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INTERACTION OF AGE, HEALTH LOCUS OF CONTROL, SOCIAL SUPPORT AND PERCEIVED QUALITY OF LIFE AMONG HYPERTENSIVE PATIENTS

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ABSTRACT

The concept of quality of life seems to be an indispensible one; particularly in the domain of health care and social services. Hence, the study examined a correlation among age, health locus of control, social support and the perceived quality of life of hypertensive patients. A purposive sample of two hundred (91 males and 109 females) hypertensive patients participated in the study. The age of this sample ranged between 25 and 75 years, means =46.35, SD =12.37. The sample was drawn from the outpatient cardiovascular ward of General Hospital Iwaro- Oka, Ondo –State, Nigeria. Three standardized psychological scales were used to collect data on health locus of control, social

Introduction:

The concept of quality of life seems to be an indispensible one, particularly in the domain of health care and social services. Despites, it difficulty and frequent lack of clarity. Although, there seems to be a consensus of what quality of life is (Flora, 2004; Lucas, 2004; WHOQOL, 1995; Crummins, 1997) and may be safe to conclude that all people want a quality of life (Olapegba, 2009). The basic ideas behind the concept of quality of life is

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support and perceived quality of life of the sample. The data collected was analysed using correlation analysis. The result indicated that there was a positive correlation between age perceived quality of life of hypertensive patients (r{1,200}=.360; p<.01). In addition, social support and the perceived quality of life had positive correlation (r{1,200}=.114;p<.05). Moreover, there was no correlation between health locus of control and the perceived quality of life (r{1,200}=.017; p>.05). From the research results, responsible organizations and agencies should establish activities to promote social support for hypertensive patient to enhance their quality of life. Increasing public awareness to better understand basic needs for social support and providing education on nutrition and the age range related problems to the community were deemed important.

Keyword: *Age, Health Locus of Control, Social Support and Perceived Quality of Life.*

That some characteristic of the person and his or her surrounding are better than others from points of view of the human good or human flourishing. There still exist the challenge of a general agreement of operational definitions of quality of life (Hagerty, 2001, Turksever and Atalik, 2001; Veenhoven, 1996). Quality of life is an inherent dignity of the human person, (Osamika, 2011).

Objection to the terms and the notion of quality of life is part of a broader normalizing ideology in the mainstream culture and works. WHO defined QOL as "Individuals‟ perceptions of their position in Life in the context of the culture and value systems in which they live and in relations to their goals, standards expectations and concerns (WHOQOL, 1998). The definition emphasizes the importance of an overall subjects feeling of wellbeing pertaining to aspects of morale, happiness and satisfaction.

To this end, quality of life comprises two major components which are: subjective and objective. Subjective components has to do with the psychological perspective of quality of life while that of objective simply viewed quality of life events from the medical perspectives. Its also highly important at this point that, the perceived quality of life of chronic ill patients is needed, as its assess the degree to which the disease affect vocational, social and personal activities as well as general activities of daily living.

As a matter of fact, until recently perceived quality of life was not considered as an issues relating to chronic ill patients, its only the objectives aspect that research has always done on. The limelight of perceived quality of life was out when the need to assess the psychological impact of treatment on quality of life was highly sacrosanct; when the need to check whether treatment is more harmful than the diseases itself.

Weather treatment has a disapproving survival rates and producing adverse effect or not; to assess the impact of therapies such as anti-hypertension region and to identify some of the determinants of poor adherence, there is need for this research.

Quality of life measurement had being in terms of length of survival and signs of presence of disease, with virtually no consecration of the psychological consequence of illness and treatment, (Aaronson, Calais de Silva, 1986). Therefore, perceived quality of life of any patients either of acute nature or otherwise) is very important and essential since it helps in various ways, such as given the medical treatment an insight; As such, the need to examine the influence of the contemporary issues like age, health locus of control and social support on perceived quality of life brought the conception of this research.

Age has being among the old concepts that are highly controversial in description. But nevertheless it an irreversible biological changes

that occur in all living things with passage of time eventually resulting to death; though it varies considerably among living organisms (Robert, 2009). A length of time that one has been alive; inanimate objects in terms of when they were created or produced. These invariably determine the Locus of control in various dimension or ways, such in terms of healthiness and work life balance.

