control with the happenings inside own life, and, therefore, to develop the ability to influence the decisions inside a workplace.

Hypotheses Model

Especially in an ambulatory setting, the concepts of "health" and that of "quality of life" are distinct [4]. Quality of life refers to the state of mind and body of a person that is too less affected by an illness condition. Nevertheless, longevity may be an attribute of a group, more than of a single individual, while the health status may be self-reported and a person may detain a system of beliefs based on the percep-

tion of own status of health. More recently, in a review study, longevity is conceptualized in terms of a predictor of subjective well-being that has a strong influence on health [5]. According to the same source, the relationships are reversible, and the outcomes have multiple determinants. In this study, we hypothesize the following:

H1: Healthy life expectancy (HLE) has a positive effect on self-perceived health (SPH).

Other previous study revealed that inside a workplace, bullying, a behavior based on misunderstood use of power, opposed to good relationships, had a strong, negative association with life and job satisfaction [6]. This behavior lowered the resilience of an individual exposed to various stressful life events. Therefore, it impedes learning and autonomy on the job, determining a high rate of turnover inside the workplace. Oppositely, a positive opinion that a person holds about own state of health may sustain the development of the work activity. It may have a role similar to self-efficacy [7]. Thus, we hypothesize the following:

H2: Self-perceived health (SPH) has a positive influence on the quality of relationships with colleagues (GRC), on control over work methods (CWM), on adult learning (AL) and on opportunity to use knowledge and skills (OUKS).

Quality of relationships, autonomy over the fulfillment of the duties, opportunity to learn are indicators of the subjective well-being of the employees. In another previous study, the authors revealed that multi-tasking was strongly dependent on the satisfaction of the need for control, on the internalization of the steps toward the goal and on the mental abilities, such as shifting the attention and self-regulating [8]. Yet, in a special condition of a resource-depleted person, the fatigue proved to be a cause of lowering the motivation and, therefore, of further disengagement of the individuals in the given task [9]. Thus, if there are gaps in the knowledge or in the skills, as well as in the case of accumulation of mental fatigue, the work relationships may be negatively affected, as well as the smoothness and quality of the attainment of the work-goals. Therefore, an individual, once isolated due to low-abilities, may find hard to engage in the decisional process of the group. Thus, we make the following assumption:

H3: Each in their turn, quality of relationships with colleagues, control over work methods, adult learning and opportunity to use knowledge and skills (OUKS) have a positive effect on the ability to influence decisions (AID).

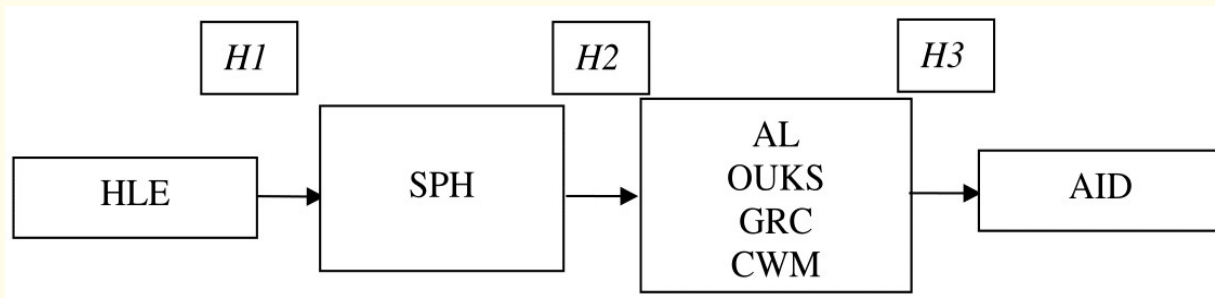The hypotheses model of this study is represented in figure 1.

Figure 1: Hypotheses model of this study. HLE: Healthy Life Expectancy; SPH: Self-Perceived Health; AL: Adult Learning; OUKS: Opportunity to Use Knowledge and Skills; GRC: Good Relationship with Colleagues; CWM: Control Over Work Methods; AID: Ability to Influence Decisions.

Method

We constituted a convenience sample of data extracted from 30 countries extracted from Eurostat database. We replaced the missing data by the means correspondent to the year under study, 2015, found within the same abovementioned database. Further on, to examine

the hypotheses model, we constructed a standardized estimate model. We excluded from this the relationships between variables that we found in the output to have a probability level higher than the general accepted value of .05.

