

## The relationship between quality of life and perception of happiness

Loredana Elena Proți

*Faculty of Psychology, "Titu Maiorescu" Bucharest, Romania*

**Maria-Magdalena Dinescu, Adela Ionela Grigore, Răzvan Ștefan Manole, Alexandra Panait-Popescu\*, Cristian Iancu\*\***

*\*Faculty of Psychology, "Titu Maiorescu", Bucharest, Romania*

*\*\*Faculty of Psychology, "Universitatea Ecologică", Bucharest, Romania*

### **Abstract**

*Quality of life and happiness was both the subject of several studies over the years, many authors tried to have a better understanding on their role and influence in people's lives.*

*The objective of this study is to investigate to what extent the self-assessed level of quality of life is associated with the subjective way people perceive happiness.*

*A group of 103 people aged between 21 and 52 years ( $M_{age} = 34.67$ ,  $SD = 9.73$ ) participated in this research. They received for completing two instruments, a scale for assessing the quality of life (The Quality of Life Scale) and subjective happiness scale (SHS) and a demographic questionnaire.*

*The results have shown that the level of happiness (SHS) could be predicted at a rate of 49.2% through a regression model. Also, significant correlations were found between several subscales for assessing quality of life and happiness level self-reported by the participants.*

*The results come to support the hypothesis of a relationship between quality of life and the subjective way in which people perceive happiness but must be treated carefully, taking into account the limited sample of participants.*

**Keywords:** *Quality of life, level of happiness, physical and material well-being, relationships with others, social, civic and community activity, personal development and fulfillment.*

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**Corresponding author:** Loredana Elena Proți

**Phone number:** -

**E-mail address:** indiligently@gmail.com

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## I. INTRODUCTION

There are a variety of interpretations that were given to the concept of quality of life, without reaching a universally accepted definition (Guillemin, Bombardier, & Beaton, 1993). Thereby there are a considerable number a number of researches that study various aspects of this multidimensional concept rather than those who refer to its explicit theoretical defining (Sugden, 1993). One of the first approaches to the concept has been studied by representatives of the Scandinavian School in the 60s (Erikson 1987; Erikson & Uusitalo, 1987 apud Rapley, 2003), when the notion of „standard of living” appeared. In this context the quality of life refers mainly to material resources but also considering other components that may affect these resources, such as health, education or social relationships (Vesan & Bizzotto, 2011).

In 2000 Schalock defines quality of life as „a concept that reflects the desire of a person on how he wants to live his life and is linked with eight dimensions: emotional well-being, interpersonal relations, material well-being, personal development, well-being physical, empowerment, social inclusion and rights” (Schalock, 2000).

Bowling (2007) suggests that quality of life it is a concept dependent on individual perception that can be mediated by a range of cognitive factors. The author quoted here include a collection of dimensions, both objective and subjective which overlap, such as mental health, well-being and psychosocial functioning including feelings of independence and control over their lives, socio-economic conditions, labor, the environment and or social capital (Bowling et al., 2007).

In general, in researches regarding quality of life, it is given importance to both objective indicators (social status, rights) and subjective which is defined trough the perception of individuals by referring to emotional well-being, happiness, meaning of life. Thus this type of subjective perception connects with affects, or states, that individuals have every day and is measured by questions that relate to short periods of time (Nussbaum & Sen, 1993). There are researches that suggest that such measurements, in which individuals are not encouraged to remember how they felt in a long period of time, are usually the least prone to distortion (Krueger et al., 2009).

Being a multidimensional concept, we can say that the evaluation of quality of life offers an image of a person at a certain time, which is influenced by past experiences, current context and future aspirations along with his/her perception. In other words, the quality of peoples life and is based on major events, while the happiness level fluctuates around a biologically determined point, which rarely changes (Ryff, 1989).

In the last 4-5 decades, a growing number of researches that focused on the study of happiness have been recorded. In numerous studies it is attempted to identify the main factors

involved in the appearance of happiness, such as: standard of living (Frey & Stutzer, 2000), coping mechanisms (Rim, 1993), emotional self-efficacy, empathy and emotional coping (Totan, Doğan, & Sapmaz, 2013), self-esteem and emotional balance (Dogan, Totan, & Sapmaz, 2013), all of whom are considered as predisposing factors.

