

# Psychological Distress and Health Related Quality of Life between Smokers and Non-Smokers

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## Abstract

The present research was conducted to explore the relationship between psychological distress and health related quality of life among direct smokers and second hand smokers. It was a correlation study in which cross-sectional research design was used. The total sample size was 200 which consist of hundred direct smokers and hundred second hand smokers. It was hypothesized that there is significant relationship between psychological distress and health related quality of life among direct smokers and secondhand smokers. It was also hypothesized that there is significant difference on psychological distress and health related quality of life between direct smokers and second hand smokers. Statistical Package of Social Sciences Version 20 (SPSS-20) was used to check these hypotheses. Results showed that there is significant negative relation between psychological distress and health related quality of life. Further, the results showed that there is significant difference on psychological distress between direct smokers and second hand smokers. This analysis further revealed that direct smokers have more psychological distress as compared to second hand smokers. In this study only one gender is taken as sample so in future researches both gender should be taken as sample.

**Key words;** *Psychological distress, Health related quality of life, Smokers*

## 1. INTRODUCTION

Smoking is the inhalation of the smoke of burning tobacco encased in cigarettes, pipe and cigars. Casual smoking is the act of smoking only occasionally, usually in a social situation or to relieve stress. A smoking habit is a physical addiction to tobacco products. Many health experts now regard habitual smoking as a psychological addiction, too, and one with serious health consequences. Smoking is a dangerous health problem. In every year, it is estimated that about six million people are experience smoking related problem in the world (Leidi, 2009).

Psychological distress is defined as emotional problem by associated the symptoms of depression and sometimes anxiety. The symptoms of psychological distress are expressed in the form of physical problem (Darcy & Siddique, 1984). HRQOL is a broad multidimensional concept that usually includes self-reported measures of physical and mental health. Quality of life is defined as the ability to satisfaction with life (Atkinson, 2003).

A number of studies reported that there is negative significant relation between psychological distress and health related quality (Prochkska & Diclemente, 1999; Paul, 2009; Tasi, et al, 2009; Duffy et al, 2002; & Selye, 1976).

### 1.1. Rationale for the Study

The study will reveal important information regarding psychological distress and perceived quality of life among smokers. It will also help to find out typical distress among smoking addiction. This topic is being chosen because it is necessary for today's society which is taken over by the curse of drugs, mostly high School and university students are involved in it. Prevalence of this addiction is increasing day by day in Pakistan (Shaikh, & Kamal, 2004). According to some surveys, 40% of males and 8% of females are regular smokers (Zaman, Irfan & Irshad, 2002). Pakistan has the highest consumption of tobacco in South Asia (Shaikh & Kamal, 2004). Lung Cancer in Pakistan is caused directly by tobacco in 90% of cases. It claims lives of 100,000 people every year. 28% of the youth in Islamabad is addicted to tobacco smoking (Solomon & Malik, 2012). This research will analyze the concept of subjectively perceive quality of life and psychological distress among smokers that will help in the formation of certain treatment, intervention for smokers in clinical settings.

#### 1.1.1 Hypotheses

- There is likely significant relation between psychological distress and health related quality of life among smoker and second hand smokers.
- Direct smokers and second hand smokers will significantly differ in term of psychological distress.

- Direct smokers and second hand smokers will significantly differ in term of health related quality of life.

## 1.2 Methodology

### 1.2.1 Participants

The sample size consisted of hundred smokers (n=200) age range was 16-25 from different universities, colleges and organizations. One hundred were the direct smokers and one hundred were the second hand smokers.

### 1.2.2 Research Design

In this study co-relational research design was used.

### 1.2.3 Operational Definitions

#### 1.2.3.1 Psychological Distress

K-10 (Kessler, 1999) was determined the existence of psychological distress.

#### 1.2.3.2 RAND-36 Health Related Quality of Life

The Rand 36- measure of health related Quality of Life (Hays, & Morales,2001) was measure the quality of life in smokers.

### 1.2.4 Instruments

In the current study three tools will be used that are given below

Kessler Psychological Distress Scale (K-10, Kessler, 1999)

The Rand 36- measure of health related Quality of Life (Hays, & Morales, 2001)

#### 1.2.4.1 Kessler Psychological Distress Scale (K-10, Kessler, 1999)

This is a 10-thing survey planned to yield a worldwide measure of misery focused around inquiries concerning nervousness and depressive symptoms that an individual has encountered in the most recent 4 week period. The utilization of a shopper report toward oneself measure is an attractive strategy for evaluation on the grounds that it is an authentic endeavour from the clinician to gather data on the understanding's present condition and to make a beneficial dialog. At the point when finishing the K10 the consumer ought to be furnished with security.