Results

In table 1, we observe relative high, positive and significant correlations between healthy life expectancy and adult learning, adult learning and control over work methods, control over work methods and ability to influence decisions. In this analysis, opportunity to use knowledge and skills was observed to a have a single significant and negative correlation with self-perceived health.

Variables	*M* (*SD*)	HLE	SPH	AL	OUKS	GRC	CWM	AID
HLE	8.81 (3.25)		.36*	.52**	- .11	.14	.43*	.41*
SPH	23.90 (11.19)			.15	-.37*	.34	-.14	.06
AL	11.82 (8.81)				-.11	.09	.54**	.47**
OUKS	57.55 (6.32)					-.07	-.20	-.18
GRC	75.82 (9.33)						-.01	.36*
CWM	80.06 (7.89)							.52**
AID	48.19 (7.69)							

Table 1: Correlations Among and Descriptive Statistics For Key Study Variables.

Notes: All variables were a measure during the year 2015 in EuroStat database. N = 30 countries. Missing data were replaced by the means extracted from the same abovementioned database. HLE: Healthy Life Expectancy; SPH: Self-Perceived Health; AL: Adult Learning; OUKS: Opportunity to use Knowledge and Skills; GRC: Good Relationship with Colleagues; CWM: Control Over Work Methods; AID: Ability to Influence Decisions.

** p < .01, * p < .05.

Further on, we examined the hypotheses model. As shown in figure 2, we found full support of the first hypothesis (*H1*) of this study stating the existence of a positive effect of healthy life expectancy on self-perceived health. The value of the correlation coefficient surpassed that of the standardized estimate. Healthy life expectancy proved to have an enhancing type of effect on self-perceived health.
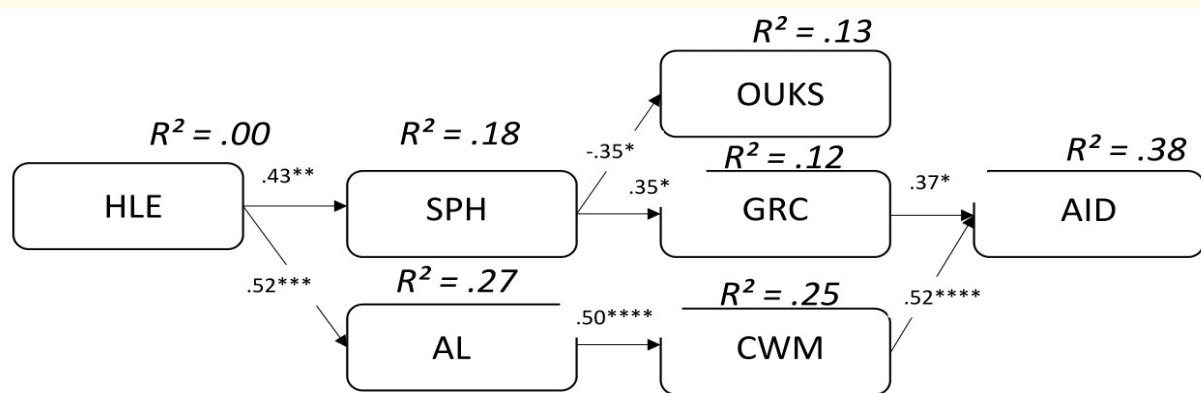
Note: * p <.05 , ** p <.01, *** p <.005,**** p <.001. The numbers near each arrow are values of the standardized beta estimates obtained for the significant relationships existent in this model. The properties of this model are: χ^2 (12, *N*= 30) = 5.25, p = .95, *GFI* = .95, *AGFI* = .83, *CFI* = 1.00, *FMIN* = .18, *RMSEA*< .001, *Hoelter CN* = 145, p = .01. For the simplification of the figure, although relevant for the model, we omitted the representation of the identified co-variances of errors between CWM and SPH (*cov*= -.34, *n.s.*), CWM and OUKS (*cov*= -.29, *n.s.*).

Figure 2: Path model representing a mediator role of SPH in the relationship between HLE and OUKS, respectively GRC. HLE: Healthy Life Expectancy; SPH: Self-Perceived Health; AL: Adult Learning; OUKS: Opportunity to Use Knowledge and Skills; GRC: Good Relationship with Colleagues; CWM: Control Over Work Methods; AID: Ability to Influence Decisions.

