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QUALITY OF LIFE AMONG A METROPOLIS POPULATION - A PRELIMINARY STUDY

*Latha * and S.Karthikeyan***

ABSTRACT

Quality of Life is an important outcome variable in the health research and health services. Health expectancy in terms of higher quality of life is more important than life expectancy. In light of the above rationale, a survey on the quality of life of a cross section of urban sample (N=200) was obtained. The data was analyzed within the frame work of quality of life among people in relation to age, gender, occupational status, clinical status and health habits using factor analysis. The tool as a means to understand and assess the positive functioning in an individual is discussed. Discussion focuses on the preventive aspects in health psychology, using quality of life as an achievable goal.

INTRODUCTION

The message from Director General of WHO 1997 states that "Increased Longivity without Quality of Life is an empty prize. Health expectancy is more important than life expectancy". Quality of life (QOL) is now widely discussed as an important outcome variable in health care. Traditional research orientation to Quality of Life is chiefly concerned with the disease process among elderly patients, assessing the impact of therapeutic intervention. Often the concept of subjective well being and life satisfaction are used as indicators of better Quality of life.

Clinicians have tried to evaluate the Quality of life of patients who have varied disabling conditions, such as Cardio-vascular disease, Multiple Sclerosis, Cancer, AIDS & other neurological diseases, (Greena & Stepne; Stewart et.al; Ware, and Lutgendorf et al.; 1994). Most of the measures concerning Quality of life assesses the physical and psychological well being in various disease conditions.

This concept of Quality encompasses the psychological functional status, access to social and material resources, opportunities and a sense of well being. In addition to the biomedical criteria, the concept of self-esteem, self-worth, feelings of security etc., also provide a useful perspective on value of health promoting measures. Assessing Quality of Life is essential not only for clinical groups but also to people in general.

The measurement of quality of life is a positive orientation towards individuals health and well being. It is not merely a means to assess the therapeutic effectiveness but also gives an index of positive functioning status in a person. The present study attempts to assess the "Quality of Life", an index of well being, among general population. Quality of Life of people in relation to the demographic characteristics, health status and specific psychological characteristics are also studied in order to understand their influence.

METHOD OF INVESTIGATION

Random sample of subjects, (N=264) from different occupations were selected. The

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age of the sample was confined to 30 to 60 years. Both males and females were included.

Tools

The Quality of Life Index (QOLI) was developed as a diagnostic and motivational tool by Eliot (1995). The 40 items in the index represents various aspects of one's life style, where the respondent required to rank on a scale, 1 to 7, their perception of activities and situations in life. This tool is designed to evaluate one's own quality of life, to assess the stressors and strengths. It is not designed to compare between groups. It is meant to map the areas in one's life which needs to be improved, adjusted or strengthened. A higher value on the scale (i.e.,7) represents that particular activity is least stressful and can be taken as a strength in the life. The scale which has been developed for western population is being tested on the Indian sample.

SAMPLE CHARACTERISTICS

The questionnaire was administered on a cross section of sample and completed response

Table - 1 Showing the mean and SD of Age and Income

Variabale	Mean	SD
Age	38.13	9.87
Income	7.23*	5.97

* Rs. 7000/month

Table - 2 Showing the characteristics of the sample (n=264)

	Variable	Frequency
Sex	Male	124
	Female	140
Occupational representation	Retired / Unemployed	22
	Officer Grade	126
	Executives	94
	self Employed	22
Marital Status	Married	217
	Unmarried	46
	Widow	1
Age wise distribution	20 to 30 years	52
	31 to 40 years	122
	40 to 50 years	64
	51 and above	26

sheets were scored. The data was subjected to descriptive and factor analysis.

Mean age of the sample was 38.13 years + / - 9.87 and majority were represented by the middle income groups. The men and women were equally represented (47% and 53% respectively) 90% of the sample were employed. Only 8% were house wives & retired. The occupational characteristics were mainly represented from middle management (52%), executives (38%) and others. Ten percent of the subjects were self employed 83% of the sample were married.

RELIABILITY ANALYSIS

The internal consistency of the tool was analyzed. The Alpha coefficient was 74, Standardized item Alpha was .9385. The item total correlation was high for all the items which ranged from 0.4237 to 0.7632. Hence the tool was found to be internally consistent and reliable.

