

Lifestyle and Employees' Health-A Critical Review

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Abstract

This study critically examines the correlate between lifestyle and workers health. Specific habits such as smoking, drugs and alcohol abuse, unhealthy dietary, football fanaticism and their connection to workers health was central in our discussion. The study argues that these habits are importantly responsible for a great number of health issues and high mortality rate among workers in the past two decades. We posit that, underscoring these habits as in the past has and will continue to spell doom on workers' health and productivity. The paper however did not undermine other causal factors of health challenges among workers but posit that a combination of strategies that addresses working conditions, insurance policies, safety regulations with "proper workers' lifestyle" will be a panacea for healthy living and greater productivity among employees in both developed and developing countries. We therefore recommended among others policy options that encourages proper lifestyle sensitization programmes among workers.

Keywords: Lifestyle, employees' health, smoking, dietary, drugs, football fanaticism.

Introduction

Worldwide, health has been associated with individual's lifestyle. Lifestyle here refers to the characteristics of individuals which include their day to day behaviours and their functions in job, fun and diet. Life style is a way of life of a people, group and nations, and is formed in specific geographical, economic, political, cultural and religious context (Farhud, 2015). All people no matter the race, tribe, community, and works of life have their unique or peculiar lifestyle which is influence by a number of factors which in turn have implication for various health risk. Lifestyle has its advantages and disadvantages on health. The advantages of global lifestyle which includes eating healthy diet, exercise, sleep, and recreation, has a number of ways of easing peoples life and saving hundreds of people's lives. On the other hand, different global lifestyle patterns have negative effects on health especially that of employees as it leads to increase in lungs cancers and cancer site, coronary heart diseases and other cardiovascular conditions. Heart diseases are associated with high intake of fatty food and football fanaticism. While the risk of obesity and diabetes are resultant effect of unhealthy dietary habits.

The effect of lifestyle on people's health is alarmic and a clear evidence that something urgent need to be done. It is in view of this that this study seeks to take into consideration a critical review of some lifestyle that affects workers health in Nigeria and elsewhere with the aim of proffering solutions.

Statement of problem

Despite safety regulations and health care insurance schemes across the world, considerable number of workers die every day due to their lifestyle and household related activities. Thus, the consequence of lifestyle cannot be overemphasized, as its impact on individuals, groups, and communities' health. According to Periera, Coombes, Comas, and Johnson (2015), the negative effect of lifestyle patterns/behaviour on workers' health emerges from different experiences and

interaction with the environment that shapes thoughts and actions. Those who get involved in unhealthy lifestyle have increased health problems and less work life balance.

In the past, possible predictors of ill-health among workers were searched from the biochemical or biophysical aspect such as blood pressure and serum cholesterol, but in recent decades, lifestyle is an important factor that is highly considered to affect health (Brannon & Feist 2007). According to Brannon and Feist (2007) most death in the 20th and 21st century that result from illness are associated with individuals' lifestyle/behaviour. Those lifestyle includes behaviour and activities that makes up daily life such as smoking habit, drug and alcohol abuse, unhealthy dietary habits, foot-ball fanaticism, stress, malnutrition, and physical activities.

Smoking habit as a lifestyle is an addiction to tobacco, and its effect on workers' health has been explored over decades. It is associated with over 25 occurrence of complex mechanism, and different types of diseases which includes lung cancers, coronary heart diseases, chronic bronchitis, oral cavity and cardiovascular conditions. Other health conditions occasioned by smoking habit include osteoporosis, blindness, loss of teeth, diabetes, asthma and so on leading to decrease in workers' productivity in the work force (Puddua, 2015).

Apart from the exposure of workers to environmental hazards, the smoking habit by workers reduces their level of healthiness and productivity. Smoking has a strong risk factor for workers either as main effect or combined interaction. Workers who smoke are ten times prone to poor health status; and the corresponding risk for men was about five times higher and is associated with higher ratio of all causes of mortality (Johanasson & Sundquist 1999).

Similarly, drug and alcohol abuse as a lifestyle pattern affects the mind and body of workers. It causes imbalance in the brain that initiates a physical longing or compulsion for a specific substance. It alters a person's genetic framework and makes it difficult for them to function without continued use of the substance. It increases the risk for cardiovascular disease and stroke which negatively affect workers and organisational productivity.

