Stress-Illness Relationship: Health Practices and Hardiness as Mediators

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Received: 4-Jan-2022, Manuscript No. HEOR-22-57973; **Editor assigned:** 15-Jan-2022, PreQC No. HEOR-22-57973(PQ); **Reviewed:** 24-Jan-2022, QC No. HEOR-22-57973; **Revised:** 26-Jan-2022(R), Manuscript No. HEOR-22-57973; **Published:** 29-Jan-2022, DOI No. 10.35248/2471-268X.22.8.209

Introduction

Two stress and sickness models were examined prospectively over a two-month period, with the joint mediating effects of health behaviours and hardiness. 60 female and 26 male undergraduate students completed five subscales measuring hardiness at the start of one academic quarter. Stress, health habits, and disease were examined at this time, as well as one and two months later. The amount of adversely rated stressors reported on the Life Experiences Survey was used to determine stress. The Self Care Inventory was used to assess health habits. The severity of physical symptoms reported on the Seriousness of Sickness Rating Scale was used to quantify illness in the first model; the number of symptoms reported was used in the second model. In life events study, correlations between all indicators of stress and illness were common. Path studies found that stress operated directly on illness as well as indirectly by affecting health behaviours in both models. Hardiness had a direct and indirect effect on sickness through health practises. Hardiness did not appear to have a stress-relieving effect on sickness; rather, its effects on illness seemed to be independent of its stress-relieving effects.

Despite the fact that life events research frequently finds strong links between stressful events and illness, these links are often weak. Rarely higher than, implying that stress accounts for just 9% of the variance in sickness.

These findings suggest that sickness is not always a result of stress. Recent study has focused on elements that may mediate the association between stress and sickness in order to better understand the circumstances in which stress leads to illness. Social support, health-care practises, and the personality trait of hardiness have all been demonstrated to mitigate the effects of stress. The joint mediating effects of two of these factors, health habits and hardiness, were explored in the current study.

Personal living style, which includes things like diet, exercise, and sleep, has long been recognised as a factor that influences health. When compared to workers in less physically demanding occupations, workers in physically demanding occupations had lower rates of myocardial infarction and a lower risk of coronary heart death. A greater quality of personal health practises (e.g., sleep, exercise, elimination, dental hygiene, smoking, alcohol usage, and nutrition) was associated with a higher subjective level of health and fewer health problems when looking at life style in a broader sense. Researchers believe that a good diet, regular exercise, proper sleep and rest habits, abstinence from smoking and alcohol or substance abuse, and reduced risk-taking behaviour can lower the costly toll of many health problems.

Stress can alter health practises that affect one's overall health. Langlie discovered that people with a lot of demands on their time felt out of control and thought the costs of keeping healthy habits were high. In stressful settings, such additional needs may exist. Peptic ulcer patients deteriorate their ailment by increasing their alcohol use in reaction to work stress, according to Weisman .Similarly, smokers are more likely to smoke when they are under stress than when they are not.

We can hypothesise that health practises mediate the association between stress and illness, based on evidence showing stress impacts health practises, which in turn affect health status. Despite the fact that this has been mentioned before, there has been little empirical research into the relationship. Pardine investigated the impact of stress and stress-related health behaviour deviations on subsequent illness in order to explicitly test this idea. Stressed people reported poorer usual health habits and more negative health behaviour modifications. Both life stress and health behaviour deviations were found to have a substantial relationship with future illness measurements. Stress-related health behaviour deviations contributed just as much to the stress-illness association as the independent effect of stress, according to path studies.

If health-care practises can mitigate the impacts of stress, variables impacting the persistence of these habits during stressful periods should be studied as well. Personality disposition, in particular, has been linked to how people interpret stressful experiences and how they behave in terms of their health. As a result, this variable could have a role in the interactions between stress, health behaviour, and sickness.

Hardiness, defined as a personality composite of control, commitment, and challenge, according to Kobasa ,is particularly significant in reducing the impacts of stress. In a retrospective study, Kobasa found that the toughness factor may distinguish between high-stress, high-illness executives and high-stress, low-illness executives. Healthy people appeared to be more in control, more devoted, and more willing to take risks than unwell people. Because this study was retrospective, it's likely that hardiness levels were a result of disease rather than a cause; as a result, Kobasa, Maddi, and Kahn repeated stress and illness measurements 1 and 2 years later. Hardiness showed a protective effect on subsequent sickness reports throughout this time period. With rising levels of stress, the protective effect increased, according to a Stress x Hardiness interaction.

Hardiness and other stress mediators have a complicated relationship. Kobasa, Maddi, and Puccetti discovered that high-stress subjects reported high levels of illness, while high-hardiness and high-exercise subjects reported low levels of illness in a retrospective study of the mediating effects of hardiness and exercise .The protective benefits of these variables increased as stress rose, according to Stress x Hardiness and Stress x Exercise interactions. Because there was no relationship between Hardiness and Exercise, it was assumed that these two characteristics effect sickness independently. Although the authors concluded that toughness and exercise protect health in the face of stressful circumstances, this is not conclusive. Because the study was conducted retrospectively, the presence of illness could have influenced the stress, exercise, and toughness measurements. Due to a lack of prospective evidence, the stress-relieving benefits of these elements are unknown.

Using a prospective design, the goal of our research was to better understand the joint stress-mediating effects of hardiness and health habits. Despite the fact that these variables have been researched separately, their interactions have not been adequately investigated. Hardiness and exercise work in tandem, according to Kobasa, Maddi, and Puccetti .Others, on the other hand, believe that personality traits have an impact on more broad health-related metrics. As a result, it was believed that hardiness would have an impact on future illness via influencing health habits. Hardiness was projected to affect sickness both directly and

indirectly by changing the impact of stressful situations, supporting prior research .Furthermore, through modifying the consequences of stress on health habits, hardiness was expected to reduce the negative effects of stress on health.

Finally, previous research on stress and health practises anticipated that stressful life events would have a direct impact on illness as well as an indirect impact through changes in health behaviours.

Cite this article: Williams L. Stress-Illness Relationship: Health Practices and Hardiness as Mediators. J Health Econ Outcome Res, 2022, 8(1), 001-02.