The determination of self-esteem, self-efficacy and achievement motivation measures in predicting women’s quality of life

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Abstract
The aim of the present study was to determine the measure of self-esteem, self-efficacy and achievement motivation variables in predicting women’s quality of life in Isfahan. Method:
The research samples included 160 female citizens of Isfahan who referred to 5 selected public libraries of Isfahan in 2010. In order to assess the quality of life the World Health Organization’s Quality Of Life brief questionnaire, to measure up self-esteem the Rosenberg’s self-esteem scale, to assess the self-efficacy Schwarzer and Jerusalem self-efficacy scale, to assess achievement motivation, Hermens’ achievement motivation questionnaire and to calculate demographic features a researcher-made questionnaire have been applied. The data were analyzed through descriptive statistics and stepwise regression analysis. The results of stepwise regression analysis proved that the self-esteem can significantly predict the participants’ quality of life (P=0.00) and adding achievement motivation variable to self-esteem can significantly increase the prediction power of women’s quality of life in Isfahan (P=0.002), however adding the variable of self-efficacy to the self-esteem and achievement motivation cannot significantly increase the prediction power of the participants’quality of life. The variables of self-esteem and achievement motivation play an important role in explaining women’s quality of life in Isfahan.

Key words: Quality of life, self-esteem, self-efficacy, achievement motivation, women, Isfahan

Introduction:
World Health Organization considers “health” as a state wherein a person is healthy regarding psychological, affective and social aspects and there cannot be observed any kind of disease and psychoneurosis (cited from Saxena and Oconnell, 2002). The above definition implies that in order to assess the health, just the traditional indices of the rate of “mortality” and “morbidity” should not be taken into account, otherwise it is the quality of life which should be (Saxena and Oconnell, 2002).
The history of the concept of quality of life dated back to Aristotle’s in that era Aristotle has assumed “good life” and “doing the tasks well” as the synonym of happiness. But he has stated explicitly that not only the happiness has different meanings for various people, but also it will not have the same meaning for a person in different situations. After all, at that time the happiness or living happily was assumed as the equivalent of what is now called the quality of life. However the term “quality of life” has not been used since twentieth century. Gradually the researchers understood that the quality of life can be one of the significant consequences while assessing health, as WHO’s definition of health stresses it (Fayers and Machin, 2000).
According to WHO’s definition, the quality of life is the people’s comprehension from their condition in life based on culture, the value system wherein they live, their goals and expectations, standards and priorities. Therefore, the quality of life is a solely a mental issue and is not observable by the others, it is founded on the person’s understanding from various
aspects of life (Bonomi, Patrick, Bushnell and Martin, 2000; WHOQOL, 1996). In this definition the quality of life is a pervasive concept which is affected by physical health, personal growth, psychological states, independency level, social relationships, and communication with prominent institutions of environment and it is based on the person’s impression. In fact the quality of life is a range including objective and subjective aspects interacting with each other. From another view quality of life is a dynamic concept, since the values and self-assessments may change in the passage of time reacting to the life’s events and experiences as well as health condition. Moreover every domain of quality of life can affect outstandingly on other domains (Newa Chek and Taylor, 1992). So it is a complex and multiple issue (Leu, 1985).

Quality of life theory constitutes apt features with mediator variables (vulnerabilities) (Denny and Frisch, 1981; Frisch and McCord, 1987) which can increase the probability of unhappiness and low satisfaction (or dissatisfaction) from the life. Supportive factors or “immunities” against dissatisfaction include opposite factors to vulnerabilities or risk factors. The studies have proved the proposed “vulnerabilities” in quality of life theory (e.g. Diener, Diener, Tamir, Kim-Prieto, and Scollon, 2003; Barlow, 2002; Seligman, 2002; Snyder and Lopez, 2002; Clark and Beck, 1999; cited from Frisch, 2006).

In quality of life theory among personal apt features of dissatisfaction from the life or vulnerabilities are low self-esteem and low self-efficacy (Frisch, 2006 :33) and the feeling of laggardness and stagnancy in valuable domains of life (Frisch, 2007:18) and not actually having the achievement motivation.

