Unraveling Quality Of Life through Self Evaluation

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Abstract: The ultimate goal of all human endeavors rests upon one’s quality of life. It refers to the essence of a “good” life. It begins with experience, moves on to appearance and ends with mind dependent reality. Thus self evaluation appears to be a major component in predicting quality of life. Though it is the most important yet least researched issue. So the present study is an attempt to explore the potency of self evaluation in terms of self efficacy and self esteem in predicting quality of life among youth. A purposive sample of 300 students of both sex males and females, aged 18-22 years were taken from various colleges of rural as well as urban areas of Rewari and Gurgaon districts of Haryana (India). Descriptive statistics reveals the below average level of quality of life prevalent among the youth. Though there is a high level of self efficacy yet moderate level of self esteem is prevalent among youth. Further regression analysis reveals self efficacy as a robust predictor of psychosocial health of youth while self esteem emerges as a powerful predictor of physical health.

Keywords: Unraveling, Quality of life, Self evaluation, Self efficacy and Self esteem

I. Introduction

In India youth covers a large segment (40%) of total population who are rapidly moving towards modernization resulting in poor quality of life. To make the youth self sufficient, happy citizens, their psychological well being is a matter of great concern, which is no doubt dependent upon one’s quality of life. Quality of life is a complex construct which covers a variety of domains including health status, capacity to carry out activities of daily living, work role status, availability of opportunities to pursue recreational interest, social relationships, access to health care resources, standard of living & general well being etc.

Youth is a period of facing inevitable setback, difficulties and striving toward important and challenging goals. On the other side of the coin youth is a diamond period of life with full of reservoir of energy. Only the need of the time is to operationalize the channels of self which is deeply embedded in one’s (course of life) consciousness. Self efficacy and self esteem are two such positive cognitive states, which play a pivotal role in determining one’s quality of life. Self efficacy is defined as a belief in one’s competence to produce desirable outcomes through one’s own efforts [1, 2]. It increases one’s persistence and perseverance while confronting obstacles in the pursuits of achieving goals [3]. For instance in the area of health behaviors, it has been reported that individuals with high self efficacy are more likely to succeed with efforts to lead a better quality of life, as such abstaining from bad habits such as smoking, drinking and focusing on maintaining physical fitness and enduring the pain of arthritis and migraine headaches [4, 5, 6, and 7]. A strong correlation between self efficacy and patient’s better quality of life has been reported by numerous researchers who promoted self efficacy among them through intervention [8, 9, 10, 11, and 12]. It has also been explored that self efficacy beliefs have enhanced the functioning of the immune system which led to better physical health [13, 14]. In this way it may be stated that efficacy beliefs regulate emotional and social states by facilitating problem focused coping to alter potentially threatening environmental circumstances by enabling people to solicit social support to act as a buffer against stress, and by facilitating the use of self soothing techniques such as humor, relaxation, and exercise to reduce arousal associated with potentially threatening situations. A plethora of studies have observed that high self efficacy has enhanced one’s psychosocial health [15, 12], fosters greater resilience in the face of stress and better psychological and social adjustment. It is also helpful in solving mental health problems[16] and leads to positive outcomes. As lower self efficacies have been linked with depression [15] as well as avoidance and anxiety [12].

Self esteem is another important component of self evaluation which is concerned with judgments about personal growth that derives from the ratio of our actual successes to our pretensions. As such high self esteem is a primary factor in determining one’s quality of life. In this way high self esteem appears to be significant predictor of healthier life style [17, 18].

After reviewing literature it was speculated that in India there is paucity of research focusing on the role of self evaluation in predicting quality of life of youth. So the present researchers decided to carry out the study with the following objectives.

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1.1 Objectives  
1.1.1 To assess the quality of life of contemporary youth.  
1.1.2 To find out the levels of self efficacy and self esteem of contemporary youth.  
1.1.3 To explore the self efficacy and self esteem as predictors of quality of life of contemporary youth.  

1.2 Method  
1.2.1 Design: In the present study a correlational design was used.  

1.2.2 Sample: A purposive sample of about 300 undergraduate students, aged 18-22 years of both sexes, male and female, rural and urban background of Gurgaon and Rewari districts of Haryana state was drawn.  

