General Health Prediction Based on Life Orientation, Quality of Life, Life Satisfaction and Age

Asghar Aghaeia, Zohreh Khayyamnekouei⁎, Alireza Yousefy

⁎Department of Psychology, Khorasgan (Isfahan) Branch, Islamic Azad University, Isfahan, Iran

Abstract

Aim: This study aimed to predict general health (GH) based on life orientation variables, quality of life (QoL), life satisfaction and age. Methods: The studied samples included 313 healthy people of Isfahan city in Iran (204 females and 109 males) in the age range of 20-45 years who were selected by convenient random sampling since mid-August 2010. Thereafter, the general health, life orientation, quality of life and life satisfaction questionnaires were implemented for them. Demographic data of the samples were collected simultaneously. Descriptive and multivariate regression analysis was used to analyze the data. Data analysis indicated that general health prediction is significantly related to life orientation, quality of life, life satisfaction and age (P < 0.001). Results: The results showed that the four mentioned variables can explain 55 percent of mental health; this finding can draw the attention of health experts to the role of these variables in physical and mental health.

Keywords: life orientation; quality of life; life satisfaction; general health; age;

1. Introduction

In recent years, “Health” and particularly “Mental Health” has been discussed as one of the main concerns of people and health organizations throughout the world, especially the world health organization (WHO) (Ebadi, Harirchi, Shariati, Gouyaroudi, Fateh & Montazer, 2002). In this regard, specific importance the WHO considered for this matter caused that health and affecting variables to be considered for researcher and health sciences and scholars (World Health Organization, 1996).

One of the health-related concepts is life orientation. Life orientation, in a holistic approach, reviews the relationship of oneself with others and the community. The concept focuses on physical, motor, spiritual, emotional, intellectual, social and personal growth of the learner. Life orientation causes balanced improvement of the individual and has an important role in the improvement of the quality of life (QoL) (Department of Education, 2003).

A study, reviewing the correlation between positive orientation toward life and improvement of myocardial infarction (on 70 patients), showed that there was a positive correlation between optimistic orientation toward life, perception and expectation of recovery and personal control. Conducted studies have indicated the optimistic
correlation as a protected variable for mental health and physical health issues (Atienza, Stephens, & Townsend 2002; Gitay & Geleijnse, Zitman, Hoekstra & Schouten, 2004; Kubzansky, Sparrow, Vokonas & Kawachi, 2001; Maruta, Colligan, Malinchoc & Offord, 2004)Furthermore, pessimistic ideas might cause disease progression (Antoni and Goodkin, 1988). In the recent years, some efforts have been put to draw the attention toward QoL in association with health. Technological development in medicine has made comprehensive medical needs of the people to be forgotten to some extent (Katsching, 1997). From 1990 onwards, the term “Quality of Life” has been used more in association with “Research in Health Situations”; these researchers suggest that perspective of disease affects the individuals’ health and consequently the QoL (Katsching, 1997).

One of the important reasons for the rapid development of QoL assessment in health care has been the growing identification of importance related to such on the outcome of these interventions on a patient’s life; because of a chronic disease, not only physical health, but also mental and social health of the patients are overshadowed (Addington-Hall &Kalra, 2001).

A research showed the relation among mental health and health-related quality of life in a general population (Serano & et al, 2009). The result of a study demonstrated that there is an association between mental health and quality of life in cancer diseases (Mardani & Shahraki, 2010).

A study showed an association between physical activity and mental health as well as an association between physical activity & quality of life (Christine Demont, 2009).

One of the other variables influencing the general health is age. In two longitudinal studies done by Radvoranoric, Eric & Jevremoric (1998) using GHQ-60 (General Health Questionnaire) and structured interview, they showed that during two years and three times of test implementation, general health of the individuals decreased. A longitudinal research in Australia since 1985 to 1988 on 6151 young adults in three re-tests (GHQ-12) showed that GHQ score decreased over time. Considering the results of this study, it can be inferred that economic and employment problems have influenced their general health. However, it seems that when it is about longitudinal studies, age should be considered as an influencing variable; particularly when other factors in a complex manner are mixed with age in such studies. And it is expected that such factors cause several orientations (Graetz, 1991).