Self-esteem is the degree of value a person considers for himself (Weare, 2000)
Self-efficacy includes the person’s strict belief to successfully perform the required specific behavior to get to the interested result (Bandura, 1997).
The achievement motivation is defined as the personal attempt to get to the goals in his/her social milieu (Elliot and Church, 1997).
It was such proposed that the self-esteem, skill, the feeling of control and self-efficacy are important adjusting and predicting factors in life quality (Hansson, Middelboe, Mernider, Bjarnason, 1999; Barry and Zissis, 1997; Kentros, Terkelson Hull, Smith and Goodman, 1997).
Self-esteem is within the most significant aspects of personality and it determines behavioral features (Sadrossadat, 2000) as well as human’s development, as most of the specialists assume it an important and basic factor in affective and social adjustment (Lee, 1994).
Judge, Locke and Durham (1997) agree that the people who believe in their ability to call up the needed motivation, cognitive sources and required actions in order to exercise general control on the life events, i.e. their self-efficacy is high, are more satisfied with their life comparing to those who don’t believe such. Numerous researchers have understood that self-efficacy relates to a wide range of clinical issues such as phobias, addiction, depression, social skills, assertiveness and tenseness, etc (Pajares, 2002).
Wiegand and Geller (2004) believe that positive psychology has ignored the role of positive reinforcement and the elements such as achievement motivation training for increasing the quality of life.

The results of the study carried out by Murphy and Murphy (2006) showed that self-esteem and self-efficacy are among the most salient explaining factors of quality of life in those suffering from psychological disabilities.
According to the findings of the study by Kermode and Maclin (2001), high self-esteem is significantly important in general indices of life quality; in the same way high positive self-esteem and the nonexistence of low self-esteem, are effective factors in happiness aspect of life quality. The outcomes of the research performed by May and Warren (2002) proved that
there is a relationship between self-esteem and the quality of life of the patients suffering from spinal injuries.

Bent, Jones, Molloy, Chamberlain, and Tennant (2001) in an interview with 45 complex physically disabled who were 16-28 years old perceived that the most important determinants of the people’s participation in activities is energy, pain, the intensity of disability and self-efficacy. The results of Tsay and Healstead’s (2002) study confirmed that after controlling the age effect, self-efficacy is the most important predictor in life quality of hemo-dialysis patients. In a separate study Taylor, Dean and Sigert (2006) carried out a survey on public population and found out that general self-efficacy is strongly related to psychological irritation. Jokes and Van Eldern (2007) in a study on patients suffering from heart disease understood that there is a relationship between these patients’ self-efficacy and their quality of life.

Kujerr and De Ridder (2003) found that there is a relationship between higher difference of the goals importance and accessibility to them and lower level of life quality in patients having asthma, diabetes, and heart stroke; moreover self-efficacy in accessing to the desired goals mediates the above relationship.

The results of path analysis by Moradi (2009) the aim whereof was to determine the degree of the effect of self-esteem, self-efficacy and achievement motivation on life quality in young females suffering from physical-motor disability and to determine the mediating role of entrepreneurship behavior in this effect, showed that the variables of self-esteem and achievement motivation directly affect these female’s quality of life, however self-esteem didn’t directly affect quality of life despite being relatively great its path coefficient.

The findings of the survey by Asadi Sadeghi Azar, Vasudeva and Abdollahi (2007) proved that in the whole sample and in all three sub-groups of incumbent women in professional vocations, incumbent women in non-professional vocations and jobless women, there is positive relationship between life quality, being stubborn, self-efficacy and self-esteem. The results, also, proved that three variables of being stubborn, self-efficacy and self-esteem, respectively, are strongest predictors of life quality in the whole sample as well as in three sub-groups.

The results of Zaki’s study (2007) stated that there is a significant relationship between self-esteem and life quality of the students in Isfahan University.