According to United Nations Report (2014), consumption of unhealthy diets is a recent trend of lifestyle and has greater threats to workers health than tobacco smoking and other lifestyle. Excessive intake of salt and calories and reduced potassium due to less intake of fruits and vegetables has negative health implications. Again, large consumption of fast food at work places has significant risk factors on workers' health. In the same vein, football fanaticism as a lifestyle has negative consequences, on workers' health. The effect is higher among men than women. Therefore the aim of this study is to critically review lifestyle such as smoking habit, drug and alcohol abuse, unhealthy dietary habit and football fanaticism and their effect on employees' health.

Theoretical consideration

Convergence of agency and structure theory of healthy lifestyle

This theory was established by William Cockerham in 2005. His theory combines the ideas of agency and structure to demonstrate that in contemporary societies, not all individuals are given equal opportunity to be healthy. Cockerham uses agency to refer to an individual's ability to choose a behaviour (or action) and notes that there must be alternative options that the individual does not choose. Structure is defined as "sets of mutually sustaining schemes and resources that empower or constrain social action and tend to be reproduced by that social action". According to Cockerham, there are four categories of structural variables that have the capacity to shape

health life-styles. (1) class circumstances (2) age, gender and race/ethnicity (3) collectivities and (4) living condition.

Class plays an important role in shaping healthy lifestyle. For instance, those people with low income could afford bread or snacks and soft drinks which cost is cheaper than that of food. This is the best they can afford. Unhealthy eating habits are a reality for them, not by their own agency but as a result of their structural disadvantage. However, most middle class people would believe that eating snack and taking soft drinks are not healthy meals. Healthy eating habit becomes a reality because of their structural advantage.

Less information is available for the effect of age, gender, and race/ethnicity shapes lifestyles, however, studies consistently show that there are significant differences in health for each of these categories. Collectivities here according to Cockerham refers to collections of individuals who are connected through unique social relationships, such as work, kinship, politics, and religions. These persons share norms, values, ideas and social perspective that binds them together and provides a sense of inter-subjective "thought communities". Religion serves as a strong example of how those thought communities affect health, as those who are more invested in religion will, in most cases, be less inclined to partake in unhealthy behaviour such as drinking and smoking. Cockerham's final structural component is living situation. Differences in the quality of housing and access to basic utilities (such as electricity, gas, heating, sewers, indoor plumbing, hot water) as well as neighbourhood facilities including grocery stores, park, recreation and personal safety, which no doubt account for disparities in access to health for different people.

These four variables are responsible for creating the opportunities that an individual will have in their lifetime. Due to the varying circumstance that different people are born into; the opportunities, one person encounter will not be the same as someone else. Cockerham argue that individuals have the ability to interpret their structure, make choices and allocate subjective meaning to their circumstance. Cockerham argue that all social action occurs in contexts of constraints and opportunities.

With the realization that a person's experience and socialization essentially moulds them to be who they are, it can be assumed that these experiences (which are no doubt affected by the four variables enlisted by Cockerham) are significantly responsible for the choices that a person makes. The theory also shows that, there are situations where individuals' choice of being healthy is not completely under his or her control. Thus, the combination of agency and structure influences the decisions, habits and actions that a person makes, and these actions and habits their reinforce the structure that created them in the first place.

Cockerham's agency-structure theory of healthy lifestyles provides evidence that simple wanting to be healthy is not always enough. Personal changes can no doubt lead someone to be healthier, but what if that person cannot make those changes because of economic or other constraints? Change on an individual level is no longer enough to return to a healthy lifestyle because it is no longer individual habits that is responsible for his or her health.

The implication of this theory to this study is simple, it shows that the day to day activities, jobs and behaviour are empowered or constrained by socio-physical environmental factors. It reveals that the action or behaviour of workers determines their health status. In other words, the four category of structure agency by Cockerham have the capacity to shape healthy lifestyle of workers as well as affect their productivity at workplace.