1.2.3 Tools: For assessment of respondents, following tools were used.  

1.2.3.1 Self-Efficacy Scale (SonaliSud, Ralf Schwarzer and Malthias Jerusalem, 2002)  
It consists of 10 items. Each item has four choice response patterns ranging from ‘not at all true’, ‘to some extent true’, ‘almost true’ and ‘exactly true’ with scores ranging from 1 to 4, respectively. The scores of each of the ten items are summed to give a total score. Thus the range of possible scores for this instrument could vary from a minimum score of 10 to a maximum score of 40. The coefficient of internal consistency, estimated by Cronbach’s alpha was determined to be .77 for females, .72 for males and .75 for the total sample.  

1.2.3.2 Self-Esteem Inventory (J.K.Virk, and B.R.Chauhan, 2003)  
It consists of 20 items with two alternative responses for each statement as ‘yes’ and ‘no’. Out of which 10 items are positive and 10 items are negative in which odd numbered items are positive whereas even numbered items are negative. This test is applicable on subjects of 15 years and onwards. It can be applied on an individual as well as on a group of people. It takes around 10 minutes in completion. For each ‘yes’ response in positive items and for each ‘no’ response in negative items the score would be 1. Whereas for each ‘no’ response in positive items and for each ‘yes’ response in negative items the score would be 0. This inventory has high test-retest reliability. The concurrent validity of this inventory is .76.  

1.2.3.3 World Health Organization Quality Of Life –BREF (Oeley & Kuyken, 1996)  
The questionnaire has been developed by WHO group in 1996 in order to provide a short form of quality of life assessment that looks at domain level profiles. It is an abbreviated 26 items assessment and contains two items from the overall quality of life and general health and one item from each of 24 facets included in WHO_QOL_100). Each item is rated on a 5-point scale. It has four domains namely, physical health, psychological health, social relationship and environment. The scores were scaled in positive direction i.e. higher score denoted better quality of life. The scoring was reversed in case of negatively phrased items. Mean scores of items within each domain was used to calculate the domain score. Mean score was then multiplied by 4 in order to make the domain scores comparable with the scores used in WHO-QOL-100 and subsequently transformed to 0-100 scale using the following formula:  
Transformed score= score - 4*100/16. Cronbach’s alpha values for each domain scores ranged between .66 to .84 and have good discriminate validity. In the present study Hindi version of WHOQOL BREF by Dr. Shekher (2008) was used. It consisted of same items as of the original ones. It has optimum psychometric properties.  

II. Procedure  
After establishing a rapport with the participants, the purpose of the study was explained to the subjects and relevant instructions related to each test were given and each participant filled the proformas. After collecting the data it was subjected to statistical analysis.  

III. Results And Discussion  
The obtained data on quality of life have been analyzed in the following manner:  

<table>
<thead>
<tr>
<th>Domains of quality of life</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>65.8355</td>
<td>14.54652</td>
<td>Below Average</td>
</tr>
<tr>
<td>Psychological</td>
<td>69.3192</td>
<td>15.40867</td>
<td>Below Average</td>
</tr>
<tr>
<td>Social Relationship</td>
<td>70.4108</td>
<td>18.09951</td>
<td>Below Average</td>
</tr>
<tr>
<td>Overall health related QOL (based on single statement)</td>
<td>3.9067</td>
<td>.95271</td>
<td>Below Average</td>
</tr>
<tr>
<td>Overall QOL (based on single statement)</td>
<td>3.9300</td>
<td>.74853</td>
<td>Below Average</td>
</tr>
</tbody>
</table>
Unraveling Quality Of Life Through Self Evaluation

From Table 1 it is clearly evident that the overall quality of life and overall health related quality of life appear to be below average. Further all the four domains comprising of overall quality of life fall in below average category, which indicate that youth of today are not maintaining a good quality of life as far as physical, psychological, environmental and social health is concerned.

To explore the second objective i.e. "To assess the quality of life of contemporary youth", following table 2 depicts the levels of self efficacy and self esteem of youth while computing descriptive statistics.