The first component Andrew and Withey (1976) raised is life satisfaction. This component is assessment and cognitive judgment of life. Individual’s satisfaction from life depends upon particular judgments of the individual and that is why it is related to mental health indicators (Diener & Larsden, 1984).

Myers and Diener (1995) showed that life satisfaction is highly correlated with mental health. The more the rate of life satisfaction, the more the individual is predisposed to experience positive emotions and feelings. A study found that individuals with higher life satisfaction use more effective and more appropriate coping strategies and also experience more profound and positive feelings and emotions (Maruta, Colligan, Malinchoc & Offord, 2004). On the other hand, Life dissatisfaction is correlated with poor health, depression symptoms, personality problems, unhealthy behaviors and poor social status. Life satisfaction occurs when basic needs are met and satisfied; however, in modern and individualistic societies that basic needs are often met, life satisfaction is correlated with goal achievements which are beyond basic needs (Veenhoren, 1999). Cummins and Nistico (2002) believe that in societies with advanced political-economical situation, life satisfaction includes a collection of comparative processes between the current experience of the individual and the individual’s internalized criteria; while meeting the basic needs is more important for those living in underdeveloped societies. Accordingly, satisfaction from activities and tasks is one of the major goals for adults and is correlated with individual’s feeling toward satisfaction from various domains of life (Bradley & Crown, 2004).

Researchers have shown that life satisfaction is one of the predictors of mental health. (Andrew & Withey, 1976; Fordyce, 1997; Pavot & Diener, 1993; Pavot, Diener & Suh, 1998).
2. Methods and Materials

This is a correlational study based on multiple regression analysis. The study population consisted of 313 healthy individuals from Isfahan City (204 females and 109 males) who were selected using convenient random sampling methods from the general population in the age range of 20-45 years in August 2010. Four standard questionnaires were utilized in this study. 1. General Health Questionnaire: the original GHQ was designed by Goldberg and Hillary (Goldberg, 1972) and included four subscales (physical symptoms, anxiety symptoms and sleep disorder, social functioning and depressive symptoms). It was also validated on 748 18 to 25-year-old university students. Validity of internal consistency for GHQ was 0.87, using Cronbach’s alpha coefficient. The question was scored based on two-exponential scoring (1-1-0-0). The range of scores varied from 0 to 12. The obtained mean score and standard deviation were 3.7 and 3.5, respectively. The Cronbach’s alpha coefficient was 0.80. 2. Life Orientation Test-Revised (LOT-R): It was first designed by Scheier and Carver (1985) but was revised again. Life Orientation Test was standardized in Iran in 2004. Optimism scale factor analysis showed that this scale is formed by two factors: hope for the future and a positive attitude towards events. It has 10 items made based on 5-point Likert Scale. As indicated, the range of changes varied from 0 to 24. The Cronbach’s alpha coefficient was calculated 0.55 for the LOT.

3. WHOQOL-BREF (World Health Organization Quality of Life-BREF): Investigates four domains of physical health, psychological health, social relationships and environmental health through 24 questions (with 3, 6, 7 and 8 questions, respectively); the first question belongs to none of the domains and evaluates health and QoL in general (Ebadi, Harirchi, Shariati, Gouyaroudi, Fateh & Montazer, 2001) The reliability of this tool in every four domains was 0.70 which confirms repeatability of this test.

4. Satisfaction With Life Scale (SWLS): It was developed by Diener & Larsden (1984), which is a 5-article scale (each article from complete disagree, score 1, to complete agree, score 7). Thus, the possible range of scores varied from dissatisfaction (score 5) to high satisfaction (score 35). Its reliability alpha coefficient correlation was 0.87 and its coefficient re-test was 0.82, two months after the study.

3. Results

The descriptive statistics of the study subjects are given in Table 1. The total number of subjects was 313 including 204 females and 109 males.