Health locus of control can itself make one sensitive to stressful life event, also it can lower the likelihood of illness, specific recovery from illness when it thus occur, and reduce the risk of mortality due to serious disease (House, Landis & Umberson, 1988). Studies that control initial health status show that people with high quality of social relationship have lower rates of mortality and social isolation is a major risk factor to death for both human and animal (Berman, 1985). Health locus of control has indeed a sinquanon to every illness. (has concluded by recent researchers). Studies by De Villes et al, (1980) showed that patient with an internal locus of control are more likely to engage in preventive behaviour life style changes. This study also shows that those who had greater internal locus of control were less willing to follow medical prescription and were willing to seek information about their diseases. People with external locus of control could lead to good health conditions. However, as sometimes comply less with prescribes medical treatment.

Health Locus of control is a graphical point of general physical condition of the body or mind especially in terms of absences or presence of illnesses, injuries or impairment. This in other words, means the position of overall condition of something in terms of soundness, vitality and proper functioning. This may be of two dimensions, the internal health locus of controls and external health Locus of control. External health locus of control; when the patient believe that he don't need any counselling or treatment about his health believing that nothing is wrong with his health(even though is

at the point of death), showing lackadaisical attitude about their health such as non-compliance to medication, while the other dimension (internal locus of control) category viewed their health as "system" which needs proper maintenance by going for regular check-up, believing that they can do something about their health through compliance to medications. Its so amazing that some patient are preoccupy of either of the two ways. There is an implicit assumption that internality is good, although there are situations when a strong believe in powerful other would be advantageous, for example during hospitalization of an acute illness. In situations where there is little that one could do to change health stature a chance locus of control may be most adaptive. The internally oriented people view the world as responsive to their action. They feel confidence, they can control when the reward and punishment occur. They display high levels of self confidence and tend to score higher than externally oriented individual on a variety of academic and social index (Rockman, 2004).External locus of control people perceived little connection between their as powerless and generally low levels of self esteem (Lef Court, 1982) One recent analysis found that the average college student in2002 had more of an external locus of control 80o% of the college student in the early 1960‟s (Twenge, Zhang & I.M, 2004). This research concluded in this way due to greater cynicism, negative social trends(including increased media coverage of negative events) and the tendency to adopt a victim mentality, have all been suggested as reasons. Its an unfortunate trend. Again, external locus of control accompany with feelings of powerlessness and negative consequences. Comprehensively, locus of control own understanding of control (Azlin & Hatta, 2004). It is how much control you feel you have over your environment (Rotter, 1966). Some psychologist has opined that enduring personality trait are based partly on ones perceived locus of control. It is related to

another psychological concept called self efficacy (Bandura, 2001). Whereas locus of control refer to your belief about how much control you can exact over the environment (Nairne,2009) also such self-efficacy is defined as the beliefs you hold about your own ability (Bandura,2001). These variables was able to distinguish who takes and who do not take the personal responsibility for their health and wellbeing. A balanced understanding of both internal and external locus of control give the individual the best condition for managing their health which include individual's ability to be rational (Azlin & Hatta, 2004).

On the other hand, Scheltters and Wortman, (1981) researched on the social support and conceptualize it as something we cannot leave without. social support is the physical and emotional comfort given to us by our families, friends, co workers (Zimet et al, 1988). Knowing that when we are part of a community of people who loved us take good care of us and think well of us. Social support which are support or help from peer group, family, school, age mates or even the entire society you are living in. Your social support can increase your sense of belonging, purpose and self-worth, promoting mental health. It can help you to get through the difficulty faced during the panicking state. And not necessarily have to actually rely on family and friends for support to reap the benefits of those connections.

Furthermore, Social support are the resources received from other people or group, often in form of comfort, caring or help (Nairne, 2009). It has been opined by Taylor,(2000) that it does improve ones psychological and physical health. Social support plays a role in lowering the likelihood of depression, hypertension and in speed recovery from diseases/illness (Mc Leod, Kessler & Landis, 1992). Opening up, talking about things and confiding in others really seems to help coping (Pennebaker & Chung, 2007). Also in California Berkman and Syme (1979) studies has shown that social support has

an evidence to reduce risk of mortality in substantial, such as some impressive evidence for the role as social support in combating the threat of illness. A research by Thoit, (1994), also shown that individuals may build coping repertoire as a result in diseased negative symptoms and increase social support to prepare the individual to deal more effectively with the next life challenges. Social support is only one aspect. Nevertheless, the objective frame or reference implicit in the concept of social support has the strength of been based on the respondent own inter perspective and thus gives priority and respect to peoples own views of their live, rather than a standard imposed by a mental health profession of health social support grant important. social support can be increased by behaving in a large meaning or force in the universe. Support for this proportion comes from findings showing that on average religions people are happier than non-religious people (Ellison, 1991). Furthermore, social support is higher if a person concentrates on astatine goals, and doesn't focus attention exclusively on distant difficult goals (Emmons,1992).