The mean Quality of life Index for the sample was 5.03. The 25th percentile cut off score was on a raw score of 4.35 and 75th precentile was at 5.55. Thus the concentration of the score is strong at the middle. This reflects the homogeneity in the life style of adult sample of the study. The peak strength of the group is in the Social Support i.e., a strong primary relation in the family, work place and a harmonious neighborhood relation.

The lowest point in the profile represents the control over habits such as addiction to alcohol and caffinated drinks. Thus, control over health related habits can be an area which needs improvement among group. The profile is positively skewed thus shows on an average a better

Table - 3 Showing mean and SD for sex, age, occupational level, marital status and income level on the scores of Quality of life

Variable		Mean	SD
Sex	Male	199.72	41.61
	Female	187.77	40.77
Age	20 - 30 years	190.86	32.72
	31 - 40 years	192.09	41.27
	41 - 50 years	193.95	49.47
	51 and above	203.11	37.71
Marital Status	Married	194.83	43.07
	Un - married	186.34	33.29
	Widow	204.00	0
Occupational Level	Retired / Unemployed	200.18	35.36
	Officer Grade	186.73	42.25
	Executives	198.23	41.31
	Self Employed	204.00	40.30

Table - 4 Showing analysis of variance on the variables sex, age, occcupational level, marital status and income level on the scores of Quality of life.

Variable	Source	Sum of Squares	D. F	Mean Square	F
Sex	Between	9386.00	1	9386.00	5.5368**
	Within	444142.81	262	1695.20	
Age	Between	3014.42	3	1004.80	0.5799 NS
	Within	450514.39	260	1732.74	
Occupation	Between	11272.33	3	3757.44	2.2090 NS
	Within	442256.48	260	1700.98	
Marital Status	Between	2846.35	2	1423.17	0.8242 NS
	Within	450682.46	261	1726.75	
Income	Between	57423.90	23	2496.69	1.5127 NS
	Within	396104.90	240	1650.43	

Quality of Life. Typically this being a non-clinical group showed on an average better quality of life.

The statistical analysis revealed a significant difference among the genders. Men were found to have a better Quality of Life Index than females. The occupational status, Income level, age were not found to be influencing the Quality of Life Index. As the group was highly homogeneous with respect to Occupational Status and Age, much variations could not be observed.

FACTOR ANALYSIS

The data was subjected to Principle Component Analysis technique, which resulted in 10 factors and those factors were subjected to varimax rotation. As an initial step of factor analysis, the item correlation was carried out. All the correlations were positive ranging from .60 to .70. Factor loadings greater than +/- 0.5 was considered as highly significant.

Communality is a measure of the general variance among each factor i.e., it is the item-item variance. This is otherwise known common factor variance. The eigen values obtained for 10 factors ranged between 12.69 to 0.89. The higher the eigen value higher is the purity of the factor. Any value above one is considered to be significant. 10 factors which had eigen values above one were subjected to varimax rotation. All these 10 factors have contributed to the 60% of variance to the total variance. The first factor contributed 31% of this variance. Whereas others contributed a meagre 4 to 2.5% only.

Factor-1 had 7 items with significant loadings on - sense of values, self-esteem, assertiveness, guilt, optimism, decision and control. Most of these variables revealed

Table - 5 representing communality, eigine value and variance of factors

Communality	Factor	Eigen value	Pct of variance	Cum Pct
.61058	1	12.69092	31.0	31.0
.56360	2	1.93977	4.7	35.7
.63165	3	1.66465	4.1	39.7
.59388	4	1.52988	3.7	43.5
.63122	5	1.29458	3.2	46.6
.51541	6	1.25456	3.1	49.7
.59219	7	1.22087	3.0	52.7
.57943	8	1.18750	2.9	55.6
.62009	9	1.07636	2.6	58.2
.58801	10	1.02371	2.5	60.7

positive psychological traits or resources which enhances the quality of psychological life. Hence the name Psychological Well-being was given to this factor.

Factor-2 had 4 items with strong loadings on relationships. Primary and secondary relationship, religious affiliation along with tobacco consumption were found to have high loadings over this factor. Hence this factor was named as Interpersonal Quality of Life.

Factor-3 had 5 items, pertaining to work-related aspects, with high factor loadings. The items such as nature of work, frequency of travel, work environment, career plans etc, were related to work. Hence the factor was named as Work related Quality of Life.