The findings of the study carried out by Esmaeili, Alikhani, Gholam Araghi and Hoseini (2005) proved that there is a direct relationship between life quality and self-efficacy in patients under hemo-dialysis. Similarly in the study by Karimzade Shirazi, Razavie and Kave (2008) conducted on incumbent teachers in different educational levels in Shahrekord, it is found out that there is a positive relationship between the teachers’ life quality and their vocational self-efficacy.

Now taking into account the need to assess the degree of women’s quality of life and the importance of identifying effective factors in this group’s quality of life in the society and the fact that relying on the research history, achievement motivation, self-efficacy and self-esteem are among effective factors on quality of life; and due to population context and special cultural, social and economic features of Isfahan which possibly can make the role of some effective factors on life quality of women in this city prominent, the present study is to answer to this question that how much the share of each of the variables of self-esteem, self-efficacy and achievement motivation is in predicting these women’s quality of life. The purpose of the current study includes determining the share of each of the factors of self-esteem, self-efficacy and achievement motivation in predicting the life quality of women in Isfahan.
The hypotheses of the present research are:
1. The self-esteem variable can predict the degree of women’s life quality in Isfahan.
2. Adding the self-efficacy variable to self-esteem variable would increase the power of predicting women’s quality of life in Isfahan.
3. Adding the achievement motivation variable to variables of self-esteem and self-efficacy would increase the power of predicting women’s quality of life in Isfahan.

Method:
Research design:
The design of the present study is a predictive correlational one.
Statistical population, sample and sampling method
The statistical population of the present study were women referring to 5 public libraries in summer of 2010 who were selected from public library list in Isfahan. The samples of the study were 160 from cited population chosen through accessible method. From 160 rendered questionnaires 114 were completely filled out.
Table 1 the number of the participants shows different levels of investigated demographic variables.

Table 1: The number of participants of different levels of demographic variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having governmental vocation</td>
<td>13</td>
<td>11.4</td>
</tr>
<tr>
<td>Having non-governmental vocation</td>
<td>13</td>
<td>11.4</td>
</tr>
<tr>
<td>Jobless</td>
<td>88</td>
<td>77.2</td>
</tr>
<tr>
<td>Married</td>
<td>17</td>
<td>85.1</td>
</tr>
<tr>
<td>Single</td>
<td>97</td>
<td>14.9</td>
</tr>
<tr>
<td>Diploma</td>
<td>35</td>
<td>30.7</td>
</tr>
<tr>
<td>Sophomore</td>
<td>9</td>
<td>7.9</td>
</tr>
<tr>
<td>Bachelor degree</td>
<td>49</td>
<td>43</td>
</tr>
<tr>
<td>Post graduate</td>
<td>21</td>
<td>18.4</td>
</tr>
<tr>
<td>Weak</td>
<td>3</td>
<td>2.6</td>
</tr>
<tr>
<td>Medium</td>
<td>92</td>
<td>80.7</td>
</tr>
<tr>
<td>Good</td>
<td>19</td>
<td>16.7</td>
</tr>
<tr>
<td>Age mean</td>
<td>25.30</td>
<td></td>
</tr>
</tbody>
</table>

Instrument
The present study has applied the demographic feature questionnaire, brief form of WHO’s Quality Of Life questionnaire, Rosenberg’s self-esteem questionnaire, Schwarzer and Jerusalem self-efficacy questionnaire and Hermans achievement motivation questionnaire which will be described at length in following parts.
1. Demographic features questionnaire
Demographic features questionnaire was composed of the questions regarding vocational status, marital status, educational level, birth year, and economic status (weak, medium, and good).
2. WHO’s brief form of Quality Of Life Questionnaire was composed via combining some domains and omitting some questions from WHOQOL-100. The studies indicated that these two forms of the questionnaire have satisfying harmony. WHOQOL-BREF would measure 4 domains of physical health, psychological health, social relations and health of the environment and it has 26 questions wherein 2 first were general questions and it does not have anything in common with domains (Bonomi et.al, 2000). This questionnaire has been standardized by Nejat, Montazeri, Halakoei Naeini, Mohammad and Majdzade (2006). Nejat and his cooperators have reported its content diagnostic validity as suitable and measured its test-retest reliability, in order, 0.77, 5.77, 0..07 and 0.84 for physical health, psychological health, social relations and the health of the environment and calculated internal consistency of its different domains via Cronbach alpha method 0.52- 0.84 for healthy and sick individuals.