Finally, one can heighten social support by being optimistic about one further (Schemer & Carver ,1985). It is not stipulated in the above studies and theory on how social support can be greater immune functioning or vice versa. In other words, and greater immune functioning have been studied by (Chino & Holtlusted, 1999). Another study found out that, optimism is to be associated with more effective immune functioning (Seger Strom et al, 1998), but the main coping style cause or effect on social support is not yet identified.

Hypertension as a concept has been defined by different people and in a divergent ways, such as the one of the modern threatening psychological disorders (Akinkungbe, 1977 and Ceer,1979) due to the fact that it can lead to cardiovascular complications and death. A predominant disorder of population s in which the fundamental

problems is the tendency for blood pressure to rise with age (Parry and Sharper, 1994). Jerry, Perry, Klepp & Shult, (1998), opined that hypertension is the high rate factors for coronary hearth diseases and stroke. Well, with all these definitions from different people, hypertension can be conceived as a disease which has high blood pressure as a symptom and can become chronic if and only if necessary medications are not used.

The main causes of primary hypertension are a heritage, ethnic group, age, and social class, ingestion of electrolytes in the diet, obesity, alcohol abuse, smoking and oral contraceptive use (Braunwald, Kasper, Fauci, Longo, Hamser, &Medicina., 2005). Hypertension is a chronic medical condition in which the blood pressure is increased above a normal state. Various researchers have demonstrated that health locus of control and social support effectively reduce psychological distress such as; depression or anxiety during times of stress. For example the work of Fleming Baum 1979, Griosriel and Gathel 1982. Also, hypertension has been opined by (Oshuntokun 1956, Meyer 1980 and Miller 1983) as a modern life disorder, because it is more frequently associated with modern industrial communities. As a result of this position, hypertension is regarded as an ailment of the industrialized world.

RELEVANCE OF THE STUDY

The important of the study is to ascertain those who benefits from this study and how they benefit from it. Thus, the study examines the correlation that exist among age, health locus of control, social support and the perceived quality of life of hypertensive patients. But nevertheless, these concepts still extend to all chronic ill patients of any type due to the fact that it can't but determined their living standard. (Mastern, 2001) concluded that family supports and peer relation are highly important in relating to health condition.

This study will add to the body of knowledge, it will reveal some constructs that are of vital in managing chronic illness, and also help hypertensive patients to evaluate their lives through a projective, cognitive process (such as life satisfaction, marital satisfaction) that will help to know those who are satisfied with life or dissatisfied with life events.

THEORETICAL FRAMEWORK

HUMANISTIC THEORY

This theory was developed by Carl Roger (1980). It studied the human position in the order of life. It's of the opinion that values orientation holds a hopeful, constructive value s of human beings; and their substantial capacity to be self-determining. They believe that ethical values are strong psychological forces that determine one's life and behaviour. Carl Roger „s conviction lead the theory to an effort to enhance distinctly human quality such as choice, creativity, the interaction of body, mind and spirit, life affirming, responsibility and trust worthy.

In addition, the perceived quality of life can be viewed or rather determined from the ethical values, ability to take decision at equilibrium, mediation among spirit ,mind and body, life affirming and even the life distinctive features.

CONTEXT THEORY

This theory emphasized that the factor that influence social support are variables across both time and individual, and that, how good or bad life events are considered to be based on the circumstances which people live . In contrast to some theories like Veenhoven (1991), which attained that social support is by the satisfaction of basic human needs. It maintained that, people can only be happy if needs such as hunger, warmth and thirst are fulfilled. The relevant context

varies indifferent theories. In adaptation theory for example, their relevant context is the persons past life, whereas in social comparison models, the context is considered to be social other of whom the target individual is aware. Other contexts that could influence social support are the person ideals and imagine counterfactual alternative situation.

Furthermore, in the goal approach the context is believed to be person conscious aims. In each of the context models whether something is good or bad, and how good or bad it is, they all based on changeable factor rather than on biological ones.

BEHAVIOURAL AND SOCIAL COGNITIVE THEORIES

This was opined by behaviourist such as J.B Watson, B.F Skinner and Ivan Pavlov. They all explained behaviours from outside instead of inside, behaviours is caused by environmental factors and viewed human being as reactors to external events (Parker et al,1998). They view behaviours as a primary product of the environment. Furthermore, the ideal factor helps determine what is learned, rather than just rewarded and punishment, but this approach give adequate accent of personality and development as supported by(Fiest, 1994 & Rockman,2008). Social cognitive theory for example neglect the individual as a whole, choosing instead to concentrate on how people have learned to respond to particular situation. Also, this theory fail to emphasized the roles of biological and genetic factors in development as supported by(Nairne,2008).