Smoking habit and workers health

Smoking habits is a strong risk factor for workers health. According to Desalu, Olakaba, Danburan, Salawu and Issa (2008) smoking is responsible for more than 25 diseases in human, some of which include chronic bronchitis, ischemic heart disease and cancers of the lung, oral cavity, urinary bladder, pancreases, and larynx. Similarly, Fakoya (2010) posit that smoking of cigarette is associated with contributory factors or causal agent in the following health conditions: osteoporosis, blindness, impotence, loss of teeth, diabetes, reduced fertility, cataracts, asthma, reduced sperm count, fungal eye infection, early menopause, stomach ulcers, cardiovascular heart disease, reduced lung function reduced lung growth and atherosclerosis.

A report of Surgeon General (2012) reveals that health implications of smoking among workers is not particularly to the active smokers but also shares to passive or second-hand smokers. Research on smoking habits reveals that it causes cognitive decline and results in the loss of grey matter tissue in the brain over time. Similarly, the Surgeon General Report (2012) shows that cigarette smoking constitutes the greatest health hazard especially among workers and it leads to low productivity. It reveals that workers who smoke are more likely to die prematurely.

In the same vein, Alawindi and Majeed (2010) in their study on the prevalence of smoking habit among workers shows that the ratio is higher among workers than students. The possible reason for the high prevalence among workers according to Ficarna, Gualano and Capizzi (2010), is considered as a key factor in addition. Accordingly, WHO (2015) in the global wealth professional survey, reveals that the smoking rate among health care professional was higher and more prevalent among male than female.

Drug and alcohol abuse and employees health

Drug and alcohol abuse are unhealthy lifestyle among males and female workers in most organisations. Drug and alcohol abuse here refers to extreme desire to obtain, and use increasing amount of one or more substance which eventually alters the mood or behaviour of the person, resulting to significant impairment or distress. The over use of this substance leads to a major challenge that threatens the physical and mental health of the consumer.

Baker (1993) observe that drugs and alcohol abuse is a common trend among workers; and it ranges from prescription drugs to over the counter drugs. Baker argues that self-medication have negative effect on the immune system and causes severe complication such as drug resistance, drug allergy and death among workers.

Similarly, Berker and Marcus (2002) opines that the lifestyle of drug and alcohol abuse progresses into addiction and may result into various problems such as cardiovascular diseases, asthma, cancer, and brain injury. More so common drug abuse such as medication abuse is considered an unhealthy lifestyle. This unhealthy behaviour is associated with self-treatment, sharing of medication, using of medication without prescription, prescription of too many drugs, prescribing a large number of each drug, unnecessary drugs, bad handwriting in prescription, disregard to the harmful effects of drugs, and non-explanation of the effects of drugs to the patient/client or worker.

Australian Bureau of Statistics (2011) in their survey on Australian health, reveals that in 2011 – 2012 there were 30 million Australians who reported having a mutual and behavioural condition, mood (affective) problems, which include depression, which was followed by anxiety related problems. These conditions were occasioned by drug and alcohol abuse. The study further reveals that addiction to drug and alcohol consuming is a chronic condition that affects the mind and

body and it is caused by chemical imbalance in the brain that initiate a physical longing or compulsion for a specific substance or behaviour. Addiction influences workers' mood as substance are introduced to the blood stream, which causes chemical reactions in the brain and interferes with the normal communication flow and alter individual's perception of pleasure and pain. These mood changing benefits encourage prolonged use among workers causing negative effect on the health organ, muscle, blood cells and tissue of the body.

Unhealthy dietary habit and workers health

Unhealthy dietary habit has been studied as a possible lifestyle characteristic associated with most workers globally. This lifestyle like many others has one of the great risk factor on employees' health. It ranging from intake of poor diet which results to obesity among workers even in advanced societies. It also leads to nutrition problems which emerge from the consumption of fast food, and foods that are rich in highly saturated fats, sugar and salt. These type of diets account for hypertension, dyslipidemia, diabetes, obesity and cardiovascular problems.

