

Adolescents' Hope and Quality of Life: A Comparative and Correlational Study

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ABSTRACT

Background: Adolescents were living in the condition where they love to take decision but their external surroundings wasn't allowing that much and may be delaying tactics. At this time, people usually lose temper, gets irritated over small things, and their mood swings. At this time, people will be usually losing hope suddenly and it may affect their own life in present and future. **Objective:** The objective of this paper is to explore the level of hope adolescents have on themselves and their life and how it impacts them and their surroundings' Quality of Life. **Methodology:** A correlational research design was followed in this study. Stratified sampling method was followed to assess 90 final year undergraduate adolescents who are finishing their studies (15 arts, 15 Science, 15 music, 15 nursing, 15 medical and 15 engineering students)]. Interview has done to the samples and WHOQOL-BREF by World Health Organization (1991) was administered to assess Quality of life in various dimensions and Adult Hope Scale by Snyder (1991) was to identify the level of hope among them. Pearson Product Correlation Coefficient was followed to identify the relationship of hope and quality of life and One-way ANOVA was followed to identify the identify significant differences between all those groups. **Findings:** Findings suggested that there is some positive or negative relationship between adolescents' Hope and Quality of Life. **Conclusion:** This study concludes that people are at the mediatory level of their hope and it affects their quality of life.

Keywords: Hope, Quality of life, Adolescents' hope

Hope- a state of cognition in a positive way based on a sense of goal directing behavior in a successful way planned to meet those goals. Hope doesn't need to fade in the face of hardship. Hope mostly grows despite poverty, war and famine. Hope fosters an orientation in life to challenge life events which may allow a grounded and optimistic outlook in challenging situations.

Hope is of four types: Realistic Hope, Utopian Hope, Chosen Hope and Transcendent Hope. Realistic hope can be categorized as an outcome which is reasonable and probable (Wiles et al., 2008) ^[15]. This hope is a way that allows individuals to observe and understand their situation towards possibility of change (Eaves et al., 2016) ^[7]. Utopian hope can be

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categorized as a collaborative action that can lead to a better future. This hope usually negates the present and driven by creating a better alternative for the future (Webb 2013) ^[14]. Chosen Hope can be categorized as the hope which not only helps people to live with a difficult present but also to live with an uncertain future. (Garrard et al., 2009) ^[9]. Transcendent hope, also known as existential hope, can be categorized as general hopefulness not specific for any goals or outcomes. They encompass three types of hope namely Patient Hope, Generalized Hope and Universal Hope (Eaves et al., 2016) ^[7].

The benefits of hope may be in the form of physical, psychological, social and environment. The benefits of hope are: significant academic and athletic performance, greater physical well-being, greater psychological well-being, challenging stressful situations, goal attainment, life satisfaction, improved self-esteem, protection against neurotic behaviors, enhanced interpersonal relationships (Rand & Cheavans, 2012) ^[2] (Erez & Isen, 2002) ^[8] (Lazarus & Launier, 1978) ^[11] (Micheal, 2000) ^[1] (Conti, 2000) ^[10] (Rosech & Vaughn, 2006) ^[3]

On the contrary, an amorphous concept, Quality of Life, is a subjective, multi-dimensional concept which may define a standard level for material, physical and psychological, social and cultural well-being. Quality of Life may be defined as the standard level that consists of the expectations and fulfillments of needs of an individual or their society for a good life. Quality of Life may observe overall life satisfaction including physical health, family, education, employment, wealth, safety and so on (Barcaccia et al., 2013) ^[5]. Quality of life shouldn't be confused with the concept which is based on income, so called standard of living. The standard indicators of better quality of life may include not only wealth, but also the environment, physical health, psychological health, education, time for leisure and time for recreation and cultural & social belonging. (Georgy D., 2009) ^[17] (Nussbaum et al., 1993) ^[6]

World Health Organization (WHO) had defined quality of life as the perception of the individual to their context of culture and society which they live and in relations with their expectations and fulfillment of goals. Engaged theory, outlined in Journal of Applied Research in the Quality of Life, talks about the sub domains of quality of life which include: beliefs, ideas, creativity, recreation, enquiry, learning, gender, generations, identity, engagement, memory, projection, well-being (Physical, psychological, social & environment) and health.

Need for The Study

Attainment of goal with high hope has been found to be associated with more positive emotions and blockages of goals are relatively negative. By finding the reason of how hope may create an impact on physical quality of life, psychological quality of life, social quality of life and environment quality of life, anyone can make themselves to be aware of the situation and to maintain their level of hope so that they can improve their overall quality of life.

METHODOLOGY

Aim

1. To study the relationship between hope and quality of life in adolescents.
2. To compare the level of pathway and agency hope adolescents have on their physical, psychological, social and environmental quality of life

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3. To compare the level of impact of pathway and agency hope in Quality of Life of adolescents of different professional and non-professional studies.

Objective

The study was formulated in order to find out the relationship between hope and quality of life on adolescents and to compare the level on how pathway and agency hope affects physical, psychological, social and environment Quality of Life on different professional final year undergraduate students.