HYPOTHENSIS

1. There will be a significant positive correlation between age and perceived quality of life of hypertensive patient.
2. There will be a significant positive correlation between social support and perceived quality of life of hypertensive patient.

3. There will be a significant positive correlation between health locus of control and perceived quality of life of hypertensive patient

METHODOLOGY

RESEARCH DESIGN

The study is a survey research which tends to describe the variable as they exist. It is a survey because questionnaire was used to collect data on all variables in the study simultaneously; also, it covers a sample of large population of hypertensive patients. The variables investigated are age, health locus of control, social supports and perceived quality of life of hypertensive patients.

PARTICIPANTS AND MEASURES

Two hundred out patients hypertensive individuals (91 males and 109 females) participated in the study. The age of this sample ranged between 25 and 75 years with a mean of 46.35 and a standard deviation of 12.37. Twenty eight (28) participants claimed to be single, 151 married and 21 divorced or separated at the time of the study, 140 claimed to be Christian, 51 were Islam, 9 claimed traditional religion, 89 were from polygamous family and 111 were from monogamous family, and 60 were civil servant, 71 were artisans, with 69 were neither.

A single paper and pencil questionnaire was used to collect data in the study. The questionnaire was divided into four sections these are as follow;

SECTION A: DEMOGRAPHIC VARIABLES

This is the section A of the questionnaire. The form consists of five items that seek information on the respondents‟ demographic background. This included age, gender, marital status, religion and occupation. Most of the items were closed ended requiring the

respondent to tick the alternative that best describe them. The item on age was left open so that respondents could site their actual age.

SECTION B: MULTIDIMENSIONAL HEALTH LOCUS OF CONTROL SCALE

The scale included in the questionnaire to measure the dimensional health locus of control is a modified version (form c) of Wallston, Wallston, Kaplan, & Maides, (1976) the scale consists of 18 items that carry the 6-point likert type response format. The response ranges from strongly disagree to strongly agree. these were coded as 1 2 3 4 5 and 6 respectively. The item scores were summed across all 18 items to obtain a total multidimensional health locus of control the score which could range from 18 to 108. The Crombach's alpha reliability of the scale is 0.706.

SECTION C: THE SOCIAL SUPPORT SCALE

This scale was developed by Zimet, Dahlem, Zimet &Farley, (1988). This scale is consist of 12 items. it is a 7-point Likert type response format , ranging from very strongly disagree to strongly disagree through mildly disagree to neutral to mildly agree to strongly agree to very strongly agree. The items scores were summed up based on their factor groups and obtain a total social support which ranges from 12 to 84 on each factor groups. The Cronbach's alpha reliability of the scale is 0.843.

SECTION D: PERCEIVED QUALITY OF LIFE SCALE

The perceived quality of life measure was developed by Olapegba P.O., (2009). It consists of 22 items reflecting the 5-point Likert-type format. The responses ranges from strongly agree to agree through undecided to disagree to strongly disagree. These were scored 1 2 3 4 and 5 respectively. The item scores were summed across all 22

items to obtain a total perceived quality of life score which could range from 22 to 110. The higher score, the more adequate the perceive quality of life of the respondent. The Cronbach's alpha reliability of the scale is 0.840.

PROCEDURE

A letter of permission was written to the Hospital management/ Research Ethical Committee of both centers, stating the purpose and relevance of the study and this was approved. Then, the researcher with his assistance seeks the consent of the patient before the administration. Once rapport and agreement has being established, follows the filling of the questionnaire. In the case of language problem, the care giver helps. This was the process till the end of the administration.

DATA ANALYSIS

The research was a correlational study and the hypothesis was tested using Pearson Product Moment Correlation. It's a conventional statistical analysis usually used when variables were designed find out association. All analysis were done with SPSS 20.0

RESULTS

MEANS, STANDARD DEVIATION AND INTER-VARIABLE CORRELATION.

Variables	Means	SD	
1. Age	4.35	12.37	1
2. Gender	1.55	.049 -.065	1
3. Occupation	2.06	0.80	

		.152** .50	1
4. Religion	1.35	0.57 .305** -.028 .133	1
5. Family	1.59	-.143* -.041 -.023 .092	1
6. Marital Status	1.98	0.50 .316** .014 -.009 .238** .136	1
7. Health Locus of Control (**HLOC**)	71.71 11.87	-.087 -.065 .047 .069 -.022 -.092	1
8. Perceived Social Support (PSS)	57.91	11.96 -.023 .269** .123 .155**. .028 -.032 **.244****	1

9. Perceived Quality of Life (PQOL)	49.32	10.37 **.360**** -.104 .099 **.315**** -.133 **.228**** **.017** .114*	1

Note: *** Correlation is Significant at the Level of 0.05(2-tailed).**
**** Correlation is significant of at the level of 0.01(2-tailed).**
N=200.

