The Role of Resiliency and Quality of Life on Mental Health of Third Grade High School Students in Shiraz

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ABSTRACT The aim of this study is to investigate the role of resiliency and quality of life on mental health of third grade high school students in Shiraz. For this purpose, among third year high school students of Shiraz, 340 students (178 females and 162 males) with multistage cluster sampling were selected in the academic year 2013-2014. Measuring instruments used in research was Conner - Davidson Resilience Scale (2003), the short scale of WHO Quality of Life (1993) and scale of depression, anxiety and stress DASS, Lovibond (1995). Findings were investigated using Pearson correlation coefficient and multivariate stepwise linear regression. The results showed that resiliency variable has positive and significant relationship with all components of quality of life (physical health, psychological health, social relationships, and environment). There is a significant relationship between the components of mental health (stress, anxiety, depression) with resiliency and quality of life and its components. Also resilience and quality of life was a significant predictor for the components of mental health (depression, stress, anxiety).

KEYWORDS Resilience, Quality of Life, Mental Health, Student.

INTRODUCTION

Mental health plays a major role in people's lives and primarily students due to certain circumstances of age are prone to losing mental health and according to their own specific problems face with psychological pressure. Attention to mental health in adolescents has a particular importance because due to a very important role that is provided in this period in transition from childhood into the adult. Any disruption can affect adult life of person deeply. Disturbances in this period can hurt the formation of identity of the person and profession and career future seriously. Due to serious threats and opportunities in adolescence, discussing mental health and factors affecting has a particular importance. One of the variables that are closely related to one's mental health is the quality of life that being it in the acceptable and
natural range affects mental health of people. This broad implication affects various aspects of physical, emotional and mental. The quality of life means satisfaction of individual from the issues of life. But this satisfaction refers to other factors such as the individual's resiliency (Breedlove, 2006 quoted Malekpour, 2012).

Quality of life is something more than physical health; quality of life includes feelings of being healthy, the basic level of satisfaction and general sense of self-worth. Abstract and complex concept includes diverse backgrounds that all of them are involved in personal satisfaction and self-esteem (Bowling, 1991). Having a good quality of life has always been the wish of human. Over the years, finding the real concept of good life and how to achieve it has attracted thoughts and studies of philosophers. Accordingly since the beginning to now, various definitions are provided of good living and quality of life by scholars (Hanstad, 1999).

Among the factors that affect mental health is resilience (Friborg et al., 2005). Resilience is defined as a successful resistance of individual against intimidating and challenging situations, and resilient individuals are those who, despite exposure to chronic stress reduce their adverse effects and maintain their mental health (Wilson & Drozdek, 2004; Si Chi R Gar Ferry, 1993, quoted by Mohammadi, 2007).

Inzlicht et al (2006) in their study found that there is a significant relationship between resilience and tenacity with anxiety and depression and suggests that resilient individuals can dominate the types of adverse effects and maintain their mental health and report more satisfaction of life.

Cohn et al (2009) by investigating students showed that positive emotions predict increase resilience and life satisfaction. Nasri and Vaez Mousavi (2006) investigated the mental health and quality of life of coaches. The results showed that there was a positive relationship between the quality of mental health of coaches and their quality of life.

Athari (2010) conducted a research in relation to resiliency, stress and self-efficacy with quality of life in male and female students with high and low academic achievement, including 170 students (87 females and 83 males), the results indicate that the resilience, self-efficacy and quality of life in students with high academic achievement than students with low academic achievement significantly is more and their stress is less. Results showed that resiliency and positive stress variables in girls and boys students with low academic achievement, and girls and boys students' resiliency with high academic achievement were as the most powerful predictor of quality of life.

Generally speaking it can be said that the quality of people's lives and coping with and resilience against traumatic issues cause mental health. People who are in better mental health are more resistant against life problems (Fitzpatrick, 2004). Certainly understand the different factors that directly or indirectly have a negative impact on psychological health and quality of life of students can cause orientation of permanent training to students, recreational and cultural programs and other planning of the organization to reduce these factors. In total, the fundamental question of this study to find an answer for it is whether there is a relationship between quality of life and resiliency with variable of mental health among high school students in Shiraz?

MATERIALS AND METHODS

Since this study sought to determine the relationship between resiliency and quality of life with mental health in students this method is descriptive and correlational.
The population and sampling method

The study population included all third grade high school students in Shiraz that were enrolled in the academic year 2014-2015. This study has been using multi-stage cluster sampling so that among the four areas of education in Shiraz, two areas were selected randomly and from any area, 4 schools (2 girls and 2 boys' school) were selected randomly. And 340 subjects were evaluated as sample (162 boys and 178 girls).

