Ibadan Journal of the Social Sciences

Contents

VOLUME 7 / NUMBER 2 / SEPTEMBER 2009

FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF IBADAN
ISSN 1597 5207

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Volume 7, Number 2, September 2009

Perceived Quality of Life: Towards A Generic Measure in Nigerian Culture

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This study was designed to develop and validate a generic perceived quality of life measure for Nigerian culture so as to ensure culture relevance and validity of the concept of quality of life. One hundred and twenty-two (122) randomly selected respondents with ages ranging from 18-60 years old, a mean age of 28.7 and standard deviation of 9.9 took part in the study. The sample was drawn from Lagos, the former capital of Nigeria and, Ibadan, the capital of Oyo State. Results show that the measure has content validity (using 80% agreements of experts). Reliability coefficient alpha is .87 while standardized item alpha is .87 with correlation between forms of .68. Principal Component Analysis (PCA) brought out seven factors; contentment, relationship, social support, self-competence, self-health perception, environmental relationship and recreation. It was thus concluded that this scale is a valid measure of perceived quality of life among Nigerians. It also suggested that the study can be improved upon to investigate multi-ethnic differences in perception of quality of life.

Keywords: PQOL (Perceived Quality of Life), culture, validation, measure, quality

Introduction

In the last few years, the activities of the United Nations (UN) and other global organizations have been focused on how to improve the quality of life among citizens of the world. To this end, efforts are directed toward making the environment sustainable, raising standard of living and globalization to bring about synergy among nations in order to enhance better quality of life. These efforts of the UN reflect prominently in the millennium development goal document (United Nations Millennium Development Goal, 2006).

Quality of life is not a strange concept in research and policy circles; however, there seems to be differences in its conceptualization, meaning and approach. These differences are often cultural in nature and, in some cases, reflect differences in the disciplines of the researchers; these have led to the emergence of diverse definitions of quality of life over the years (Olapegba, 2008). In spite of the differences in conceptualization however, there seems to be an agreement, both in research arena and other sectors, that quality of life is a good phenomenon that should be pursued and guaranteed to make the world a better place.

Flora (2004) sees a relationship between quality of life and feeling good about one's life and one's self. In her view, happiness, respect and joy are important aspects of quality of life. In an earlier attempt to understand quality of life, the biological/medical model submits that quality of life concerns the fundamental biological constitution of humans. This indicates that physical health is the sole consideration in quality of life (QOL) of people (Ventegodt, Merrick and Anderson, 2003). Following from the submission of the medical model, QOL will be seen as the ability of an individual to take personal care of him/herself in the routine daily activities. The

standpoint of the medical model has been variously criticized for its sole attention on the physical well-being of people while neglecting the psychological and environmental dimensions (Cummins, 1997; Eyles, 1990; Flora, 2004). A more encompassing definition of quality of life sees the construct as both objective and subjective aspects of human existence covering seven domains: material well-being, health, productivity, intimacy, safety, community and emotional well-being.

One major problem that emanated from differences in definition is the issue of measurement. In the last two decades, a number of measures of QOL have been put forward; many of these are from the medical model orientation and measuring specific medical conditions (e.g. QOL in cancer patients, arthritis patients, chronic diseases etc.) Cummins (1997) however attempted the development of a wide range generic quality of life measure; this attempt took into consideration not only physical health, but also psychological and environmental considerations. Cummins' measure uses two conceptual approaches: the objective indicators as measured against certain societal standards, and the subjective indicators which takes care of the perception of QOL by individuals.

Similar to the definition of Cummins (1997) is the definition given by the World Health Organization (1994), and corroborated by Bonomi et al. (2000), that quality of life is people's perception of their positions in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns. These definitions emphasize the importance of the people's culture and what they value in their perception of quality of life; this is a clear indication that cultural relativity should be a major concern in developing a quality of life measure. In addition to all these, it is pertinent to accept that quality of life is based on the concepts of human needs, and literature on quality of life has indicated that measures of quality of life has drawn largely from the needs theory (Doyal and Gough, 1991; Maslow, 1943).

The focus of the present study is the subjective measure of quality of life; this is borne out of the assumption of psychology that there exist individual differences in people's perception and interpretation of happenings concerning them. Another motivation for this study is the absence of a data-driven measure of QOL for the Nigerian culture. Existing measures were developed in the west and so does not reflect the cultural peculiarities and value orientations inherent in Nigeria. A casual examination of the Cummins (1997) QOL scale shows that certain items on the scale may not be relevant, or may not have the same meaning to Nigerians. This raises the question of validity if administered on Nigerian participants. The purpose of this study therefore is to develop and validate a QOL scale that will be valid for Nigeria in terms of cultural relevance, local contents and evaluation of major categories of fundamental life needs.

Method

Participants

One hundred and fifty people were initially sampled to take part in this study, but the responses of 28 of them could not be used in the final analysis due to improper filling of the questionnaires. Thus, 122 were eventually analysed. The sample was made up of males and females with ages ranging from 18-60, a mean of 28.7 and standard deviation of 9.9. The participants were drawn from Ibadan, the capital of Oyo State and Lagos, the former capital of Nigeria. One of the inclusion criteria is that the respondents must be above 18 years of age; this is because 18 is the constitutional adult age in Nigeria. Also, participants must be able to read and write English, which is the official language in the country.

