



IMPACT OF ESSENTIAL HYPERTENSION ON PUNCTUALITY AND GENERAL WELL BEING

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Hypertension is a salient killer. It does not only affects physiologically, but psychologically also. There are several psychological traits which are affected by hypertension. One of the major psychological traits is punctuality and general well being. Punctuality is the basic trait of an individual and ability to complete works on time. It is affected by disease. General well being is nothing but wellness of a person which is intrinsically valuable relative to someone. It denotes how an individual experience and evaluate his life. Considering these facts, it was decided to assess the impact of hypertension on punctuality and general well being. For this purpose, 60 sample were selected purpose fully from Ramgarh and Ranchi districts of Jharkhand. Three scales namely Personal Data Sheet, Punctuality Scale Developed by Q. G. Alam and Ramji Srivastava and General well being scale developed by Verma and Verma were administered in single session. Procured data was collected and analyzed with the help of M, SD and t-ratio and it was found that hypertensive and non-hypertensive did not differ on general well being. Furthermore, it was also found that hypertensive and non-hypertensive did not differed on punctuality, because t value between these two groups was not significant on any level. So, it was conducted that hypertension has no impact on general well being and punctuality.

Keywords: General well being, hypertensive, punctuality.

INTRODUCTION

Hypertensive is commonly known as high blood pressure. Hypertension is nothing but the pressure exerted by blood on the blood vassels during circulation. It is the result of the interaction between cardiac output and peripheral resistance. Worlds Health Organization (2015) declares pressure of 160/95 and more should be termed as high blood pressure. Hypertension is related with both psychological and physiological changes. As far as psychological factors are concerned, several traits spirituality, marital satisfaction, quality of life stress etc are frequently researchers. (Sharma, 2018; Han, et al. 2008; Wei and Wang, 2006, Tartaro, et al. 2005).

Well being simply means wellness of a person. It refers to what is intrinsically valuable relative to some one. So, well being of a person is what is ultimately good for this person what is in the self interest of this person (Crisp, 2017). Stone and Mackie (2013) have said that well being denotes how people experience and evaluate their lives, usually measured in relation to self reported well being obtained through questionnaire. There is different form of well being such as mental, physical, economic and emotional (Fletcher, 2015). Improved physical well being is associated with improved emotional well being (Yang and Ma (2021). The term well being pleasure and happiness are used in overlapping ways in everyday language. Sumner (2005) says that well being of a person is what is good for the persons.

Punctuality is the ability of different individual to exchanges some words and then coordinate on time is one of the crucial ingredients of modern life and progress. Zenebaval (1982) writes that standard time is thus among the most essential coordinates of inter subjective reality, one of the major parameter of social world. Social life would probably not have been possible at all were it is for our ability to relate to time in a standard fashion.

Punctuality has core position in human life and activities. Ahmad (1975) found that punctuality is an unitary trait of personality. Alam and Srivastava (1980) investigated punctuality in relation to personality types and anxiety and showed that punctuality increases with anxiety irrespective of degree of extroversion and introversion. Furthermore, Alam and Srivastava (1980) found that punctuality is the function of insecurity and inferiority and they also found that punctuality increases with degree of ego strength and it decrease with alienation.

Several researchers have been conducted involving punctuality of the patients and found unpunctuality plays an important role in interaction of doctors in curing patients. It was found that patients behaviour had direct implication for clinic performance determined by discrete event stimulation. It was also observed that there is relation between unpunctuality and overtime related coasts. A handful of published articles have provided detailed account of patients unpunctuality in outpatients setting (Bandura, 1969; Camere, Loewenstein and Rabin, 2004; Alexopouls, Goldmand, Fontansi, et al. 2008; Fetter and Jhompson, 1966; Schwarzl, 1989; Tai and William, 2012). Several researchers have suggested that reducing unpunctuality will reduce the average span of time between patients arrived and patients entrance into examination room (Johnson, and Rosenfeld, 1968; Meza, 1998; Perros and Frier, 1996, White and Pike, 1964).

AIMS OF STUDY

This work was done with following aims.

- (a) To assess the punctuality of hypertensive sample.
- (b) To assess the punctuality of non-hypertensive sample.
- (c) To compare the punctuality of hypertensive and non-hypertensive sample
- (d) To assess the general well being of hypertensive sample.
- (e) To assess the general well being of non-hypertensive sample.
- (f) To compare the general well being of hypertensive and non-hypertensive sample.

HYPOTHESES FOR THE STUDY

Considering these above aims, following hypotheses were formulated for the study.

- H₁. Non-hypertensive sample will have more punctuality than hypertensive sample.
- H₂. Non-hypertensive sample will have more general well-being than hypertensive sample.

METHOD: Primary data was collected from a sample of 60 school teachers purposive sampling technique was adopted. Sample area was Ramgarh and Ranchi districts of Jharkhand. The sample was distributed into two parts- hypertensive (30) and non-hypertensive (30). Following criteria (Inclusive and Exclusive) were adopted for the purpose of study.

- I. (a) Those sample were included who were between age of 30-35.
(b) The sample were permanent residents of Ranchi and Ramgarh districts,
(c) The sample were patients of hypertensive only.
(d) The sample were married.
(e) The qualification of the sample was matriculation and above.
- II. (a) Temporary residents were not induced in the sample.
(b) The patients of chronic disease were excluded.
(c) Litigant persons were excluded.

TOOLS: Following tools were used in this study.

(1) Personal Data Sheet (PDS):

This scale was used to gather demographic informations like name, age, academic qualification, residence, marital status, etc. This has been prepared by the researcher himself.