Hypotheses

1. There will be no significant relationship between Adult Hope and Quality of Life on adolescents.
2. There will be no significant difference between the six professionals on Pathway hope and Physical dimension of Quality of Life.
3. There will be no significant difference between the six professionals on Pathway hope and Psychological dimension of Quality of Life
4. There will be no significant difference between the six professionals on Pathway hope and Social dimension of Quality of Life
5. There will be no significant difference between the six professionals on Pathway hope and Environment dimension of Quality of Life
6. There will be no significant difference between the six professionals on Agency hope and Physical dimension of Quality of Life.
7. There will be no significant difference between the six professionals on Agency hope and Psychological dimension of Quality of Life.
8. There will be no significant difference between the six professionals on Agency hope and Social dimension of Quality of Life.
9. There will be no significant difference between the six professionals on Agency hope and Environment dimension of Quality of Life.

Sample

Stratified sampling method was carried out to ninety individuals who are studying their final year undergraduate degree. The sample consists of 90 adolescents in the following professions: Arts (Sample size- 15 & Mean age: 19.4), Science (Sample size- 15 & Mean age: 19.7), Medical (Sample size- 15 & Mean age: 19.84), Engineering (Sample size- 15 & Mean age: 19.48), Music (Sample size- 15 & Mean age: 19.14) and Nursing (Sample size- 15 & Mean age: 19.03).

Questionnaires Used

1. Adult Hope Scale (AHS)

The Adult Hope Scale (AHS) consists of 12 questions which are scored on an 8-point Likert scale. This scale consists of three dimensions:

- Agency Hope- Questions 2, 9, 10 and 12
- Pathway Hope- Questions 1, 4, 6 and 8
- Barriers- Questions 3, 5, 7 and 9

The Adult Hope Scale was formulated by Snyder et al., (1991) and its reliability score is estimated to .89 (Cronbach's alpha)

2. World Health Organization Quality of Life (WHOQOL-BREF)

The WHOQOL-BREF consist of 26 items in the following dimensions:

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- Physical QOL- Questions 3,4,10, 15, 16, 17 & 18
- Psychological QOL- Questions 5, 6, 7,11, 19 & 26
- Social QOL- Questions 20, 21 & 22
- Environment QOL- Questions 8, 9, 12, 13, 14, 23, 24 & 25

WHOQOL-BREF (1991) was the revised edition of WHOQOL-100 (1971) and its' reliability score was .90

Procedure

The questionnaire on Adult Hope Scale (AHS) followed by World Health Organization Quality of Life -BREF (WHOQOL-BREF) was given to the samples of different studies in order to find out the level of Hope and Quality of Life they're having respectively. The purpose of this research was explained prior to the conduction of data collection process and confidentiality was assured. After data collection, the level of hope and quality of life was explained to the samples, so that they can make adequate measures in order to develop it and to maintain it.

Statistical Analyses

Pearson Product Correlation Coefficient (r) was used to analyze the relationship between adult hope and Quality of Life and One-Way Analysis of Variance (ANOVA) was used in order to identify the significant difference between Pathway hope and Physical Quality of Life, Pathway hope and Psychological Quality of Life, Pathway hope and Social Quality of Life, Pathway hope and Environment Quality of Life, Agency Hope and Physical Quality of Life, Agency Hope and Psychological Quality of Life, Agency Hope and Social Quality of Life & Agency Hope and Environment Quality of Life..

RESULTS

Table 1 Relationship between Hope and Quality of Life

	<i>Hope</i>	<i>Quality of Life</i>
<i>Hope</i>	1	
<i>Quality of Life</i>	-0.02145	1

Correlation scores on Hope and Quality of Life on college students ($r = .02$, $n=90$, $p > .05$) indicates that there is no significant relationship between hope and quality of life in adolescents.

Hence, Hypothesis (1) was accepted.

Table 2 A one-way ANOVA was conducted to compare effect of pathway hope on the Physical Quality of Life

ANOVA

Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	138.2359	5	27.64718	0.971211	0.440641	2.33021
Within Groups	2248.87	79	28.46671			
Total	2387.106	84				

An Analysis of Variance showed that the effect of pathway hope on Physical Quality of Life was not significant, $F(5,79) = .97$, $P = .44$

Hence Hypothesis (2) was accepted.

Table 3 A one-way ANOVA was conducted to compare effect of pathway hope on the Psychological Quality of Life

ANOVA

Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	139.0755	5	27.81509	1.215217	0.309931	2.331739
Within Groups	1785.341	78	22.88899			
Total	1924.417	83				

An Analysis of Variance showed that the effect of pathway hope on Psychological Quality of Life was not significant, $F(5,78) = 1.21, P = .31$

Hence Hypothesis (3) was accepted.