An individual's exercise pattern, style of adaptability & flexibilty, and expression of anger were found to have a significant high loadings on factor-4 These items depicted an individuals adaptiveness to his environment. Hence factor-4 was named as Adaptive Capacity.

Under factor-5, there were four items having high factor loadings. They were hobbies of an individual, mode of relaxation & meditation, humour and exercise. These activities generally enhances and significantly contributes towards mental and physical well being. Therefore hobbies, relaxation, meditation, exercise, humour etc., were considered as positive health habits enhancing physical and mental health. Hence factor-5 was named as positive Health Habits.

Two items, pertaining to negative health habit, namely, alcohol consumption and tobacco consumption, were found to have a significant and strong loadings on factor-6. Hence factor-6 was named as Negative Health Habits.

Table - 6 FACTOR TABLE

Factor 1

Items	Loading
Value	.69
Self -esteem	.53
Assertiveness	.60
Guilt	.65
Optimism	.56
Decision	.68
Control	.57

Name :- PSYCHOLOGICAL WELL - BEING

Factor 3

Items	Loadings
Work	.54
Neighbourhood	.51
Travel	.61
Work Envt.	.55
Career & Job	.58

Name :- WORK RELATED QOL

Factor 5

Items	Loadings
Hobbies	.53
Relaxation & Meditation	.45
Humour	.44
Exercise	.65

Name :- POSITIVE HEALTH HABITS

Factor 7

Items	Loadings
Health	.59
Sleep	.57
Body Wt.	.63

Name :- HEALTH CONCERN

Factor 2

Items	Loadings
Relationship - Children	.58
Tobacco	.59
Relationship	.61
Religion	.61

Name :- INTERPERSONAL QOL

Factor 4

Items	Loadings
Exercise	.60
Adaptability & Flexibility	.63
Anger	.68

Name :- ADAPTIVE CAPACITY

Factor 6

Items	Loadings
Alcohol	.85
Tobacco	.81

Name :- NEGATIVE HEALTH HABITS

Factor 8

Items	Loadings
Planning	.67
Achievement	.61
Finace	.42

Name :- ACHIEVEMENT & EXPECTATION

Factor-7 had three items with high factor loadings. These three items depicted the amount of concern an individual has over one's health. The items were health conscious, sleep, and body weight. Hence factor-7 was named as Health Concern.

Factor-8 had three items pertaining to planning, achievement and finance with high factor loadings. These items enabled an individual to derive satisfaction in life. Hence factor-8 was named as Acheivement & Expectations.

Conclusion

The quality of life index has revealed eight significant factors related to different spheres of individuals' life. They are - psychological well-being, interpersonal relations, work quality, adaptive capactiy, positive health habits, negative health habits, health concerns, and achievement & expectations. Subjecting the data to further factor analysis can reveal the relationship within these constructs. Men were found to reveal a better index of quality of life than women. Homogeneity of the sample could not reveal the role of demographic factors on Quality of life index which could be undertaken in future studies.

The factor loadings of the tool reveals that, it could be a handy assessment method to pinpoint the major areas where intervention is required and also to form a suitable health promotive measures for those specific areas.

REFERENCE

Eliot. S.R. (1995). *'From Stress to Strength' Bantam Books, New York.* The World Health Report 1997.

Greena. A., Stepne.A. (1994). A stress management in Cardiac patient, a preliminary study of the *predictor of improvement in quality of life. Journal of Psychosomatic Research,* May; 38(4); 267-80.

Lutgendrof.S., Antoni.M.H., Schrei-Derman.N., Fletcher.M.A. (1994) Psychological Counselling to *Improve Quality of Life in HIV Infection Patient Education,* and Counselling, Dec;24 (3); 217-35.

Stewart. A.L., Hays. R.D., Wells.K.B., Rogers. W.H., Spritzer. K.L.,Green-field. S. (1994). Long term functioning and well being outcomes associated with physical activity and exercise in patients with chronic conditions in the medical outcome study. *Journal of clinical epidemology* 1994, July; 47(7); 719-30.

Ware.J.E. (1994). Hypertension - When is the clinical problem when *Quality of Life secured. Cardiology, 85 Suppliment* 1; 65-70.

PSYCHOLOGY FOR EFFECTIVE LIVING - BEHAVIOUR MODIFICATION, GUIDANCE, COUNSELLING AND YOGA - 1997; AUTHORS: V.D. SWAMINATHAN AND K.V. KALIAPPAN.

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