

# Quality of life predictors for Portuguese general population

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## Introduction

Quality of life (QOL) is universally important and is influenced by complex combinations of values, standards, environment, goals, expectations, and perceptions. Life is an integrated whole upon which many factors, including health, may have an impact (Holmes, 2005).

The QOL domains identified by the World Health Organization are: physical; psychological/spirituality; social relationships; environment. Understanding the relationship between the QOL domains and sociodemographic data is needed in order to comprehend the multidimensional view of people’s lives. This allows identification and planning of adequate support needs.

This research also helps orient the activities carried out by service providers and allows for the adjustment of programs and policies in order to develop approaches focused in clients’ real needs (Verdugo et al., 2005).

## Method

The purpose of this research is to assess the QOL of Portuguese adults (general population sample) and identify predictors of QOL in this population.

This is a cross-sectional correlational study carried out with a sample of two hundred and fifty-five (n = 255) participants from the general Portuguese population. Participants completed a postal European Portuguese version of the World Health Organization Quality of Life short-form instrument (WHOQOL-Bref, Serra et al., 2006) and an European Portuguese version of the Center for Epidemiologic Studies Depression Scale (CES-D, Gonçalves & Fagulha, 2004). Demographic information was also collected.

Correlation and regression analysis (stepwise method) of QOL, QOL domains and demographic variables were undertaken.

## Results

The sample was composed of 58% females and 42% males with a mean age of 43 years. The majority had university education level (37%), was employed (82%), lived on the mainland (83%), lived with a partner/married (69%), lived at least with one person (31%), was from a medium-high socioeconomic level (38%), and was healthy (91%) (see Table 1).

Table 1: Demographic data (n = 255)						
		Range	Mean ± SD			
Age		25 - 84	42.65 ± 12.51			
		n	Percentage (%)			
Gender	Male	107	41.96	Marital status	Single	48
	Female	148	58.04		Married/Partner	176
Educational level	Illiterate	2	0.78		Separated/Divorced	22
	Literate	1	0.39		Widower	9
	1-4 years	16	6.27	Number of people living with	0	24
	5-6 years	14	5.49		1	79
	7-9 years	33	12.94		2	70
	10-12 years	68	26.67		3	66
	University	94	36.86		4	12
	Postgraduate	27	10.59		5	4
Occupation	Employed	209	81.96	Socioeconomic status	High	53
	Unemployed	22	8.63		Medium-high	97
	Retired	24	9.41		Medium	51
					Medium-low	32
Living place	Mainland	212	83.14		Low	22
	Islands	43	16.86	Health	Healthy	231
		n	Percentage (%)		Unhealthy	24

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Portuguese adults reported their QOL as good (mean 3.87; range 2-5). Using stepwise eliminating procedures, the physical, the psychological and the environment domains were the strongest predictors of overall QOL (44%). Social relationships was not predictive compared to these domains (see Table 2). The regression analysis was significant (p=0.000).

Table 2: QOL domains predictors of overall QOL			
Linear Regression			
Model		R	R Square
1		0.612a	0.375
2		0.652b	0.424
3		0.664c	<b>0.441</b>
a. Predictors: (Constant), Physical domain;			
b. Predictors: (Constant), Physical domain, Psychological domain			
c. Predictors: (Constant), Physical domain, Psychological domain, Environment			

From all the demographic variables studied, age, emotional status and socioeconomic status were negatively correlated to QOL. Educational level was positively correlated to overall QOL. All correlations were significant but weak (see Table 3).

Table 3: Correlations between overall QOL and: age; number of people living with; emotional status; educational level; socioeconomic status							
Spearman's rho							
		Overall QOL	Age	Number of people living with	Emotional status	Educational level	Socioeconomic status
Overall QOL	Correlation Coefficient	1	-0.265**	0.015	-0.337**	0.333**	-0.141*
	Sig. (2-tailed)	.	0.000	0.817	0.000	0.000	0.024
		255	255	255	255	255	255
	n	255	255	255	255	255	255
**. Correlation is significant at the 0.01 level (2-tailed).							

The significantly correlated variables explained 25% of the variance in QOL scores. The strongest predictor was emotional status followed by educational level and age (see Table 4). The regression analysis was significant (p=0.000).

Table 4: Demographic predictors of QOL

Linear Regression			
Model	R	R Square	
1	0.358a	0.128	
2	0.475b	0.226	
3	0.500c	<b>0.250</b>	

a. Predictors: (Constant), Emotional status

b. Predictors: (Constant), Emotional status, Education

c. Predictors: (Constant), Emotional status, Education, Age

Table 5: Kruskal Wallis for overall QOL and: living place; marital status; people who live with; occupation; health

	Living place	Marital status	People who live with	Occupation	Health
Chi-Square	8.088	17.37	15.076	7.049	29.436
df	1	3	7	2	1
Asymp. Sig.	<b>0.004</b>	<b>0.001</b>	<b>0.035</b>	<b>0.029</b>	<b>0.000</b>

QOL was significantly different among: marital status; living place (mainland or islands); people they live with (e.g., alone, partner, children, or parents); occupation; health (see Table 5).

## Conclusions

The Portuguese population report their QOL as good.

The domains of life that better explain overall QOL are the physical, the psychological and the environment.

The sociodemographic variables that better predict QOL are emotional status, educational level and age.

Further variables (e.g., living place) influence overall QOL.

These findings have implications for clinical populations, that is, service providers and health professionals need to be aware of the impact of these variables, separate from the potential impact of any health conditions or disorders the clients/patients may have.

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