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The Correlation of the Subject's Quality of Life and Clarity of Self-Concept

ABSTRACT

The article presents the results of a pilot study of the correlation of quality of life (QOL) and clarity of self-concept among indigenous small in number people of the North. In pilot study 97 indigenous small in number people of the North were included (50 (51.5%) women and 47 (48.5%) men). The median age was – 39.9 ± 14 years. The study of psychological characteristics set average, close to the high clarity of self-concept (58.8%). Analysis of the correlation of QOL and perceptions of respondents about themselves showed the presence of correlation between self-esteem and quality of life of clarity of self-concept. Respondents who had a high self-concept clarity had higher rates of physical, social functioning, evaluation of physical and psychological components of quality of life. Thus, the findings suggest the importance of considering QoL along with the psychological characteristics of small peoples of the North.

Keywords: quality of life, SF-36, self-concept clarity (SSC).

INTRODUCTION

The last years scientific are set negative changes in a state of health of population, that is related to complication of public life, increase and change of character of loading on the organism of man, technogenic, ecological, psychological, political and soldiery рисками [15]. Thus by the special researches dependence of health of people was set on 50-55 % from the way of life, on 20 % from an environment, on 18-20 %% from genetic predisposition and only on 8-10 % from a health protection [7].

For the estimation of the state of health of man different methods are used, it is possible one of that to name research of quality of life, that a long ago is confessed in international practice as a высокоинформативного, sensible and economical method of estimation of the state of health of population on the whole. A method allows giving the quantitative estimation of descriptions of vital functions of man - his physical, psychological and social functioning [8].

By the important psychical phenomenon related there is consciousness to the individual health. It is accepted to consider that the origin of consciousness is possible at the certain level of development of consciousness that is the necessary condition of becoming of personality. Determination of Rubinstein is known in psychology of personality. Rubinstein in that

consciousness comes forward the psychical phenomenon, by consciousness by a man itself as a subject of activity, as a result of that the ideas of man about to itself are folded in mental "Image-Me" [10]. In turn, it is come forward basis of consciousness: estimation itself as personalities, realization itself, and selection by a man itself from the objective world [6].

Thus, consciousness supposes comparison itself with this certain, accepted man by an ideal "I", taking away of some self-appraisal and, as a result, origin of sense of satisfaction or dissatisfaction by itself [3]. Thus, personality with the high level of development of consciousness is able correctly understand reality and, taking into consideration it; it is adequate to estimate quality of life.

An **aim** put in our research was to study intercommunication of quality of life of subject and Me-conception, being expression formed of consciousness of personality.

MATERIAL AND METHODS

The Work was performed within the framework of the basic part of the state assignment of the Ministry of education and science of the Russian Federation on the topic «Adaptive capacity and health of the indigenous population of Yakutia in conditions of modernization of the socio-economic system».

A pilot study is undertaken among an adult population п.п. Оленек and Харыялах Оленекского улуса. 97 persons participated in all in a questionnaire, including 50 (51,5%%) women and 47 (48,5%%) men. Middle age made - $39,9 \pm 14$. Middle age of men $40,5 \pm 16,7$, for women - $39,5 \pm 11,1$.

Criteria of including of respondents in research. In research persons were plugged of both sexes from 18 and older, from different task forces, without depending on a presence or absence for them of some somatopathy.

The capture of data came true by the questionnaire of respondents the direct questioning. After elucidation to the respondents of aims canvassed information was given about that, how it is planned to draw on research results and the rules of filling of questionnaires were explained, after a questionnaire was singly filled by a respondent independently.

Description of research instruments.

In research used the 36-item MOS Short-From Health Survey (SF-36), socio-demographic map and questionnaire self-concept clarity "SCC".

RESEARCH RESULTS AND DISCUSSION

The analysis of socio-demographic description of respondents testifies that most respondents made the group of domestic people, having the secondary special education, busy on a complete working day. The least number of polled was had unfinished secondary and unfinished higher education, busy on an incomplete workday.

