

Predicting the Quality of Life based on Family Function and Identity Styles: in a Sample of Iranian University Students

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ABSTRACT: The purpose of the current study was predicting the quality of life base on family function and identity styles in a sample of Iranian university students. The research method was a descriptive study kind of correlation. To accomplish this goal, in a correlation study, 400 university students were selected from University of Guilan through a cluster random sampling in the 2013-2014 academic years. The following measures were administered on them: World Health Organization Quality of Life Questionnaire, Family Attachment and Changeability and Identity Style Inventory; that has acceptable reliability and validity were used. Data were analyzed by SPSS.ver.18, using Pearson's correlation test and multivariate regression. Research results showed that there was significant positive relationship between quality of life with informational and normative identity styles and family function among students. Results of the multiple stepwise regressions in this study show that all independent variables in equation during four steps allocate 0.58 of quality of life variance among university students. The results of present study support the importance of family function and identity styles in quality of life Iranian among university students.

Key words: Quality of Life, Mental Health, Family Function, Identity Style

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INTRODUCTION

In today's stressful world, mental health and quality of life people, especially university students are in serious jeopardy [1]. The World Health Organization, defines quality of life as "the individual's perception of their position 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", in other words, a global view that considers many dimensions of the human beings [2]. Ahmadi [3] argued that studying course with its stress and discomfort may affect the adaptability and mental health of students. In recent years, more attention has been considered to the quality of life, as a measure for evaluating health policy, and medical intervention. A number of definitions and standards are existed for evaluating the quality of life in different communities, which is due to the cultural diversity, which exists in the assessed societies [4]. Stiner et al. [5] suggested that receiving emotional support could improve mental health and prevent mental health disorders. Those who are deprived of social and emotional support are more likely suffering from these disorders. These supports lead to increased self-sufficiency, increased understanding of the individual, a sense of stability, and acknowledge the individual's value and have a positive impact on his quality of life. Yousefee and Safari [6] showed that emotional intelligence is a good predictor of quality of life and its subscales, namely physical health, psychological health, social relationships, and quality of environmental life of students. Dereke et al. [7] findings showed that there is significant negative relation between spiritual intelligence and mental health.

The family functions the ability to manage its tasks, including providing emotional, psychological, and physiological needs of its members. Efficient family is a family, which is able to provide the emotional, psychological, and physiological needs of its own members. Inefficient family is a family, which is unable to provide the emotional, psychological, and physiological needs of its own members [8]. A survey by Ghamari and Khoshnam [9], named as a review of the relationship between family functioning and quality of life on students concluded that there is an inverse relationship between family dysfunction and quality of life of the students. There is a significant correlation between poor function of families and children suffering physical symptoms, anxiety, sleep disturbances, depression, and impaired social function [9]. In a research, Zarnaghash and Zarnaghash [10] found that there is a significant relationship between mental health and family communication patterns, which could be good predictors for children's mental health. Khosravi et al. [11], in a qualitative research for investigating the role of family function in adolescent risky behaviors, found that various aspects of

family function and family structure varied in two mild risky behavior and severe risky behavior groups. They showed examining the role of gender, the importance of warm relations with adoption, having positive and effective models for girls, and positive control for boys as protective factors.

The results of a research by Zaree and Samani [12], for investigating the role of flexibility and cohesion of family function on the goal-oriented children showed that family cohesion is a positive predictor of approaching mastery goals, and approaching performance, and is a negative predictor of avoiding performance. Other results showed that the family flexibility is a positive predictor of approaching mastery goal, and is negative predictor of avoidance mastery goal, and avoidance performance. Jamshidi et al. [13], in another study showed that the positive atmosphere of cohesive families, which is with a sense of mutual responsibility fertilizes the ground for gaining positive features such as targeting, attempting to be excellent, organization, and order. These findings indicate that the family flexibility predicts the positive and negative aspects of perfectionism. In other words, the family flexibility shows a dual function at increased positive and negative aspects of perfectionism. In a research, Sadeghi et al [14] the results showed that there were significant negative relationships between positive attitudes to addiction with problem oriented coping strategies and family cohesion.