Additional Findings

Although it was not part of the assumption in this study, the relationship among demographic variables, and the main study variables investigated. The Pearson correlation was calculated among the variables: age, gender, occupation, religion family and marital status.

The Table above shows that there was a significant positive correlation between age and occupation (r{1,200}=.152**; p<.05), age and religion (r{1,200}=.305**; p<.01), age and marital status (r{1,200}=.316**; p<.01), gender and PSS(r{1,200}=-.269**; p<.01), gender and PQOL (r{1,200}=-.315**; p<.01), religion and marital status (r{1,200}=.238**; p<.01), religion and PSS (r{1,200}=.155**; p<.01), HLOC and PSS (r{1,200}=.244**; p<.01) while inverse correlation between age and family (r(1,200)=-.143*; p<.05)

Furthermore, Hypothesis one (1) that: there will be a significant positive correlation between age and PQOL was accepted (r{1,200}=.360**; p<.01)

Hypothesis Two (2) that: there will be a significant positive correlation between PSS and PQOL was also accepted (r{1,200}=.114*;p<05).
Hypothesis Three (3) that: there will be a significant positive correlation between LOC and PQOL was rejected (r{1,200}=.017; p>.05).

DISCUSSION

The study investigated the inter-variable correlation among age, health locus of control, social support and the perceived quality of life hypertensive patient, which is more or less the primary aim of this study. Thus, the study raised some question on how the four interested variables might relate with one another. To answer these questions, three hypotheses were proposed to answer the questions. The first hypothesis which stated that there will be a significant positive correlation between age and perceived quality of life of hypertensive patient, and was tested by correlation analysis. The result leads to the acceptance of the hypothesis that supported Peñaranda, Ortiz, Góngora, (2006), Theofilou, (2012) also discovered that age as part of demographic variable associates with quality of life. The findings suggested that the older the age of hypertensive patient, in the study, the better their health related quality of life.
The result of this study provides the evidence that age is positively related to the perceived quality of life of the hypertensive patient. It does suggested that the older the patient, the better the individual's perception about the illness, the more they moderate their diet and the more they take cognizance of their health conditions (Wethington & Ressler, 1986).
In hypothesis two, the result from the correlation analysis accepted the alternate hypothesis, which stated that there will be a significant positive correlation between social support and perceived quality of

life. This result was in support of the findings of Sushill Yadav (2009); Bassoro, (1997), Hirabayashi, et al.,(2002) with their outcome that PSS &PQOL correlates in large measure.

Hypothesis three, which stated that there will be a significant positive correlation between HLOC &PQOL of hypertensive patient the results negate the findings of Bazila Akbar Khan (2013) that relationship exist between HLOC &QOL. Therefore the hypothesis was rejected. It indicated that hypertensive patient in this study does not depend on position of overall condition of their health in justifying their subjects feeling of wellbeing Peradventure this may not be applicable to their objective wellbeing or welfare.

CONCLUSION

The study showed a correlation analysis among Age, HLOC, SS and PQOL with some demographic variables.

The conclusion was that there was a positive associate between age and PQOL, religion and PQOL, Marital Status and PQOL, age and occupation, age and religion, age and marital status, religion and marital status, religion and PSS, gender and PSS, HLOC and PSS. Inverse relationship between age and family and no positive correlation between HLOC and PQOL of a hypertensive patient in the study.

RECOMMENDATIONS

Hypertension has been seen and known as a silent killer and thus, certain precautions and programs to combat this ailment should be promulgated.

The study concluded that raised blood pressure is a problem of adult related to increasing disability progressive functional impairment and depression originated from childhood experience. As such, it was that the Federal Ministry of Health should organize more program to

orientate the general populace targeting parents in particular about the danger of this ailment and possible ways of disassociating their children from any experiences that could later in their life cause hypertension such as fear experiences.

Although, social engagement can prevent cognitive decline and help hypertensive patient to maintain social skill according to Bassuk (1999). The ability to communicate and to sort out complex interpersonal situation can also be enhanced among the hypertensive patient.

General public should be oriented on age range related problems, so that as they grow older they will be cautioned on their nutritional diet. Since age had a significant influence on PQOL in patient with hypertension.

Hypertensive patients should go for regular medical check up and make sure they adhere to their medications and other therapeutic modality that will improve their Quality of Life.

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