(2) Measure of General Well Being Scale:

This scale was used to measure general well being of the sample. It has been developed by Verma and Verma in Hindi and published by National Psychological Corporation, Agra.

(3) Punctuality Scale:

This scale has been used to measure punctuality of the sample. It has been developed by Q.J. Alam and Ramji Srivastava and published by National Psychological Corporation, Agra.

We visited the sample area and demarcated the sample. Their appointments were taken and on the proposed day, all three scales were administered in a single session. Data was procured and analyzed with suitable statistics and arranged in tables.

RESULT AND DISCUSSION

Our study analysed the impact of hypertension on the basis of primary data collected from 60 (30 + 30) sample school teachers :

Impact of Hypertension on General Well Being

After administering Personal Data Sheet, the sample was divided into two groups- hypertensive and non-hypertensive. Then General Well Being scale was administered on them and procured data was analyzed with the help of N, M, SD and t-ratio and arranged in table 1.

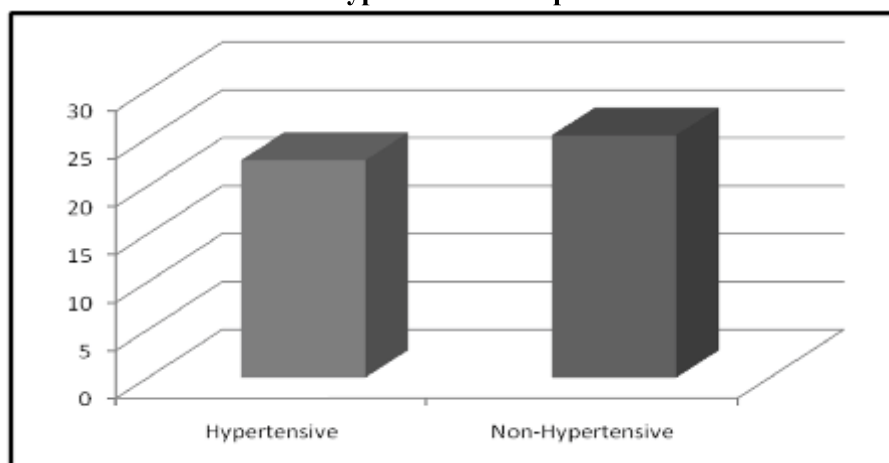
Table: 1, (N, M, SD and t-ratio of General Well Being of Hypertensive and Non-Hypertensive Sample)

Sl.No	Sample	N	M	SD	t-ratio	P
1	Hypertensive	30	22.7	5.87	0.93	NS*
2	Non-hypertensive	30	25.03	12.45		

*NS=Not significant.

Considering table no 1, it is observed that N, M, SD of general well being of hypertensive sample are 30, 22.7 and 5.87 respectively, while N, M, SD of general well being of non-hypertensive sample are 30, 25.03 and 12.45 respectively. The t-ratio between there two subgroups is 0.93 which is not significant on any conventional level. It means these hypertensive and non-hypertensive sample are not different on general well being. This finding may be represented by below figure 1.

Figure: 1, (Mean Difference of General Well Being of Hypertensive and Non-Hypertensive Sample)



Impact of Hypertension on Punctuality

Assessing impact of hypertension on punctuality of sample was another aim of this work. For this, sample were divided into two parts-hypertensive and non-hypertensive with the help of Personal Data Sheet and Punctuality Scale was administered on them. Obtained data was analyzed with the help of M, SD and t-ratio and data were put in table no 2.

Table 2: (N, M, SD and t-ratio of Punctuality of Hypertensive and Non- Hypertensive Sample)

Sl.No	Sample	N	M	SD	t-ratio	P
1	Hypertensive	30	200.87	24.82	1.54	NS*
2	Non-hypertensive	30	211.06	26.42		

*NS= Not significant.

Considering above table 2, it is observed that N, M, SD of Punctuality of hypertensive sample are 30, 200.87 and 24.82 respectively, while N, M, SD of punctuality of non-hypertensive sample are 30, 211.06 and 26.42 respectively. The t-ratio between these two groups is 1.54 which not significant on any level. It means both groups hypertensive has no impact on punctuality.

CONCLUSION

Condering over above finding, it is noticed that hypertensive and non-hypertensive sample are not different on general well being. General well being is nothing but a complex combination of a persons' physical, mental, emotional and social health factors. It is directly related to happiness and life satisfaction. It includes health, happiness and prosperity. Levi (1987) has said that well being is a dynamic state characterised by a reasonable amount of harmony between individual ability, needs, expectation and environmental demands of opportunity. Both hypertensive and non-hypertensive sample have relatively same needs and equal expectation. They are not different on general well being. It was also observed that hypertensive sample were controlling their hypertension through medicine. Physicians suggest that those hypertensive who control their hypertension with medicine or other ways act like a normal person. It means there is no difference between normal person and medicine induced hypertensive. That is why, these sample did not differ on general well being. The second result indicates that hypertensive and non-hypertensive sample are not different on punctuality. Punctuality means exactness in keeping time and appointment. It is a quality by virtue of which a person is able to do the right things at right time and never offer an excuse for delay in work. Punctuality plays an important role in every walk of life. Both complete their work within the limit of time. It is an unitary trait of personality (Ahmad, 1975). Hypertensive and non-hypertensive had different personality trait. But they did not different on anxiety (Alam and Srivastava, 1980). Punctuality is the ability of different individual to exchange some words and they coordinate on time is one of the crucial in gradients of modern life and progress. Zerubaval (1982) writes standard time is thus among the most essential coordinate of inter subjective reality which is the major parameter of social world.

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