3.1. Stepwise Regression Method

In order to review the relative ratio of each of the predictive variables (life orientation, quality of life, life satisfaction and age) in general health, stepwise regression method was used.

<table>
<thead>
<tr>
<th>Model</th>
<th>Total squares</th>
<th>Confidence interval Mean squares</th>
<th>F</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1stStep Regression Error</td>
<td>2237.85</td>
<td>311</td>
<td>7.196</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2916.62</td>
<td>312</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2ndStep Regression Error</td>
<td>2141.73</td>
<td>310</td>
<td>6.90</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2916.62</td>
<td>312</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rdStep Regression Error</td>
<td>2041.59</td>
<td>309</td>
<td>6.61</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2916.62</td>
<td>312</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Moreover, according to Table 2, stepwise regression in every four steps was significant; with the first step with QoL $F = 94.33$ and $P < 0.001$; in the second step with QoL and age $F = 56.8$ and $P < 0.001$ and in the third step with QoL, age and life orientation $F = 44.15$ and $P < 0.001$ and in the fourth step with QoL, life orientation, age and life satisfaction $F = 34.75$ and $P < 0.001$.

### 4. Discussion

The present study in accordance with other previous studies showed that life orientation, quality of life, life satisfaction and age are the predictors of general health. In other words, optimistic orientation toward life, good QoL and high satisfaction from life guarantees the physical and psychological health of individuals. These results were observed probably because orientation toward life, particularly a positive orientation, is considered as a protected variable for physical and psychological health of individuals, as many studies indicated such results during 1988 to 2006; therefore, in this regard training individuals to have a positive orientation toward life can guarantee their physical and psychological health. In addition, the present study also confirmed a positive correlation between life orientation and QoL ($r = 0.41$), and life orientation and life satisfaction ($r = 0.36$).

This study also showed that QoL had the highest correlation with general health (GHQ-12) which was in accordance with studies of Aguilar, Farina, Mdel, Navarro, Perez & Guevas (2009) about general health and QoL and Montazeri (2003) about the negative correlation between QoL and general health (GHQ-12); so that high levels of distress showed low QoL. Furthermore, the correlation between QoL and life orientation was 41% and also the correlation between QoL and life satisfaction was 53%.

The present study also showed a correlation between life satisfaction and general health (GHQ-12). This correlation was -0.37. In accordance with this study, many other studies also considered QoL as one of the predictors of general health including Andrews &Withey (1976), Fordyce (1977),Pavotand Diener(1993) and Pavot, Dienner and Suht(1998). In addition, Myers and Diener(1995) believe that life satisfaction is correlated with general health Maruta,Colligan, Malinchoc & Offord (2004)also believed that those with higher life satisfaction experience more positive and deeper feelings and emotions and have higher general health.

In this study, age was also one of the predictors of mental health; although its predictive power is lower compared to other variables; i.e. there is a 14% correlation between age and general health. Besides, according to the conducted longitudinal studies considering increased age reduces the general health; such studies also were in accordance with the present study. However, in this case other affecting variables probably have been raised such as economic and employment status.

According to the present study, it can be concluded that variables of life orientation, QoL, life satisfaction and age can be considered as general health prediction despite that ratio of these variables differed in explanation of general health. Thus, QoL, life satisfaction, life orientation and age were 0.48, 0.37, .036 and 0.14 percent correlated to general health, respectively. Furthermore, all the four variables explained 56 percent of general health.

### 5. Conclusion

According to the results of this study, it can be concluded that in order to promote physical and psychological health of individuals, one should prepare the required backgrounds considering an optimistic orientation toward life, required measures for promoting the life satisfaction and QoL and also should take this into account that by ageing, physical and psychological health would be at risk which in this regard it is necessary to provide appropriate strategies to prevent the loss of physical and psychological health and try to improve them.
References


Myers, D. G., & Diener, E. (1995). Who is happy? *Psychological Science*, 6, 10-19. (Four variations of this article have appeared in other outlets, and are listed below).