Research Tools


Conner - Davidson Resilience Scale (2003) is a 25 items tool with five options (never, rarely, sometimes, often or always). The method of scoring is from zero (never) to four (always true). To use the test in Iran, the reliability of scale by Jokar (2007) is obtained by the method of Cronbach's alpha equal to 0.93 that has been quietly "consistent with the reliability reported by manufacturers of scale. Mohammadi (2007) iConnors their study to evaluate the reliability of tool in students has reported Cronbach’s alpha coefficient 0.87. Also Besharat in his study has reported high validity and reliability for this instrument. Cronbach's alpha coefficient was reported 0.84 (Besharat, 2007). The findings suggest that the scale has high validity and reliability.

B) Short scale of evaluating World Health Organization Quality of Life

Short Form of World Health Organization Quality of Life Questionnaire, which has 25 questions, its 23 questions measures 4 areas of physical health, mental health, social relationships and environment health. For each item, a score from 1 to 5 is considered. So physical health scores are between 7 and 35, mental health between 6 and 30, social relations between 2 and 10 and finally living environment are between 8 and 40. This inventory in Iran is standardized by Nejat and colleagues (2006) on three groups of non-chronic patients, chronic and chronic patients and non-chronic. The reliability was calculated using Cronbach's alpha 0.83. Short form of World Health Organization Quality of Life Questionnaire is formed of 4 areas of physical health, psychological health, social relationships and environment health.

C: depression, anxiety and stress scale (DASS)

To study the mental health, depression, anxiety and stress scale of 21 questions for that is prepared by Lovibond (1995) has been used. The scale compared to other measures is provided more likely to separate three constructs of depression, anxiety and stress (Anthony et al., 1998; Lovibond & Lovibond, 1995). The scores are from zero to four, totally disagree to totally agree. In this scale of every seven questions measure a factor. Cronbach's alpha for factors of anxiety, depression and stress on this scale was 87.84, 0.0 and 0.74. Also reliability confident of the factors by retest method was 73.79, 0.0, and 0.65.
RESULTS

First hypothesis: There is a relationship between resiliency and quality of life.

Table 1. Pearson correlation coefficient between resiliency and quality of life.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Physical</th>
<th>Psychological</th>
<th>Relation</th>
<th>Environment</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience</td>
<td>0.48**</td>
<td>0.34**</td>
<td>0.38**</td>
<td>0.32**</td>
<td>0.45**</td>
</tr>
<tr>
<td>P&lt;0.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Resiliency variable with physical dimension (P <0.001 r=0.48) psychological dimension (P <0.001 r=0.34); dimension of social relations (P <0.001 r=0.38) environmental dimension (P <0.001 r=0.32) and overall quality dimension (P <0.001 r=0.45) has positive and significant relationship. This means that students who have better quality of life, they have more resiliencies.

The second hypothesis: There is a relationship between resilience and quality of life with mental health.

Table 2. Pearson’s correlation coefficient between resiliency and quality of life with mental health.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Stress</th>
<th>Depression</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>-.045**</td>
<td>-0.46**</td>
<td>-0.36**</td>
</tr>
<tr>
<td>Mental health</td>
<td>-0.31**</td>
<td>-0.36**</td>
<td>-0.32**</td>
</tr>
<tr>
<td>Social relations</td>
<td>-0.29**</td>
<td>-0.25**</td>
<td>-0.24**</td>
</tr>
<tr>
<td>Living environment</td>
<td>-0.27**</td>
<td>-0.26**</td>
<td>-0.33**</td>
</tr>
<tr>
<td>Quality of life</td>
<td>-0.41**</td>
<td>-0.45**</td>
<td>-0.36**</td>
</tr>
<tr>
<td>**P&lt;0.001</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table observations showed that all dimensions of quality of life have negative significant relationship with dimensions of mental health in the alpha (0.001).

The third hypothesis: Resilience and quality of life is predictor of mental health in students.

Table 3. Stepwise regression to determine the effect of resilience and quality of life on stress of students.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Variable</th>
<th>R</th>
<th>R2</th>
<th>F</th>
<th>P</th>
<th>Beta</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical health</td>
<td>0.45</td>
<td>0.20</td>
<td>84.21</td>
<td>0.001</td>
<td>-0.20</td>
<td>6.42</td>
<td>0.001</td>
</tr>
<tr>
<td>2</td>
<td>Resilience</td>
<td>0.48</td>
<td>0.23</td>
<td>50.66</td>
<td>0.001</td>
<td>-0.35</td>
<td>3.73</td>
<td>0.001</td>
</tr>
</tbody>
</table>

In stepwise regression conducted, it is observed that in the first phase, physical health has been entered to equation that according to R2 =0.20, F=84.21, the linear relationship is significant, this relation implies that 20% of the variance in students' stress is explained by physical health and in second phase, resilience has been entered to equation that according R2 =0.35, F=50.66 linear relationship is significant. Other components of quality of life are not able to predict stress in students.
Table 4. Stepwise regression to determine the effect of resilience and quality of life on depression of students.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Variable</th>
<th>R</th>
<th>R^2</th>
<th>F</th>
<th>P</th>
<th>Beta</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical health</td>
<td>0.46</td>
<td>0.21</td>
<td>92.78</td>
<td>0.001</td>
<td>-0.24</td>
<td>6.51</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>Resilience</td>
<td>0.51</td>
<td>0.26</td>
<td>59.52</td>
<td>0.001</td>
<td>-0.35</td>
<td>4.56</td>
<td>0.00</td>
</tr>
</tbody>
</table>

In stepwise regression conducted, it is observed that in the first phase, physical health has been entered to equation that according to R^2 =0.24, F=92.78, the linear relationship is significant, this relation implies that 21% of the variance in students' depression is explained by physical health and in second phase, resilience has been entered to equation that according R^2 =0.35, F=59.52 linear relationship is significant. Other components of quality of life are not able to predict depression in students.