Also, in a study led by Yang (2008) was indicated that increased life expectancy was recorded largely as a consequence of increasing hope as the following years will be happy to participants questioned. Some studies suggest that personal objectives have a far more greater influence in determining quality of life and happiness, socio-demographic profile and major life events that are closely related to individual happiness, but far more less than intuition or everyday experiences (Diener, 2000; Lyubomirsky & Ross, 1997).

For example, winning the big lottery prize or the appearance of paralysis surprisingly tends to have little influence on a person's happiness, conclude Lyubomirsky and Lepper (1999). This statement is supported by Daniel Gilbert's theory. The American professor explains the resilience that people show towards keeping their happiness, despite all of the unfortunate events that can happen to them, through the existence of a “psychological immune system meant to defend them from an unhappy mind much like the way that the physical immune system defends their body from disease” (Gilbert, 2009). Also it seems that people choose for themselves and consciously pass through their perception filter to select only those information's that are advantageous. In this circumstances Gilbert (2009) considered that psychological immunity is nothing else but a conscious modeling that individuals do in order to not face an unfavorable truth.

Based on the researches mentioned above, the present study investigates the way in which self-assessment of quality of life could be associated to the subjective way people tend to perceive happiness. The following hypotheses in this study to be confirmed are: It is expected that self-evaluating level of quality of life will be associated with the subjective way of perceiving happiness. The specific assumptions are:

- The level of happiness (SHS) can be predicted using subscales that combined form the quality of life assessment scale (QOLS).
- There are significant correlations between the level of happiness (SHS) and subscales of the quality of life assessment scale (QOLS).

## **II. METHOD**

### **1. Participants**

A group of 103 subjects aged between 21 and 52 years ( $M_{age} = 34.67$ ;  $SD = 9.73$ ), of psychology master students were selected to participate in this research after an announcement

was published on the notice board of the Faculty of Psychology of the Titu Maiorescu University. Initially a number of 124 individuals participated in this study, but only 103 provided complete information and completed two scales, the QOLS and the Subjective happiness scale along with a demographic questionnaire.

All of the participants are of Romanian nationality and lived at the time of the investigation in urban areas. Demographic data showed that the group consisted of 80 females and 23 males. Among respondents 58% are married, 11% divorced, and 31% said they are not in a relationship.

## **2. Instruments**

### **2.1. The Quality of Life Scale (QOLS)**

The Quality of Life Scale (QOLS) is an instrument with 16 items developed by Carol Burckhardt (1989; 1993; 2003) which comes in response to the scale originally developed by American psychologist John Flanagan (1978; 1982). The QOLS consists of 16 items rated on a Likert scale from 1-7 = delighted - terrible, divided into five subscales - physical and material well-being (BFM); relationships with others (R); social, civic and community activity (ASCC); personal development and fulfillment (IPR); recreation and free time (RTL) which offer offers multidimensionality. Cronbach's alpha for the data obtained in this study was  $\alpha = .84$ .

### **2.2. Subjective Happiness Scale (SHS)**

The Subjective happiness scale (Lyubomirsky, 1999) published by Sonja Lyubomirsky and Heidi Lepper contains 4 items rated on a Likert scale from 1 to 7 that aim to assess the subjective way the level of happiness of a person is perceived.

The scale was validated using 14 lots which involved 2732 subjects with different socio-demographic profiles. For this present study the internal consistency of the scale calculated with Cronbach's alpha was  $\alpha = .76$ .

## **III. RESULTS**

After processing statistical data we observe the existence of strong Pearson correlations between the subscales of the scale for assessing quality of life - physical and material well-being; relationships with others; social, civic and community activity; recreation and free time - and the subjective level of measurable happiness - SHS.

The obtained results provided a first argument, verifying an association between quality of life and the subjective way in which participants perceive happiness. It was also noted that

between personal development and fulfillment subscale scores as part of QOLS assessment and showing a perceived level of happiness was found a statistically significant correlation.

Table 1. Pearson correlation between physical and material well-being subscales (BFM); relationships with others (R); social, civic and community activity (ASCC); personal development and fulfillment (IPR); recreation and leisure (RTL) of the assessment of quality of life scale - QOLS and level of happiness - SHS.

