Chapter 1
Self–Perceived Health Status

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ABSTRACT

Perceived health status is central to adequate health planning, not only because it plays a key role in health but also because it is related to the adoption of a health-promoting lifestyle. The objectives of the present study were to assess the self-perceived health status of the studied population and to correlate self-perceived health status with socioeconomic and demographic variables. This was a quantitative descriptive-correlational study. Data were collected by means of a sociodemographic questionnaire and the Portuguese version of the Medical Outcome Study Short-Form Health Survey (MOS SF-36). The assessed population was composed of the teaching and nonteaching staff of the studied school. IBM® SPSS® statistical software, version 20, was used. The sociodemographic indicators had a significant influence on the respondents' self-perceived health status. The age group of 36-40 years was associated with a significantly higher self-perceived health status than the other analyzed variables.

INTRODUCTION

Economics and health are two contrasting areas that are nevertheless linked in several ways, including with regard to strategic issues and the use of economic tools; thus, they have given rise to a separate discipline coined "health economics" (Carlos Del Nero in Piola & Vianna, 2002). As an example of framing this field, some studies have assessed whether the living conditions of a given population—in particular, socioeconomic level—have an impact on health. Health economics, therefore, focuses on resource management in the health sector.

This chapter discusses how some factors related to health-seeking—namely, age, sex, income, and lifestyle habits (e.g., smoking, physical activity)—may or may not affect the health status. Perceived health status is central to adequate health planning, not only because it plays a key role in health but also because it is related to the adoption of a health-promoting lifestyle.

Questionnaires on perceived health status are among the instruments used to assess the interrelationships between self-perceived health status, lifestyle-related indicators, healthcare consumption, the social and economic environments, and demographic variables (De Bruin, Picavet & Nossikov, 1996).
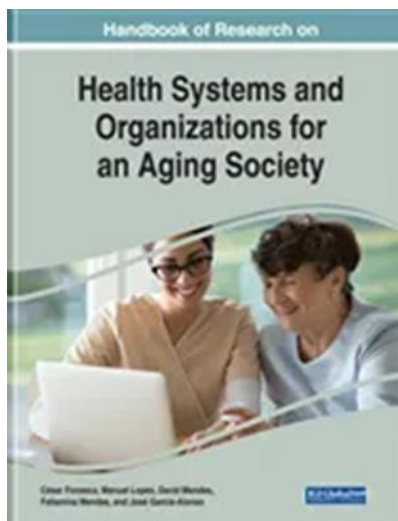
It inspires curiosity, then, to consider how the members of the São João de Deus School of Nursing (Escola Superior de Enfermagem São João de Deus –ESESJD) of the University of Évora perceive their health status, because this school is linked to health-related topics. Of interest is an understanding of how knowledge regarding health and socioeconomic and demographic variables affects the self-perceived health status of these individuals.

The study objectives were to

- Assess the self-perceived health status of the population of the ESESJD; and to
- Correlate the self-perceived health status of the population of the ESESJD with socioeconomic and demographic variables.

The aim of the study was to understand how sociodemographic indicators (sex and age), socioeconomic indicators (educational level, income, and lifestyle habits—namely, smoking and physical activity), and global health indicators (chronic disease and body mass index [BMI]) affect the self-perceived health status of the studied population. By understanding how the above indicators influence the population's health status, we can establish an adequate resource-management plan for this population.

This chapter is organized into five sections, beginning with the introduction, in which the topic and study aims are specified. The theoretical background of the topic of study and of health economics is briefly discussed in the second section. The third section describes the methodology used to conduct the fieldwork, which is followed by the discussion, including a comparison with related studies, in the fourth section. Finally, the fifth and sixth sections consist of the conclusions and list of references, respectively.

THEORETICAL BACKGROUND

Health can reveal the impact of social and economic factors mediated through investment rationales and investment measures, i.e., health gains, translated into more years and better quality of life. For a long time, the income level of a population served as one of the most important indicators of economic development. However, indicators of health status and of health system performance have a social value similar to social or economic indicators and contribute to the identity of a country, serving as guides for continued and organized improvement of health and well-being (Ministério da Saúde, 2011).

Thus, potential health gains have a multidimensional nature, including mortality, morbidity, disability, and self-perceived health status (Ministério da Saúde, 2011). This study analyzes the self-perceived health status indicator as a generator of economic development in a given population, i.e., how this indicator facilitates monitoring of a population's quality of life and assessment of the economic impact of health policies on society's well-being.

Most European countries conduct health surveys that illuminate different aspects of their populations' health. According to the Organization for Economic Cooperation and Development (OECD), comparisons of self-perceived health at an international level are difficult, because answers can be influenced by social and cultural factors. This is because surveyors rely on the respondents' subjective opinions, and self-perceived health status can reflect cultural biases or be influenced by other factors (OECD, 2012). A study conducted by the OECD in 2012 concluded that in Ireland, Sweden, and Switzerland, more than eight in ten people reported good or very good health. In the European Union, two-thirds (67%) of the adult population self-perceived their health as good or better, and France, Germany, and Italy were near