The examined model revealed only partial support for the second hypothesis (*H2*) of this study stating a positive effect of self-perceived health on relationships with colleagues (GRC), on control over work methods (CWM), on adult learning (AL) and on opportunity to use knowledge and skills. We found support for this only in regard to the variable GRC. The other relationships proved to be not significant, therefore, *H2* was unsupported. Yet, we observed that the reverse of the statement in *H2* to be partially supported by the structural equation model in the fact that an increase in self-perceived health associated with a decrease in the opportunities to use knowledge and skills.

The last hypothesis (*H3*) stating a positive effect of relationships with colleagues (GRC), of control over work methods (CWM), of opportunity to use knowledge and skills (OUKS) and of adult learning (AL) on the ability to influence decisions was found also to be partially supported in the examined model. Adult learning and opportunity to use knowledge and skills proved to have a not significant effect on the considered outcome, AID.

The model presented in figure 2 proved to be recursive.

Furthermore, we also found a moderator effect of OUKS and of AL in the relationship between HL and AID ($F = 4.59$, $p < .05$, respectively $F = 4.53$, $p < .05$).

Discussion and Conclusions

The results described above revealed that self-perceived health had a positive mediator role inside the relationship between healthy life expectancy and good relationships with colleagues. As we may have also noticed, the latter mentioned, in its turn had an enhancing effect on the predicted outcome, the ability to influence decisions. Therefore, the pursuits referring to promotion of health inside the workplace are no less important than the encouragement of quality of peer relationships. Based on this, the employees may have autonomy on the fulfillment of the requested duties. Thus, the overall performance of the organization may be due to increase. These findings may be important for the functioning especially inside global type of organizations.

As also revealed above, increases in healthy life expectancy, if associated to high degrees of adult learning, or with frequent opportunities to use the knowledge and skills acquired determined an increase of the ability to influence decisions. The more a person is exposed to opportunities to acquire new expertise in a domain of work, the more likely is for that individual to become enabled to choose the right modality of the course of an action.

Another finding mentioned in above section refers to self-perceived health that, if increased proved to be associated with a decrease in the opportunities to use knowledge and skills. This may have as a plausible explanation the aging process associated with retirement from work, and, therefore, with decreased opportunities to use practical expertise.

Among the limitations of this study we mention the fact that we excluded information about the age and the gender of the participants. Also, in the examined model the cultural background was not a control variable. The cultural factor may have a great deal of importance to the health of an individual in search for self-actualization of own, latent potential, by the means of fair work inside an organization. Another limitation refers to the sampling method and the collection of data. In the same regard, there is the number of measurement items.

All in all, a concluding remark is that even if this study may be improved through data collected from a large sample, within two or more different cultures, it confers a perspective upon the concept of self-perceived health and its role inside an working organization. By all means, self-perceived health is different and has a different function from healthy life expectancy, as well as from other related concepts, such as quality of life, or well-being.

Author Note

Bibliography

1. Kay EJ and Lowe JC. "A survey of stress levels, self-perceived health and health-related behaviours of UK dental practitioners in 2005". *British Dental Journal* 204.11 (2008): E19.

2. van der Wel KA., *et al*. "Risk and resilience: health inequalities, working conditions and sickness benefit arrangements: an analysis of the 2010 European Working Conditions survey". *Sociology of Health and Illness* 37.8 (2015): 1157-1172.

3. Nielsen SS and Krasnik A. "Poorer self-perceived health among migrants and ethnic minorities versus the majority population in Europe: a systematic review". *International Journal of Public Health* 55.5 (2010): 357-371.

4. Moons P. "Why call it health-related quality of life is when you mean perceived health status?" *European Journal of Cardiovascular Nursing* 3.4 (2004): 275-277.

5. Diener E., *et al*. "If, Why, and When Subjective Well-Being Influences Health, and Future Needed Research". *Applied Psychology: Health and Well-Being* 9.2 (2017): 133-167.

6. Kakarika M., *et al*. "That wasn`t our deal: A psychological contract perspective on employee responses to bullying". *Journal of Vocational Behavior* 100 (2017): 43-55.

7. Bandura A. "Health Promotion by Social Cognitive Means". *Health Education and Behavior* 31.2 (2004): 142-164.

8. Cai RA and Guinote A. "Doing many things at a time: Lack of power decreases the ability to multitask". *British Journal of Social Psychology* 56.3 (2017): 475-492.

9. Hopstaken JF., *et al*. "A multifaceted investigation of the link between mental fatigue and task disengagement". *Psychophysiology* 52.3 (2015): 305-315.