Measure

Development of the measure of perceived quality of life followed scientifically approved guidelines, with emphasis on psychological principles and ethical standard. The first step in the development of the scale was the generation of items. This was done through an extensive search of the literature. To complement this, interviews were conducted to get people's ideas on what constitute quality of life. These processes yielded 32 items which were put in a questionnaire form and given to experts, to rate the

appropriateness of each item, thereby establishing content validity (Cronbach, 1971; Okurame, 2002; Nunnally, 1978). The items that were judged as appropriate by the experts with content validity were structured into a questionnaire using the Likert format with a 5-point response option ranging from strongly agree (5) to strongly disagree (1). The items were positively worded and the scoring and interpretation dimensions indicate that the higher the score, the higher the perception of quality of life.

Procedure

The study was conducted in two phases. The first phase involved the generation of items and interview of individuals. Potential interviewees were approached by the researcher and assistant researchers and were told the purpose of the exercise after which their consents were sought. Those who consented were interviewed with assurance of absolute confidentiality. For the content validity, the experts (practising psychologists & sociologist) were briefed on the objective of the study and asked to rate the appropriateness of each item. They were also encouraged to edit the items and make suggestions where necessary. In the second phase, the content-validated items were taken to the field and administered to 150 people in the general population, cutting across many strata (students, civil servants, artisans, traders etc.). Some of the participants were approached in their homes while others were sampled in their places of work, using the convenient and the snowball sampling techniques. Participants' consents were sought and confidentiality was assured. Out of the 150 responses got from the exercise, only 122 were good enough to be included in the final analysis.

Results

At the stage of content validity, the 32 items given out to the experts were reduced to 25, using 80% support of the experts for each item (as used by Okurame, 2002 and Nunnally, 1978). In other words, items that 8 out of 10 experts judged as appropriate were included. The 25-item scale was then subjected to item analysis using the Statistical Package for the Social Sciences (SPSS). Result of the item analysis showed a coefficient alpha of .84 and standardized alpha of .85. However, when three items that loaded below .30 (Pedhazur, 1982) were deleted, the coefficient alpha and standardized alpha increased to .87 and .87, respectively. The analysis also showed a split-half reliability coefficient of .84 and correlation between forms of .68.

Further analysis using Principal Component Analysis (PCA) with Varimax and Kaiser Rotation Method revealed seven factors with eigenvalues ranging from 6.29-1.13 and cumulative percentage variance of 67.69 (see appendix 1). Items 13, 12, 9, 21, and 22 loaded on factor 1 which is labelled contentment. Items 10, 11, 6, and 14 loaded on factor 2 and this is labelled relationship. Items 16, 17, and 3 loaded on factor 3 and is named social support, while items 4, 5, 7, and 8 loaded on factor 4 known as self-competence. Items 1 and 2 loaded on factor 5 (self-health perception). On the other hand, items 19 and 20 loaded on factor 6 (environmental relationship), while items 18 and 17 loaded on factor 7 (recreation). The scoring dimension of the scale indicated that the higher the score of an individual on the scale, the higher the perception of quality of life. (See table in the appendix)

Discussion

This study is aimed at developing and validating a generic perceived quality of life measure for the Nigerian populace in order to fill the present gap. One, hitherto available quality of life measure cannot be said to be culturally universal; the peculiarities in African cultures in general, and Nigerian cultures in particular, are not considered. Two, a larger percentage of the available measures are clinically focussed and condition-specific, hence the need for a measure that will be culture-relevant and generic in nature.

Results of the statistical analysis showed that this scale is a valid measure of perceived quality of life in a general population. The validity was established using the content approach. The experts were asked to rate the appropriateness of each item on the scale (Cronbach, 1971; Nunnally, 1978; Okurame, 2002). All items included in the scale at the end had at least

80% agreement of the experts; this is in line with the submission of Yu (2005) that content validity is established by content experts and evidence is obtained by looking for agreement in judgements. Yu further states that the distinction between face and content validity is that face validity can be established by one person but content validity should be checked by a panel. Against this background, it became obvious that the scale under discussion is a valid measure of quality of life.

The scale was also found to be highly reliable, as analysis of the 122 responses indicated that the original 25 items yielded a coefficient alpha of .84 and a standardized item alpha of .85. However, when 3 items that loaded below .30 (Pedhazur, 1982; Okurame, 2002) were deleted, the remaining 22 items yielded coefficient alpha of .87. Correlation between forms was .68, Guttman Split-Half was .80 and Equal-length Spearman-Brown was.81. Alpha for part 1 and 2 was .78 and .79, respectively. The foregoing is a clear indication of significant reliability of the measure, and this position is reinforced by the assertion of AERA, APA and NCME (1985) that a reliable measure should demonstrate form equivalence and internal consistency. The implication of this is that the measure is not subject to random fluctuations: it will yield consistent responses across time and situations.