Table 4 A one-way ANOVA was conducted to compare effect of pathway hope on the Social Quality of Life

ANOVA

Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	20.6793	5	4.135861	0.67992	0.639957	2.331739
Within Groups	474.4636	78	6.082866			
Total	495.1429	83				

An Analysis of Variance showed that the effect of pathway hope on Social Quality of Life was not significant, $F(5,78) = .67, P = .64$

Hence Hypothesis (4) was accepted.

Table 5A one-way ANOVA was conducted to compare effect of pathway hope on the Environment Quality of Life

ANOVA

Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	197.178	5	39.4356	0.856667	0.514136	2.331739
Within Groups	3590.632	78	46.03374			
Total	3787.81	83				

An Analysis of Variance showed that the effect of pathway hope on Environment Quality of Life was not significant, $F(5,78) = .85, P = .51$

Hence Hypothesis (5) was accepted.

Table 6 A one-way ANOVA was conducted to compare effect of agency hope on the Physical Quality of Life

ANOVA

Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	241.4525	5	48.2905	1.761397	0.131179	2.336576
Within Groups	2056.202	75	27.41602			
Total	2297.654	80				

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An Analysis of Variance showed that the effect of agency hope on Physical Quality of Life was not significant, $F(5,75) = 1.76$, $P = .13$

Hence, Hypothesis (6) was accepted.

Table 7 A one-way ANOVA was conducted to compare effect of agency hope on the Psychological Quality of Life

ANOVA

Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	102.6698	5	20.53397	0.800627	0.552729	2.336576
Within Groups	1923.552	75	25.64737			
Total	2026.222	80				

An Analysis of Variance showed that the effect of agency hope on Psychological Quality of Life was not significant, $F(5,75) = .80$, $P = .55$

Hence, Hypothesis (7) was accepted

Table 8 A one-way ANOVA was conducted to compare effect of agency hope on the Social Quality of Life

ANOVA

Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	25.59632	5	5.119265	0.836578	0.527911	2.336576
Within Groups	458.9469	75	6.119292			
Total	484.5432	80				

An Analysis of Variance showed that the effect of agency hope on Social Quality of Life was not significant, $F(5,75) = .84$, $P = .53$

Hence, hypothesis (8) was accepted.

Table 9 A one-way ANOVA was conducted to compare effect of agency hope on the Environment Quality of Life

ANOVA

Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	143.0371	5	28.60743	0.637107	0.672035	2.336576
Within Groups	3367.654	75	44.90206			
Total	3510.691	80				

An Analysis of Variance showed that the effect of agency hope on Environment Quality of Life was not significant, $F(5,78) = .85$, $P = .51$

Hence hypothesis (9) was accepted.

DISCUSSION

The study tried to explore the relationship between hope and quality of life on college going adolescents. The results suggested that there was no significant relationship between hope and quality of life. And ANOVA suggested that there was no significant difference between two dimensions of hope and four dimensions of Quality of Life.

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Previous research study of Lackagy et al., (2006) ^[18] supported the same in which they concluded that hope doesn't have association with overall quality of life on the parents of cancer patients. But study of Yadav S (2010) ^[4] suggested that hope is significantly correlated with Quality of Life in individuals.

The study showed a positive correlation between hope and quality of life in adolescents. Study of Jo K H et al., (2004) ^[16] supported that there was a positive relationship between hope, quality of life and uncertainty. And this study supported hope theory has to do a lot of things with quality of life.

Hope theory by Snyder et al., (1991) ^[12] can be categorized into four categories namely goals, pathway thoughts, agency thoughts and barriers. Goals are the anchors of hope theory which are described as valuable as well as uncertain and it may provide direction and may find an endpoint for hopeful theory. Pathway thoughts may refer to the ways we usually take in order to achieve our desired goals and the perceived ability of an individual to produce the ways Snyder et al., (2000) ^[13]. Agency thoughts may refer to the motivation we have to undertake in order to achieve the routes towards the goal of the person. And finally, barriers may refer to the term which blocks the accomplishment of goals and either to find a new way to achieve our goals or to give up.

CONCLUSION

The study was formulated in order to find out the relationship between hope and quality of life on adolescents and to compare the level on how pathway and agency hope affects physical, psychological, social and environment Quality of Life on different professional final year undergraduate students. The results suggested that there was no relationship between hope and quality of life and there were no significant differences among adolescents of different professions (Arts, Science, Medical, Engineering, Music & Nursing) on Pathway hope and Physical Quality of Life, Pathway hope and Psychological Quality of Life, Pathway hope and Social Quality of Life, Pathway hope and Environment Quality of Life, Agency hope and Physical Quality of Life, Agency hope and Psychological Quality of Life, Agency hope and Social Quality of Life & Agency hope and Environment Quality of Life.

Implications

1. For adolescents, it may help to know their level of hope on themselves towards achieving a goal.
2. It may help them to know their real-life quality.
3. It may help them to understand where they need to work out to improve their hope and quality of life in physical, psychological, social and environment.

Limitations

1. Sample size was restricted to 15 per professions.
2. Correlation may be done for all the professions to find which professional people have the relationship between hope and quality of life.

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Conflict of Interest

The author declared no conflict of interest.

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