Hunter, Spark, Mufunda, Musubayaire, Sparks and Mohamed in their survey on the prevalence of hypertension occurrence in sub-Sahara Africa countries revealed increased blood pressure among workers was associated with unhealthy diet. The study also shows that unhealthy diet associated with vitamins deficiencies especially vitamin Band D can lead to health condition like osteoporotic. Similarly, Hopper, Summerbel and Thompson (2012) posit that nutritional transition from our traditional plant based diet has increasingly replaced sugary and animal fats which lowers vitamins in the body and higher cholesterol level thereby favouring many chronic ailment among workers.

According to WHO (2012) report, unhealthy diet related disease account for about 60% of all death, and about 45% of the global burden of disease. In the same vein, WHO (2011) reveals that the conditions that promote unhealthy dietary habit among workers include lack of adequate health and nutritional knowledge, and the acquisition of misinformation about health and nutrition matters. Thus to promote healthy dietary habits among workers, it is necessary for nutritional counsellors to increasing awareness campaign among employees.

Maduabum (2015) opines that a person's occupation can influence his or her daily dietary habit. In his study on dietary habit among bank workers in Apapa area of Lagos State, Nigeria, he observed that bank workers leave their homes between 4:00am and 5:00am daily without eating to get to their work places on time. Thus, the canteens, cafeteria and mess are facilities where banker can buy and eat food. Food mostly served there were carbohydrate – rich food and drinks and little or no fruits and vegetables. Similarly, Moyses and Collane (2007) observe that most workers consume food rich in protein, calcium, iron, riboflavin and niacin in lower amount than those recommended. They posit that most workers burn fewer calories and as such requires fewer total calories as well as fewer grains of protein, carbohydrates and fat. Robinson (2009) observes that workers who fail to consume healthy diets could experience fatigue and/or inability to be actively involved in their routine activities at workplace. According to Wanjek (2005), malnutrition can make workers lethargic, mentally and physically, which increases the chance of work place accidents.

Football fanaticism and employees health

Football fanaticism according to Bristow and Sabaticus (2001) is an effective laden phenomenon involving constructs such as commitment, extremism, allegiance, devotion and enthusiasm which

has a direct link with the mental state of an individual or emotional health conditions such as anxiety, facial depression, mood withdrawal, obsession, tension, transitory unhappiness, stress, despair which often results to misplaced aggression when a fan's team losses. Canon (2011) argue that football fanaticism is associated with passion, emotion excitement and dedication of individual to football games across the globe.

Football fanaticism have negative effects on employees emotional stability leading to reduced concentration, facial depression, high stress and strain thereby disturbing bodily homeostasis. Lisa (2012) observes that fanatics of football games usually get upset when they loss and happy when they win. This suggests that employees feel better and excited at work on the day their team wins than days when they loss. Lisa (2012) argue that, when a fan's team losses, he or she is caught in a reflected failure of his/her team which makes him/her want to distance himself/herself from disgrace as much as possible. This may lead to absenteeism at work place.

Conversely, Griffiths (2010) notes that football fanaticism results in depression, salience, mood modification, withdrawal symptoms and relapse. The resultant effect of football fanaticism on employee health is alarming as it affects their thinking and behaviour leading to low productivity. It affect their mood and accounts for irritability among employees (Griffiths, 2010).

Griffiths argue that, the main differences between healthy enthusiasm and depression is that, healthy enthusiasm adds to life and depression takes away from it. Andrew (2002) observes that football fanaticism considerably has evidence links to cardiovascular diseases among workers.

Conclusion and recommendations

In most recent time, a significant number of workers even in the medical profession are losing their lives daily. While huge literature and research abound that attribute these deaths to the environment, working conditions, hereditary, wars, insurance policies, etc., we argue here that, lifestyle of workers themselves is more a predictive factor. This, the study critically examined and established the link between smoking habit, drug and alcohol abuse, unhealthy dietary habit, football fanaticism and workers health. These factors, the study posit significantly account for workers health and mortality in recent and in the past two decades. Consequent upon this, we recommended that employers should create work environment and break-times that enables workers to attend to their meals appropriately. Government employers of labour and other stakeholders should gear-up sensitization programmes for workers on the correlate between their lifestyle and health. More so, workers should make conscious effort to abstain from unhealthy lifestyle in and outside their work environments.

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