It is worth mentioning that since in analyzing factors proposed by Nejat et.al (2006) the correlation between all 3 questions in social relations subscale with this subscale was lower than its correlation with other subscales and the estimated Cronbach alpha for it has also been reported low just as the same as other studies (0.52 for sick people and 0.55 for healthy people) and in the research conducted by Moradi (2010), in the same way, its internal consistency was measured 0.60, therefore the above questionnaire includes 3 subscales (physical health, psychological health and the health of the environment). In the study carried out by Moradi (2010) the reliability of WHOQOL-BREF was calculated 0.92 through Cronbach alpha and that of physical health subscale 0.77, psychological health 0.81 and the health of environment subscale 0.73.

3. Rosenberg’s self-esteem scale
Rosenberg’s 10 item scale is scored through Likert scale, which is one of high fame instrument to assess internal aspects of self-esteem (Noé et.al, 2003). Blascovich and Tomaka (1991) in reviewing the studies printed in case of self-esteem perceived that in 25% of these studies, Rosenberg’s self-esteem scale was applied. It is interesting because of its shortness and simplicity (Murphy and Murphy, 2006). It is a simple and short questionnaire having appropriate or suitable reliability (internal consistency and test-retest) and validity (convergent and divergent) and it is applicable for every age group with education of fifth grade (Rosenberg, 1979). In sum, the results of various studies (e.g. Whiteside-Mensell and Corwyn, 2003; Hujian, 2003; Greenberger, Chen, Dmitrieva and Farruggia, 2003; Weiss, 2002) have proved the reliability and validity of Rosenberg’s self-esteem scale.

The findings of the study carried out by Schmitt and Allik (2005) on people living in 53 countries, in almost all of them the scores of Rosenberg’s self-esteem relates to neuroticism and romantic attachment style.

The above questionnaire was normalized by Shapoorian et.al (1987) and Rajabi and Bohlool (2007). The results of the study by Mohammadi (2005) indicated that the correlation of form B of Rosenberg’s self-esteem scale with Cooper Smith self-esteem scale is 0.61 and subscales of depression and anxiety of revised form of SCL-90 are -0.54 and -0.43. In Moradi’s survey (2000) the reliability of Rosenberg’s self-esteem scale was estimated 0.69 through administering it on 30 members of disabled society in Isfahan and via Cronbach alpha.

4. general self-efficacy scale
The general 10 item scale of self-efficacy in 2002 was designed by Schwarzer and Jerusalem (cited from Schwarzer and Jerusalem, 1995). The participants should recognize the degree of each item’s truth regarding themselves in a four-degree scale from 1 (it is not true) to (it is completely true). The more the scores are, the higher the general feeling of the person’s self-efficacy will be (Rajabi, 2006).
Now the previously discussed scale is applied for predicting the adjustment after life change and for assessing the effectiveness of clinical affairs and making changes in the behavior (Asadi Sadeghi Azar et al. 2006). For German version of general self-efficacy scale, upper range of internal consistency (0.82-0.93) and test-retest reliability was reported to be high (Schwarzes, 1994). Schools et al. (2002) have also reported a high internal consistency for this scale. Test-retest reliability of general self-efficacy scale achieved through administering on 5 various samples in a six-month period was 0.67, in a one-year period 0.5 to 0.70 and in a two-year period from 0.47 to 0.63 (cited from Wu, 2009).