Identity styles are other variables that are associated with quality of life [15, 16]. According to Erikson [17] view, psychosocial development of the human personality takes place in eight stages. Each of them is the summit of a crisis and its resolution. However, necessarily the crisis is not unpleasant or disease-like, but only represents a kind of sensibility or a particular failure, which's caused due to imbalance. Erikson [18] believed that the most important task of adolescence is to obtain identity coherence. Ericsson (1968) believed that identity and obtaining identity are signs of a healthy personality. Adolescence is the stage of identification: a relatively stable sense of unity. At this age, the teenager asks, "who am I"? Moreover, he has the desire to find a new identity for himself, and knows himself a lost man to be helped to obtain an identity. Identity is the same as self-concept through which an integrated sense of self begins to shape, and base on it judges the values in his own life. By examining the underlying status of cognitive- social identity styles, Berzonsky [19] provided informational identity style, normative identity style, and diffuse-avoidant identity style. Informational identity style is apparently the most adoptable style and coping mechanism to handle everyday situations. People with informational identity style, actively and consciously seek information, assess them, and then use the proper data. There is a positive relationship between orientation of information identity, and efforts to deal with a problem-oriented attempts, rational cognitive style, and perceived need for cognition, cognitive complexity, goal-oriented decision-making, dutiful, and identity acceptance. Berzonsky [20], believed that identity styles are actually the information processing methods and stem in identity crisis. Youngsters with informational identity style seek and explore. These people highly need knowledge and cognitive complexity. They search acknowledge by others less, and trust in their judgment, and in dealing with new situations, they have a high acceptance [21].

Normative identity style is based on the imitation and following of the important people in one's life. It also includes a subjective closing device, and a constant concept, and repressive exploration. Adolescents with normative identity style conform to the expectations and rules of important people and reference groups. They automatically accept values and beliefs without conscious evaluating and internalize them. Diffuse-avoidant identity styles the symbol of evasive attitude in countering with problems. Emotion-oriented strategies have low level of commitment, self-confidence, and self-concept, and are associated with instability. People with diffuse-avoidant identity style delay avoid dealing with issues of identity and decision-making as much as possible [22]. Extensive amount of researches has been done on the identity styles and some sample cases can be cited. In order to assess the predictive aspects of the children through parents, Mohamadi and Lotfiyan [23] in a research on students found that, dimensions of warmth and coldness of the parents have a predictive power in positive and significant associations with the committed identification, while freedom and hard control dimensions of the parents did not have such power. Parenting dimension does not have a significant predictive power for searching identity. Finally, the results indicated that warmth-cool dimension of parents has a positive and significant predictive power for both sexes in committed identity [23].

One of the main goals of universities is training the professional and skilled work force for the social and economic needs of the community. Students who are the important elements of the educational system and are intellectual, elite, and the future people of any society enter high schools and colleges with excitement, yet there are many problems for them. It is therefore necessary to perform studies for maintaining and developing the mental health of students. The present study examined the relationship between family function and quality of life styles and identities of students. Finally, to what extent family function's variables and identity styles are able to predict the quality of life in students to be positive steps in identifying factors associated with mental health of students.

MATERIAL AND METHODS

Statistical Population and samples

The research method was a descriptive study kind of correlation. The population of study was students at the University of Guilan from 2013 to 2014 academic years. According to the Krejcie and Morgan [24], sample size of 400 students was selected through multi- phase cluster random sampling method. Data were analyzed by SPSS Ver.18 and showing result by using descriptive statistics Pearson's correlation test and multivariate regression.

Research instrument

Family Attachment and Changeability Index 8 (1996): The FACI8 is a 16 item instrument designed to measure family functioning. It was specifically adapted from earlier scales for the study of African-American youth in residential treatment and their families. The FACI8 is based on the notion that families and youth create specific and predictable styles of functioning that can be measured and identified and that have predictive power in explaining which adolescents and young adults are most likely to respond to residential care and succeed in post treatment living situations. The FACI8 was specifically developed to be ethnically sensitive but applicable to both Caucasian and African-American youth and their families [25]. The FACI8 has good internal consistency with an alpha for the youths' attachment scale of 0.73 and for the youth's changeability scale of 0.80. The alpha for the parents' attachment scale is 0.75 and for the changeability scale is 0.78. The internal consistency estimates of this scale in current research estimates 0.83 Cronbach's Alpha. The reliability coefficient, by test-retest method among 20 students in during 15 day, estimates ($r=0.80$).