Table 2: Descriptive Statistics of scores obtained on Self Efficacy and Self Esteem Test.

<table>
<thead>
<tr>
<th>Domains of self evaluation</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Efficacy</td>
<td>30.6200</td>
<td>4.91148</td>
<td>High self- efficacy</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>14.9600</td>
<td>2.74777</td>
<td>Moderate self- esteem</td>
</tr>
</tbody>
</table>

From Table 2 It is evident that contemporary youth are having high level of self efficacy. In other words they have a clear cognitive map of their levels of potentials to reach the goals of their lives. But at the same time it is interesting to note here that they are enjoying a moderate level of self esteem which highlights their capability to have relatively consistent and stable ideas about their worth.

In order to execute the third objective i.e. “To explore self efficacy and self esteem as predictors of quality of life of contemporary youth” stepwise multiple regression analysis was computed and is shown in Table 3.

Table 3: Self Evaluation (Self Efficacy And Self Esteem) As Predictors of Quality of Life of Youth By Using Multiple Stepwise Regression.

<table>
<thead>
<tr>
<th>Model</th>
<th>Domains of Quality of life (IV)</th>
<th>Domains of Self Efficacy Evaluation (IV)</th>
<th>R</th>
<th>R²</th>
<th>Standard Error</th>
<th>β</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Physical Health state</td>
<td>1 Step 1</td>
<td>Self Efficacy</td>
<td>.280</td>
<td>.078</td>
<td>13.99013</td>
<td>.280</td>
<td>25.255**</td>
</tr>
<tr>
<td></td>
<td>1 Step 2</td>
<td>Self Efficacy</td>
<td>.319</td>
<td>.102</td>
<td>13.83400</td>
<td>.217</td>
<td>16.797**</td>
</tr>
<tr>
<td>Model Psychological state</td>
<td>2 Step 1</td>
<td>Self Efficacy</td>
<td>.348</td>
<td>.121</td>
<td>14.46976</td>
<td>.348</td>
<td>41.062**</td>
</tr>
<tr>
<td></td>
<td>2 Step 2</td>
<td>Self Efficacy</td>
<td>.386</td>
<td>.149</td>
<td>14.26349</td>
<td>.280</td>
<td>25.970**</td>
</tr>
<tr>
<td>Model Social Relationship state</td>
<td>3 Step 1</td>
<td>Self Efficacy</td>
<td>.282</td>
<td>.079</td>
<td>17.39597</td>
<td>.282</td>
<td>25.674**</td>
</tr>
<tr>
<td></td>
<td>3 Step 2</td>
<td>Self Efficacy</td>
<td>.322</td>
<td>.104</td>
<td>17.19050</td>
<td>.218</td>
<td>17.229**</td>
</tr>
<tr>
<td>Model Environmental state</td>
<td>4 Step 1</td>
<td>Self Efficacy</td>
<td>.250</td>
<td>.062</td>
<td>14.37107</td>
<td>.250</td>
<td>19.864**</td>
</tr>
<tr>
<td></td>
<td>4 Step 2</td>
<td>Self Efficacy</td>
<td>.301</td>
<td>.091</td>
<td>14.17798</td>
<td>.182</td>
<td>14.790**</td>
</tr>
<tr>
<td>Model Overall health related QOL</td>
<td>5 Step 1</td>
<td>Self Efficacy</td>
<td>.230</td>
<td>.053</td>
<td>9.2876</td>
<td>.230</td>
<td>16.616**</td>
</tr>
<tr>
<td></td>
<td>5 Step 2</td>
<td>Self Efficacy</td>
<td>.272</td>
<td>.074</td>
<td>9.1978</td>
<td>.171</td>
<td>11.897**</td>
</tr>
<tr>
<td>Model Overall quality of life</td>
<td>6 Step 1</td>
<td>Self Efficacy</td>
<td>.270</td>
<td>.073</td>
<td>7.2190</td>
<td>.270</td>
<td>23.471**</td>
</tr>
</tbody>
</table>

(P<.001**)

From Table 3 model 1, step 1 it is evident that self esteem comes out to be the robust predictor of physical health (a domain of quality of life) of youth. The value of R² (.078) indicates 7.8% variance in physical health is predicted by self esteem. β value (.280) indicates that 1 unit increase in self esteem caused 28% increase in physical health of youth. F value (25.255, P<.001) shows the significance of fitted model. While step 2 shows that self efficacy in combination with self efficacy both accounting for 10.2% variance in physical health.