#### 1.2.4.2 The Rand 36- measure of health related Quality of Life

The RAND-36 is perhaps the most widely used health-related quality of life (HRQoL) survey instrument in the world today. It is comprised of 36 items that assess eight health concepts: physical functioning, role limitations caused by physical health problems, role limitations caused by emotional problems, social functioning, emotional well-being, energy/fatigue, pain, and general health perceptions. Physical and mental health summary scores are also derived from the eight RAND-36 scales. This paper provides example applications of the RAND-36 cross-sectionally and longitudinally, provides information on what a clinically important difference is for the RAND-36 scales, and provides guidance for summarizing the RAND-36 in a single number. The paper also discusses the availability of the RAND-36 in multiple languages and summarizes changes that are incorporated in the latest version of the survey. The 36-Item Short Form Health Survey (SF-36). SF-36 is a set of generic, coherent, and easily administered quality-of-life measures. These measures rely upon patient self-reporting and are now widely utilized by managed care organizations and by Medicare for routine monitoring and assessment of care outcomes in adult patients.

### 1.2.5 Procedure

Specimen of the study was taken from diverse colleges of Faisalabad including both Govt. also Private areas. Educated assent was taken from the exploration members before information accumulation. They were given briefings about the reason and use of the information. A biographic structure was additionally be given to the members alongside the estimation scales.

## 1.3 Results

Reliability value is given in the following table.

**Table 1**

*Alpha Values*

Scales	No of Items	Alpha
Psychological distress scale	10	.95
Perceived quality of life	36	.71

The above table showed that the alpha values of the scales are enough. Because the values of the alpha for both scales are good.

**Table 2**  
*Demographic characteristics of the sample N(200)*

Variables	n (%)
<b>Duration of smoking</b>	
One year and above	115(58)
Below one year	85 (42)
<b>Type of smoking</b>	
Smokers	100(50)
Second hand smokers	100(50)
<b>Form of smoking</b>	
Cigarette	100(50)
Sheesha	100(50)
<b>Age</b>	
18-40	200 (100)
<b>Birth order</b>	
1 <sup>st</sup>	27 (13.5)
Middle child	113(53.5)
Only child	60 (30)

The above table showed the demographic characteristics of the sample.

**Table 3**

It was hypothesized that there is likely significant relation between psychological distress and health related quality of life among smoker and second hand smokers. The following table showed this result.

Variables	r
Psychological distress Scale	
Health related quality of life	-.79**

**Note;** \*\* p<.001

The above table showed that psychological distress has significant negative relation with health related quality of life.

**Table 4**

It was hypothesized that there would be significant difference between direct smokers and second hand smokers on psychological distress and quality of life. Independent sample t tests were used to check this difference. The result of this analysis was showed in the following table of t-test.

	M	SD	t	P
<b>Psychological distress</b>				
Direct Smokers	35	3.5	27.5	.000
Second hand smokers	22	2.9		
<b>Health related Quality of Life</b>				
Direct Smokers	22	2.4	19	.000
Second hand smokers	15	2.5		

M= Mean, SD= standard deviation, P= significant value

The above table showed that there is significant difference between direct smokers and second hand smokers on psychological distress and health related quality of life. Further it was showed that direct smokers have more psychological distress as compared to second hand smokers. Moreover, the above table showed that second hand smokers have better health related quality of life than that of direct smokers.

#### 1.4 Discussion

Person Product Moment Correlation was run in order to see the relationship between health related quality of life and psychological distress. The result showed that there is significant negative relationship between psychological distress and health related quality of life among the cigarette smokers and second hand

smokers of cigarette. Its mean that if psychological distress is high then the level of health related quality of life is low. While on the other hand if the level of psychological is low then the level of health related quality of life is high. This topic was searched by different experts and researchers. They produced the result in the same way while some other researchers produced opposite result. Here both dimensions will be discussed. First those studies are discussed which showed the same results. Duffy et al (2002), Wogi, Weng, Ledil and Pokhrel (2012), and Stenberg (2010). While there are many other studies that produced opposite result that there is negative relation between psychological distress and health related quality of life. These studies are Azam (2102), and Martinez (2009). There are different reasons why the results are different. In Pakistan culture people don't think that smoking has badly effected on their health. Or they considered that their poor health was not due to their smoking.

Independent sample t-test was conducted to see the difference between direct smokers and second hand smokers on psychological distress and health related quality of life. It was hypothesized that here is significant difference on psychological distress and health related quality of life between direct smokers and second hand smokers. The result showed that the level of psychological distress and health related quality of life is significant different in direct smokers as compared to second hand or passive smokers. This assumption was also be tested by different researches and most of them produced the same results. Those studies that give the same results are Prochkska and Diclemente (1999), Striene, et al (2012), and Duffy et al (2002). There are many reason why the results are opposite in nature. May be the smokers took great care of their health as compared to non-smokers because of psychological pressure that they are smoked. Secondly, the members of family or others took great care of such a person.

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