

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.

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 1: Mean & Standard Deviation of scores obtained on quality of life.

Domains of quality of life	Mean	Std. Deviation	Interpretation
Physical Health	65.8355	14.54652	Below Average
Psychological	69.3192	15.40867	Below Average
Social Relationship	70.4108	18.09951	Below Average
Overall health related QOL (based on single statement)	3.9067	.95271	Below Average
Overall QOL (based on single statement)	3.9300	.74853	Below Average

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.

Domains of self evaluation	Mean	Std. Deviation	Interpretation
Self Efficacy	30.6200	4.91148	High self- efficacy
Self Esteem	14.9600	2.74777	Moderate self- esteem

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.

	Domains of Quality of life (DV)	Domains of Self Evaluation (IV)	R	R ²	Standard Error	β	F
Model	Physical Health state						
1	Step 1	Self Esteem	.280	.078	13.99013	.280	25.255**
	Step 2	Self Esteem Self Efficacy	.319	.102	13.83400	.217 .165	16.797**
Model	Psychological state						
2	Step 1	Self Efficacy	.348	.121	14.46976	.348	41.062**
	Step 2	Self Efficacy Self Esteem	.386	.149	14.26349	.280 .180	25.970**
Model	Social Relationship state						
3	Step 1	Self Efficacy	.282	.079	17.39597	.282	25.674**
	Step2	Self Efficacy Self Esteem	.322	.104	17.19050	.218 .169	17.229**
Model	Environmental state						
4	Step 1	Self Esteem	.250	.062	14.37107	.250	19.864**
	Step2	Self Esteem Self Efficacy	.301	.091	14.17798	.182 .181	14.790**
Model	Overall health related QOL						
4	Step 1	Self Esteem	.230	.053	.92876	.230	16.616**
	Step 2	Self Esteem Self Efficacy	.272	.074	.91978	.171 .158	11.897**
Model	Overall quality of life						
6	Step 1	Self Efficacy	.270	.073	.72190	.270	23.471**

(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 esteem in combination with self efficacy both accounting for 10.2% variance in physical health. Self efficacy also appears to be a predictor of physical health as one unit increase in self efficacy leads to 16.5% increase in physical health. F value (16.797, P<.001) shows the significance of fitted model.

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

there. In model 2 step 2 β value (.180) indicates that 18% increase in psychological health as one unit increase in self esteem. F value (25.970) shows the significance of fitted model.

From model 3, step1 again self efficacy appears to be robust predictor of social state (a domain of quality of life) of youth. The value of R^2 (.079) indicates that 7.9% variance in social state is determined by self efficacy and further regression coefficient (.282) shows that as one unit increase in self efficacy is followed by approximately one fourth enhancement in social state. The highly significant value of F (25.674, $P < .001$) validates the significance of the model.

In step 2 of model 3 whereas value of R^2 (.104) highlights the fact that self efficacy along with self esteem represent the 10.4% variance in social state of youth. It reveals that only one's worth in a society is not a sufficient parameter to adjudge one's social health rather one's self realization of one's capabilities lie strong pillar for one's social state. The present findings support the earlier findings of notable studies [8, 9, 10, 11, and 12]. Further β value (.169) shows that only one sixth enhancements in social state following one unit increase in self esteem. F value (17.229) shows the significance of fitted model.

From model 4, step 1 it is evident that self esteem plays a subdued role in predicting environmental state (a domain of quality of life) of youth as compared to the other domains of quality of life. The R^2 value (.062) indicates 6.2% variance in environmental state as predicted by self esteem. β value (.250) indicates that one fourth increase in environmental state of youth is followed by one unit increase in self esteem. Significant value of F (19.864, $P < .001$) validates the significance of the model. Step 2 shows that self esteem and self efficacy both accounting for 9.1% variance in environmental state. Further in each case per unit change in self esteem and self efficacy account for almost similar values i.e. 18.2% and 18.1% respectively positive change in environmental state. Significant value of F (14.790, $P < .001$) validates the significance of the model.

From model 5, (step 1 and 2) it is observed that overall self esteem supersedes self efficacy in predicting the overall health related quality of life. The present findings are line with those of earlier study [20]. Significant values of F (16.616, 11.897, $P < .001$) validate the significance of the model.

While observing model 6 it is evident that in overall quality of life self efficacy plays a more dominating role than self esteem. It appears to be an important foundation for global quality of life. Further the findings of present study reveals that self esteem serves as an immune system [19] hence a hidden positive cognitive state boosting physical health which results in physical well being. In other words physical health related quality of life of today's Indian youth is more dependent upon their self worth than their beliefs in their capabilities to do so. On the contrary self efficacy (faith on one's capabilities) is a powerful predictor of one's psychological well being. Because self efficacy beliefs enable people to solicit social support to act as buffer against stress.

IV. Conclusion And Implications

Quality of life is found to be below average with moderate level of self esteem and high level of self efficacy. Further the current study unravels some latent dimensions of self evaluation (such as self esteem and self efficacy) which monitor quality of life of today's youth. So for enhancing and leading a better quality of life there is a need of boosting youth's self esteem.

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