Identity Style Inventory (1989): This scale it consists of 40 items and each item has a five scale Likert type question. This questionnaire evaluates three styles of identity including information, normative and diffusion (avoiding). It contains 40 items, out of which, 11 items are related to information, 9 items to normative and 10 items to avoidance (diffusion) style and 10 other items were derived from identity commitment. Internal consistency estimates for the three dimensions of the scale were as follows: for them: informational identity style, 0.66 for the normative identity style, 0.73 and for the diffuse-avoidant identity style, 0.66 Cronbach's Alpha [26]. The internal consistency estimates of this scale in current research for the three dimensions of the scale were as follows: for the informational identity style 0.73; for the normative identity style 0.71 and for the diffuse-avoidant identity style, 0.81 Cronbach's Alpha.

World Health Organization Quality of Life Questionnaire (1998): The WHOQOL-BREF has 26 questions, of which the first two yield information about the individual's overall perception of QOL and overall perception of health. This questionnaire categorizes the quality of life in four realms including the aspects of physical health, the psychological health, social relationship and life environment. This 26-item questionnaire investigates the quality of life in general and the health status in specific. In Iran, Nejat et al. [27], have standardized this scale. The reliability of the questionnaire was obtained by the method of Cronbach's Alpha (α) for healthy population in the physical health realm 0.70, mental health 0.73, health of social relationship 0.50, and environmental health 0.84, and the coefficient of reliability was reported by test-retest method with tow week intervals, 0.82. The reliability of this scale in current research calculated 0.84 Chronbach's Alpha.

RESULTS

The results in Table 1 showed that the descriptive findings, mean, standard deviation, Chronbach's Alpha and correlation coefficients of variables among 400 students. The 151 (37.1 %) sample was male and 249 (61.2 %) was female. Subjects' average age was 21.51 years, ranging from 18 to 41 years and the standard deviation was 2.51.

The results in Table 1 indicate that descriptive findings overall variables, quality of life with mean 88.65 and 18.53 standard deviation, family function variable with mean 48.25 and 9.20 standard deviation, informational identity style variable with mean 36.37 and 5.89 standard deviation. Have been reported normative identity style and Diffuse-avoidant identity style variables, respectively, with means 33.47 and 33.47; and with 5.65 and 5.97 standard deviation. Pearson correlation coefficient is presented among the variables of the study in Table 1. Research results showed that there was significant positive relationship between quality of life with informational identity styles ($P<0.01$) and normative identity styles ($P<0.05$) and family function ($P<0.01$) among university students.

Table 1. Descriptive findings and correlation coefficients (N=400)

Row	Variables	M	SD	α	1	2	3	4
1	Quality of life	88.65	18.53	.84	1	-	-	-
2	Family function	48.25	9.20	.83	.666**	1	-	-
3	Informational identity style	36.37	5.89	.73	.565**	.425**	1	-
4	Normative identity style	33.47	5.65	.71	.175*	-.295**	.119**	1
5	Diffuse-avoidant identity style	33.47	5.97	.81	-.053	-.295**	-.251**	.235**

Table 2. Stepwise regression for predicting quality of life among students

Steps	Variable entered	R	R ²	B	Beta	T	P
1	Family function	.666	.444	.409	.666	17.793	.000
2	Informational identity	.736	.541	.636	.345	9.178	.000
3	Diffuse-avoidant identity	.762	.580	.572	.209	6.068	.000
4	Normative identity	.766	.587	.280	.083	2.459	.014

Results of the stepwise regression in "Table 2" showed that family function primarily has a significant and high correlation with quality of life and its "T" coefficient is 17.793. In the second step, informational identity style enters the equation, which its coefficient "T" is 9.178 and statistically is significant. In the third step, variable regression of diffuse-avoidant identity style enters the equation with coefficient "T" 6.068, which is also significant. In the fourth step, normative identity style enters the equation, which its coefficient "T" is 2.459 and statistically is significant. Accordingly, we can say that independent variables in the four steps of regression explain 0.58 of the variance for quality of life among students.