QOLS	BFM		R		ASCC		DPI		RTL		SHS	
	r	p	r	p	r	p	r	p	r	p	r	p
BFM	1	-	.468**	.000	.203*	.040	.336**	.001	.455**	.000	.581**	.000
R	.468**	.000	1	-	.272**	.005	.202*	.040	.382**	.000	.575**	.000
ASCC	.203*	.04	.272**	.005	1	-	.272**	.005	.319**	.001	.346**	.000
DPI	.336**	.001	.202*	.040	.272**	.005	1	-	.847**	.000	.183	.063
RTL	.455**	.000	.382**	.000	.319**	.001	.847**	.000	1	-	.345**	.000
SHS	.581**	.000	.575**	.000	.346**	.000	.183	.063	.345**	.000	1	-

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Table 2. Multiple regression analysis: predictors of happiness - physical and material well-being (BFM); relationships with others (R); social, civic and community activity (ASCC).

R	R <sup>2</sup>	R <sup>2</sup> Adjusted	Std. Error of the Estimate	Change Statistics				
				R <sup>2</sup> Change	F Change	df <sub>1</sub>	df <sub>2</sub>	Sig. F Change
.702 <sup>a</sup>	.492	.477	3.009	.492	32.004	3	99	.000

Table 3. Multiple regression: predictors of happiness - physical and material well-being (BFM); relationships with others (R); social, civic and community activity (ASCC); ANOVA and statistical significance.

ANOVA <sup>a</sup>	Sum of Squares	df	Mean Square	F	Sig.
Regression	869.532	3	289.844	32.004	.000 <sup>b</sup>
Residual	896.584	99	9.056		
Total	1766.117	102			

Analyzing the information in Tables 2 and 3 we see that happiness is predicted in 49% by physical and material well-being, relationships with others and social, civic and community activity. As can be seen, the multiple regression coefficients are statistically significant, which

allows to say that the prediction based on the calculated model is better than the random prediction.

#### **IV. DISCUSSIONS AND CONCLUSIONS**

The present study contributes to support the fact that there is an association between quality of life and subjective way in which people perceive happiness. The results registered based on the investigated group have shown that the level of happiness (SHS) could be predicted at a rate of 49.2% through regression model that takes into account the physical and material well-being subscales, relationships with others and social, civic and community activity that form the quality of life assessment scale (QOLS).

After calculating multiple regression for the variables of the selected model, we obtained a value of the multiple correlation coefficient of  $R = 0.702$ . Analyzing the values of multiple correlation coefficients (determination) squared  $R^2$  it is observed that in the case of the chosen model the existence of happiness level can be predicted at a rate of 49.2%.

Also, identifying significant correlations from a statistical view between the subscales of quality of life assessment scale - physical and material well-being; relationships with others; social, civic and community activity; recreation and leisure - and the happiness of the study participant's shows how they self-evaluate and the perception of those components.

However, it is necessary to take into account the fact that some subjects who scored high on quality of life levels can be unhappy, while others can consider themselves happy although they had a low score on quality of life levels (Veenhoven, 2001); Susniene, & Jurkauskas, 2009; Rim, 1993).

An important finding that has occurred after testing was the fact that there were no significant differences in the research group based on age, level of happiness and quality of life although the range (age) was between 21 and 58 years. The results are converging with those recorded in other studies where it was found that there weren't significant differences between the levels of happiness, life satisfaction and well-being according to age; they remained relatively stable throughout life (Diener, & Lucas, 1999); Diener, 2000).

We should take into consideration that the present study shows several inherent limits, as follows: the sample of participants only included students of Psychology Masters Program which makes it important that similar studies should be further conducted within more various groups. Another demographic criteria which should be taken into consideration as a limit of our study is the provenience of the participants, as all subject of the present study were living at the time in the urban area.

Despite the mentioned limits, the obtained results allow us to recommend and propose further studies regarding the Quality of life concept and the way in which people perceive happiness. Although it has been considered that the Quality of Life concept's meaning can be different depending on several aspects such as individual and local characteristics (Liu, 1975), we consider that it is a concept of importance to both research and practice. Its complete understanding has the potential of leading the interventions of both general and mental health professionals by setting objectives such as reducing stress, improving coping and adaptation (Andersen, 1992).

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