Table 5. Stepwise regression to determine the effect of resilience and quality of life on anxiety of students.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Variable</th>
<th>R</th>
<th>R^2</th>
<th>F</th>
<th>P</th>
<th>Coefficient Of Beta</th>
<th>T</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical health</td>
<td>0.36</td>
<td>0.13</td>
<td>50.92</td>
<td>0.001</td>
<td>-0.42</td>
<td>-0.13</td>
<td>3.98</td>
</tr>
<tr>
<td>2</td>
<td>Mental health</td>
<td>0.38</td>
<td>0.14</td>
<td>27.81</td>
<td>0.001</td>
<td>-0.23</td>
<td>-0.27</td>
<td>2.05</td>
</tr>
</tbody>
</table>

In stepwise regression conducted, it is observed that in the first phase, physical health has been entered to equation that according to R^2 =0.13, F=50.92, the linear relationship is significant, this relation implies that 13% of the variance in students' anxiety is explained by physical health and in second phase, the mental health has been entered to equation that according R^2 =0.27, F=27.81 linear relationship is significant. Other components of quality of life and resiliency variable are not able to predict anxiety in students.

DISCUSSION AND CONCLUSION

First hypothesis: There is a relationship between resiliency and quality of life. The results showed that resiliency has a positive and significant relationship with all components of quality of life (physical health, psychological health, social relations and living environment). These findings are consistent with findings of Kargar, 2010 and Hagh Ranjbar et al., 2011, and shows that in research of Shine and Sim Kim shows that increasing resiliency can help to improve the quality of life. Also Kargar (2010) also showed that there is a significant positive correlation between resiliency and quality of life and its components. In explaining this study can be said that increase resiliency can help to improve the quality of life and students who have better quality of life have greater resiliency. And high levels of resilience help individual to use positive emotions to pass adverse experiences and return to optimal position. These people can better cope with life's problems and not bending under the weight of problems and have more flexibility.

Second hypothesis: there is a relationship between resilience and components of quality of life with mental health component. The results showed that components of mental health (stress, depression and anxiety) have significant negative relationship with
variable of resiliency and quality of life and its components, which means that students who have high stress, depression and anxiety have less resiliency and quality of life.

These findings are consistent with findings of Nasri and Vaez Mousavi (2006), Javadi (2010), Mokhtari and Ghasemi (2010) and Azadi and Azad (2011), (Inzlicht et al., 2006; quoted in Rahimian Boger and Asgharnajad, 2008), Veisi et al. (2000). And research of Veisi, Atef Vahid, Rezaie showed that in stressful condition those who have higher tenacity, have more mental health to those who have less tenacity. In terms of Egeland et al. (1994) Taylor et al. (2004) some specific aspects of the family environment can be associated with resiliency, intimacy of parents have been identified as a key dimension in parenting that are associated with children's mental health. In explaining this hypothesis can be said that resiliency also due to reducing negative emotions and increasing mental health have more satisfaction from life.

Third hypothesis: Resilience and quality of life is predictor of mental health in students.
For the third hypothesis, stepwise multiple regression method was used. In the first and second phase, physical health and resilience were entered the equation that obtained significant linear relationship, these variables are able to predict stress and depression in students. In the next step, physical health, psychological health was entered the equation that the relationship was linear and significant that was able to predict anxiety in students and other components not had predictive power. And quality of life (physical health component) is a significant predictor for mental health. These findings are consistent with findings Rahimian Boger and Asgharnajad (2008); Athari (2010). In a study that Rahimian Boger and Asgharnajad conducted about the relationship between hardness of psychological and self-resilience with mental health in youth and adult remaining from Bam earthquake, the results showed that resilience and hardness have the power of significant predicting of mental health. And resiliency was the best predictor of mental health. In explaining this hypothesis can be said the resilience can be considered an effective flexibility against the events of life. And resiliency and high quality of life are as a dynamic process to improve the effects and adverse events of life and guarantee the mental health of individuals.

At the end in a conclusion it can be said two psychological constructs, quality of life and resilience are considered significant predictor for students' mental health variable. Having the concept of resiliency in the program of life skills plan and similar plans with work hours of research course that runs in schools is necessary.

Conflict of interest
The authors declare no conflict of interest.

REFERENCES