DISCUSSION AND CONCLUSION

This study aims to predict the quality of life for families and functional styles of identity based on a sample of Iranian students. The results showed that family function and identity styles predict 0.58 of the variance in the quality of life for the students and this shows the importance of these variables in predicting of quality of life. Considering the relation between quality of life and family function, the results of the present research are consistent with findings of Yousof Nejhada [28], about the relationship between family function and life satisfaction of students, Mashhadi Zadeh [29], about the relationship between family function and general health of children. They also are consistent with Lashkari about the relationship between family function and general health of children [8]. Johnson et al about the relationship between criticize by the family and the family's emotional involvement with depressive symptoms [30]. Furthermore, they are consistent with Kai-Kuen et al about the relationship between negative emotional conflicts; depression, anxiety, and the positive relationship between criticize by the family with depression and anxiety [31]. Maeek et al. [9], in their study found that, the greatest source of satisfaction is in family life, and the greatest source of dissatisfaction is in family problems. The results of the present study are consistent with Ghamari and Khoshnam [32], survey named as a review of the relationship between family functioning and quality of life on students concluded that there is an inverse relationship between family dysfunction and quality of life of the students. Results of the stepwise regression analysis showed that approximately 0.14 of the variation in the quality of life of the students' overall performance and behavior control is explained.

FatehZadeh [9] concluded that the relationship between the family members and the interaction is based on intimacy and understanding among members, and they are strong against the pressures of life. Family functions associated with mental health. There is a significant correlation between poor function of families and children suffering physical symptoms, anxiety, sleep disturbances, depression, and impaired social function. Jenaee [33] found that dimensions of cohesion, the family ideal, and expression are three predictors of mental health. Silborn et al. [34], point out that the family environment is an important aspect of family function, which affects the physical, social, and emotional health of child. In fact, what is happening within the family and its function could be a key factor in building flexibility and can reduce the current and future risks of adverse events and circumstances. Conversely, bad family environments can most simply affect the children's development and their positive transition to adulthood. Jahangir [35] in study concluded that there is a relationship between family function and marital satisfaction of employee and non-employee women. Patterson and Evesterman [36] concluded that the healthy and flourishing family has less stress than other families. In addition, Coming et al. [37] noted in their research, that the family has an important impact on the emergence of mental and behavioral disorders. Robinson [38] in a research about the relationship between family function, gender, and intimate relationship with others, concluded that family interactions that shape the function of these institutions affect behavioral patterns of men and women.

Quality of life and normative and informative identity styles are correlated. In this regard, Nurmi et al. [39], found in their studies that informative identity style directly has relationship with effective coping strategy, stress and anxiety, problem-oriented coping strategy, openness to experience, and reversely has relationship with orientation toward others, lack of hopeful thinking, and emotional distance. For example, diffuse-avoidant identity style inversely has relationship with the quality of peer relationships, academic success, and confidence and directly has relationship with attenuator impacts, anxiety, emotional separation, orientation toward others, drug abuse, alcoholism, and depression reactions [39]. Berzonsky and Kuk [40] also showed a significant relationship between informative identity style and academic performance, good social skills, efficient and high level scientific self-leadership. However, those with avoidance-oriented styles are deprived of above dimensions. Furthermore, those with normative identity style had less obvious scientific orientation, but significantly, they had less enduring, and scientific and emotional leadership in comparison to the subjects of informative identity style. Berzonsky and Kuk [41] in another study, they found that people with diffuse-avoidant identity style were more depressed and compared to normative and informative groups are less conscientious. Furthermore, people with diffuse-avoidant identity style leave their tasks in the middle of the day and have little success in life. They think that they are consistent with normal duty, show a clear sense of orientation and have positive feelings of well-being and meaning in life. However, the people in the face of uncertainty show little tolerance and are highly relied on structure. In addition, they act closely against the information, which challenge their personal values and beliefs [19].

Vleioras and Bosma pointed the inverse association between diffuse-avoidant identity style and psychological health [42]. White et al, found that people with informational identity style were more optimistic,

are more satisfied with life, and they are less interdependent [43]. Soleymaniyan et al. [44] noted that the informational identity style has a significant positive association with job growth and there is a significant negative association between diffuse-avoidant identity style and job growth. This study was conducted among Students University of Guilan in the fields of family function, identity styles and quality of life, therefore generalization to other populations in other universities should be applied cautiously. Based on the results, it is recommended that the training sessions be held by emphasizing the importance of students' mental health and positive problem-oriented and emotion-oriented coping strategies. It also recommended that the study be conducted at other universities.

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