On the other hand self efficacy appears to be the strongest predictor of psychological state of quality of life of youth. Self efficacy rather than self esteem is a stronger predictor of psychological state of youth. Further this interpretation is evinced from the value of R² (.121) indicates that 12.1% variance in psychological state is predicted by self efficacy and further regression coefficient (.348) shows that 34.8% increase in psychological state with the one unit increase in self efficacy. F value (41.062) shows the significance of fitted model.

In other words, it may be stated that one’s accurate evaluation about one’s potential to reach the goal enhances one’s psychological state of mind as just, .028 value is added. Further step 2 suggests that when self efficacy is merged with self esteem corresponding very low R² value (.149) suggests that 14.9% variance is
Unraveling Quality Of Life Through Self Evaluation

d处。在模型2 step 2 β value (.180) 指示18% 增加在心理健康的每一单位增加在自尊。F value (25.970) 确证模型的显著性。

从模型3, step 1 自我效能是社会状态(一个质量区域)的可靠预示。值的 R^2 (.079) 指示7.9% 增加在社会状态是自

确定自我效能与进一步回归系数 (.282) 指示作为一单位增加在自我效能是遵循由大约一单位的增强在社会状态。此高显著性值

为F (25.674, P<.001) 确证模型的显著性。

在 step 2 of model 3 值为R^2 (.104) 显示自我效能与自我效能的一起在社会状态的增加。它提示只有其一的值在一个社会

是不足够的参数来估计其一的社会健康而不是其一自我实现其一的技能是强大的支柱为一个社会的。此最新研究支持更早的

研究，有著名的研究[8, 9, 10, 11, and 12]。进一步β value (.169) 指示只有其一的单位的增加在在社会状态的增加在

在自尊。F value (17.229) 确证模型的显著性。

从模型4, step 1 它是显示在预测环境保护

状态(一个质量区域)的青年为比较到其他的质量区域的青年。此值 R^2 (.062) 6.2% 增加在环境保护状态作为预示为自尊。β value (.250) 指示

其一单位的增加在环境保护状态的青年是遵循由一单位增加在自我效能。显著性

值为F (19.864, P<.001) 确证模型的显著性。步骤2显示自我效能与自我效能的会计为9.1% 增加在环境保护状态。进一步在每个

单位的状态在自我效能与社会效能状态为大约相似值，即18.2% 与18.1% 相对增加在环境保护状态。显著性值为F (14.790, P<.001) 确证

模型的显著性。

从模型5, (step 1 and 2) 它是显示了整体自尊超过自我效能在预测的总体相关质量区域。此最新研究与那些较早的研究 [20]。显著性

值为F (16.610, 11.897, P<.001) 确证模型的显著性。

而观察模型6 它是显示在整体质量的自尊效能显示在

在更多主导的自我与自尊。它应是为一个重要基础为整体质量的健康。进一步的

此最新研究显示研究显示自我效能为一个免疫系统 [19]则隐含一个自的

隐含的积极的认知状态支撑物理健康结果在物理好佳。在其他语言的物理健康

相关的质量为今天的印度青年是更多的依赖在其自身的价值而不是在其信念

在他们的能力去做。相反的自我效能(信仰在其一的技能)为一个强力的预示为一个

其一的心理的健康。因为自我效能的信念让能人民对寻求社会支持来作为缓冲

对压力。

IV. Conclusion And Implications

质量的寿命是被考虑为平均的与中度的水平在自我效能与高水平的自我效能。此最新研究揭示了

一些潜在的维度为自我评价(如自我效能与自我效能)此监测质量的寿命为今天的青年。所以

对增强与领导一个更好的质量的寿命话有一种的需要为提高青年的自我效能。

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