Next block of questions, touched housing terms, where most (63,9%) respondents answered that is lived in the house of lacking amenities. Among polled 55 (56,7%) respondents live houses of municipal property (lease).

Satisfaction it is possible to define housing terms, how subzero, taking into account, what only 19,6% satisfied with the terms of accommodation and against to her fully dissatisfied - 21 (21,6%), had difficulty to answer/did not specify - 13 (13,4%), other chose answers "rather satisfied/rather dissatisfied".

In the moment of questionnaire 29 (29,9%) respondents specified in the presence of chronic disease.

The indexes of the quality of life of respondents, related to the health, are presented in a next table.

Table 1

Indicators of SF-36 questionnaire scales

SF-36 scales	Mode	percentile		
		25	50	75
FF	57,87	47,41	53,68	57,87
RFF	56,24	48,48	56,24	56,24
P	59,41	40,55	53,26	59,41
GHS	44,82	44,82	47,75	56,55
VA	45	45,01	50,67	57,76
SF	62,27	44,50	50,43	56,35
REF	57,05	47,55	57,05	57,05
MH	52,1	42,19	49,86	58,63

FF - physical functioning, RFF - role physical functioning, P - pain, GHS - general health state, VA - a vital activity, SF - social functioning, REF - role-emotional functioning, MH - mental health.

Results show that the subzero values of indexes of quality of life were marked on the scales of the general state of the general health (GH) and estimation of mental health (MH), i.e. respondents estimated the state of the health and psychological state low. Connection of indexes of QOL depending on sex is not educed. In the researches conducted in Russia, the decline of indexes of quality of life is marked with age [4, 5]. From our data the decline of the physical functioning (PF), and also strengthening of the pain feeling, was also marked with age (BP).

Respondents with the higher level of education marked more subzero expressed of the pain feeling ($r=0,34$; $p=0,000$), what persons by the low level of education.

Found out positive connection between the indexes of the physical, polevoro physical functioning and status of employment. So, among working respondents the indexes of the physical functioning were higher ($r=0,22$; $p=0,025$), their labor and domestic activity was not limited to the bodily condition ($r=0,03$; $p=0,001$).

From data of questionnaire the scale of pain (BP) testifies to absence of her influence on everyday activity of working ($r=0,29$; $p=0,004$). It is set that among working respondents the emotional experiencing related to the pain feeling did not prevent to conduct valuable life them, what at unworking, among that there were persons of able to work age (RE, $r=0,24$; $p=0,016$)

From data of questioning there are persons not consisting of official marriage felt pain ($r=-0,21$; $p=0,038$) less than, than those that were bound by domestic bonds. This fact can be explained by more young age of not domestic respondents.

Among the polled respondents there were those that suffered chronic diseases. A cross-correlation matrix did not set connections with the scales of questionnaire of SF - 36, except the scale of vital activity (VT). Data specify in the presence of narrowing of range of displays of own potential at a respondent at presence of chronic disease ($r=-0,27$; $p=0,008$).

The got results comport with present in literature data that especially at chronic diseases patients have forcedly to change the way of life, that negatively influences on quality of life [6, 7, 8, 9, 10, 11].

In turn, by psychological researches existence of connection was marked between the health of individual, his internal integrity, from one side, and by the degree of self-appraisal, with other [2]. With the purpose of exposure of adequacy of subjective estimation of QOL by respondents the degree of realized and idea was investigational about to itself, the results of that are presented in a table.