From the analysis, seven factors emerge covering a range of human needs, values and expectations. This is an obvious confirmation of the findings of Bonomi et al. (2000) and WHOQOL Group (1994) with particular emphasis on cultural contents and differences in perception of quality of life. Interestingly, Cummins (1997) also reported that quality of life covers seven domains of human existence. It should be noted that no conscious attempt was made in this study to analyse along the pattern of Cummins' (1997) study, but the obtained result is an indication that quality of life is a universal phenomenon with similar components. There are, however, differences between the present study and that of Cummins (1997). These differences are in the labelling of the factors and point of emphasis, and can be attributed to differences in culture, orientation and value.

The factor loadings showed that contentment (factor 1) had the highest loading, thereby accounting for the largest percentage variance. This suggests that when individuals are satisfied with their circumstances, they will perceive a higher quality of life. This dovetails into the position of Flora (2004) that quality of life is feeling good about oneself. Closely following contentment on the loading is relationship, which shows that entering and sustaining functional relationships is important in the perception of quality of life. Again one can find a corroboration for this in what Cummins (1997) referred to as intimacy. Factor 3 is social support, which is a central component of existence in Africa. People thrive on the quality of social support they get and see one man's problem as the problem of all the people around him. This holistic orientation tends to influence how people adjudge their quality of life. Self-competence is next to social support, followed by self-health perception. It should as well be noted that health issue is one of the domains recognized by Cummins (1997) and WHO. Environmental relationship and recreation loaded least of all the factors, yet they as well found support in the work of Cummins (1997) and Eyles (1990). Regarding environmental relationship, Eyles specifically stated that quality of life is directly related to quality of the environment. In other words, if the environmental condition meets the expectations of the people, then the perception of quality of life is positively influenced.

The present study has shown that quality of life is applicable and important in all cultures. However, it should be recognized that there exist cultural differences in values, orientations and expectations; all these work together to influence what people perceive as quality of life. It thus should not be a surprise to find variations in people's demand from one place to another. More importantly, this study has demonstrated that a culturally relevant generic quality of life measure is attainable, and one has specifically been developed and validated for the

Nigerian population, taking local contents and values into consideration.

Meanwhile, it is suggested that the present study should be considered a pioneering effort that can be improved upon. For instance, considering the fact that Nigeria is a multi-ethnic nation, effort should be geared towards standardizing this measure to make room for inter-ethnic comparison and enhanced generalizability.

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Appendix

Item	PQOL Item	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7
13	I am contented with what I have.	.81*	.14	.02	.22	.02	.03	.14
12	I have adequate control over my privacy.	.73*	.18	.21	.16	.25	.02	.11
9	I enjoy my job and my family.	.72*	.02	.03	.02	.02	.44	.11
21	I always sleep well	.60*	.16	.01	.02	.42	.02	.02
22	My sex life has always been normal.	.51*	.19	.24	.15	-.12	.21	.47
10	My trust in God keeps me going in life.	0.14	.77*	.02	.21	.02	.24	.14
11	I don't get involved in shady things.	0.22	.72*	.11	.02	.02	.02	.02
6	My judgments and perception of issues are usually accurate.	0.29	.63*	.36	.38	.18	-.20	.04
14	I enjoy cordial relationship with my wife and parents.	0.02	.53*	.46	.02	-.13	.13	.03
16	My neighbours are very friendly with me.	0.45	.02	.81*	.03	.02	.02	.02
15	My friends are very kind and supportive.	0.22	.13	.63*	.12	.15	.02	.13
3	I have enough strength to carry out my daily activities.	0.03	.11	.47*	.40	.26	.36	.14
4	I hardly forget things.	0.03	.11	.14	.70*	.21	.27	.02
5	I always do what I believe in.	0.02	.18	.17	.69*	.02	.02	.20
7	I can achieve whatever goal I set for myself.	0.33	.22	.20	.66*	.03	.02	.02
8	Helping others gives me joy.	0.18	.46	.02	.57*	.02	.02	.22
1	I am in a perfect state of health.	0.24	.03	.02	.02	.74*	.03	.28
2	I always eat balanced diet.	0.15	.02	.38	.27	.59*	.02	-.25
19	I am up -to- date on my job.	0.29	.02	.26	.19	-.12	.78*	.02
20	I find it easy to adjust to changes in my environment, job & status	0.02	.50	.03	-.11	.41	.59*	.02
18	I always find time to listen to music and watch television.	0.11	.23	.02	.14	.17	.02	.78*
17	I often do volunteer work to help in my community.	0.02	.10	.55	.02	.02	.03	.59*
	Eigen Value	6.29	1.86	1.70	1.45	1.32	1.14	1.13
	Percentage of Variance	13.56	11.57	10.80	10.58	7.21	7.04	6.93
	Cumulative Percentage	13.56	25.13	35.93	46.51	53.73	60.76	67.69

Varimax-Rotated Factor Loadings (Component Matrix) for the 22 Items.

*Item Loadings above .46