Table 2

Distribution of respondents' self-concept clarity

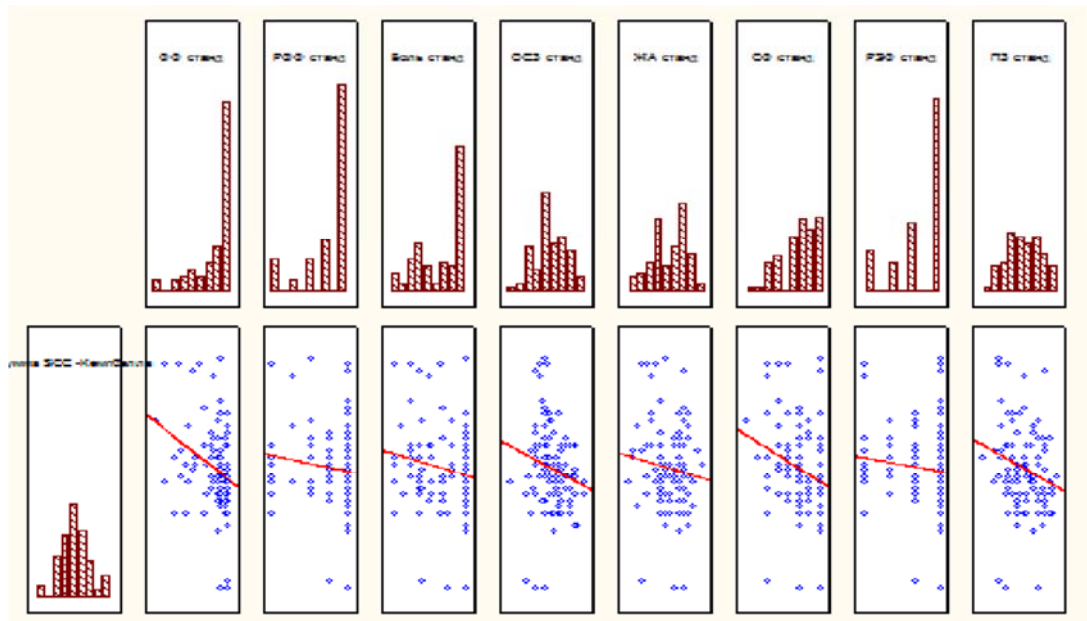
self-concept clarity, points	Abs. (n=97)	%	Mode
Very high (12-20)	3	3,1	12
middle, close to the high (21-32 ближе к высокой)	57	58,8	30
middle (33-39)	25	25,8	35
middle, close to the low (40-51)	12	12,4	40
Very low (52-60)	0	0	0

Distribution of clarity of respondents' self-concept

From these 2 tables evidently clear, that the more than half (58,8%%) of respondents had a middle clarity I am conceptions, nearer to high. At the fourth of respondents (25,8%%) the middle degree of clarity of self-concept is educed. Middle clarity of self-concept, near to subzero discovered at 12,4%%, and the extremely high values of this index are present only at 3,1%% respondents. In our selection of persons with the extremely subzero values of this index did not appear. At the analysis of modal values among respondents, showing middle, near to high (58,8%%), value self-concept most often met is a value 30 (Mo=30), that much nearer to the middle level of clarity of self-concept.

At statistical verification of modal values depending on sex, age, education and other social factors, it is not educed except the source of profit. For those respondents for whom the source of profit is a salary majority was had middle clarity of self-concept, nearer to high. Partly it can be explained by more adequate self-appraisal, plugged in society by means of labour relations.

It should be said, that the clarity of self-concept and self-appraisal of respondent is determined by personality lines, by individuality plugged in plugged in society by means of labour relations.



With the purpose of exposure of connections in the estimations of quality of life with self-concept a cross-correlation analysis was conducted. It is educed that, persons with high self-concept had the best indexes of subjective estimation of bodily, psychological, emotional condition ($r=-0,31$, $p=0,002$), to satisfaction by the state of the health (GH) ($r=-0,25$, $p=0,011$), social functioning (SF) ($r=-0,29$, $p=0,004$).

Consequently the estimation of data of parameter of quality of life had intercommunication with the degree of clarity of self-concept.

CONCLUSION

In conclusion, we note that the potential physical health of people may be different, but the person to understand the value and the importance of taking care of your body, you need to have not an average or close to the high clarity of self-concept, but very high awareness and clarity.

Thus, summarizing the preliminary results of the study, it should be noted that in order to improve the quality of life there must be the formation of a positive self-concept, as clear formed self-concept, despite its dynamism, appears predictor of quality of life of the subject.

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