The estimated concurrent validity and the criterion-related validity for the scale of general self-efficacy have been reported suitable in different studies (e.g. Schwarzer, Schmutz and Tang, 2000; Schwarzer, Babler, Kwiatek, Schroder and Zhang, 1997; Schwarzer and Jerusalem, 1979; and Rajabi, 2006). In a survey carried out by Moradi (2000) the reliability of general self-efficacy scale was measured 0.92 through administering on 30 members of disabled society in Isfahan via Cronbach alpha method.

5. Hermans achievement motivation questionnaire
This questionnaire was made up in the form of 29 incomplete sentences by Hermans (1970) and each of them was followed by 3 or 4 options ranging from “I completely agree” to “I totally disagree”. Getting high scores in this questionnaire would imply having high achievement motivation (cited from Talebpoor, Nouri and Mowlavi, 2002). The achieved reliability for the achievement motivation questionnaire in various studies was reported suitable (e.g. Hermans, 1970; Asvadi, 2000; Talebpoor et al., 2002; Shokrkob, Boroumand Nasab, Najjarian and Shahni Yeilagh, 2002). Moreover Hermans (1970) perceived suitable the concurrent and content validity in achievement motivation questionnaire. He has assessed diagnosing reliability of its questions from 0.3 to 0.57 (cited from Talebpoor et al. 2002). Achievement motivation questionnaire was rendered into Persian and normalized by Shokrkob et al. (2002), one of its items has been deleted.

In a survey by Moradi (2010) the reliability of Herman’s achievement motivation questionnaire was measured 0.71 through administering on 30 members of disables society Isfahan via Cronbach alpha method.

Method
After choosing the samples, the selected public libraries of Isfahan were referred to. Following some agreements with principals of each library, the questionnaires were given to the subjects informing them how to fill them out as well as emphasizing them regarding confidentiality of their information. 114 out of 160 questionnaires have been filled out completely.

Data analysis
In order to analyze the data the indices of frequency, mean and standard deviation from descriptive statistics and step-by-step regression in inferential statistics have been used. In step-by-step regression the scores of WHO’s Quality Of Life questionnaire (WHOQOL-BREF) were analyzed as predicting (dependent) variable and their mean scores in each 3 questionnaires of Rosenberg’s self-esteem, Schwarzer and Jerusalem self-efficacy and Herman’s achievement motivation as predictor (independent) variable.

Results
In this part, first to the descriptive statistics indices investigated are pointed out; afterwards the results from stepwise regression are rendered.
Table 2 depicts descriptive statistics indices of the scores from women’s quality of life, self-esteem, self-efficacy and achievement motivation and table 3 shows the descriptive statistics indices of the scores from women’s quality of life according to different demographic features.

**Table 2: The descriptive statistics indices of the scores of the women’s quality of life, self-esteem, self-efficacy and achievement motivation**

<table>
<thead>
<tr>
<th>variable</th>
<th>mean</th>
<th>standard deviation</th>
<th>range</th>
<th>maximum</th>
<th>minimum</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>life quality</td>
<td>86.96</td>
<td>13.02</td>
<td>60</td>
<td>114</td>
<td>54</td>
<td>114</td>
</tr>
<tr>
<td>self-esteem</td>
<td>29.24</td>
<td>5.73</td>
<td>29</td>
<td>39</td>
<td>10</td>
<td>114</td>
</tr>
<tr>
<td>self-efficacy</td>
<td>31.15</td>
<td>5.97</td>
<td>25</td>
<td>40</td>
<td>15</td>
<td>114</td>
</tr>
<tr>
<td>achievement motivation</td>
<td>74.46</td>
<td>6.15</td>
<td>28</td>
<td>88</td>
<td>60</td>
<td>114</td>
</tr>
</tbody>
</table>

**Table 3: The descriptive statistics indices of the scores from the participants’ quality of life according to different demographic features**

<table>
<thead>
<tr>
<th>variable</th>
<th>Mean</th>
<th>standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>having governmental vocation</td>
<td>87.38</td>
<td>18.60</td>
</tr>
<tr>
<td>having non-governmental vocation</td>
<td>87.30</td>
<td>6.11</td>
</tr>
<tr>
<td>jobless</td>
<td>86.85</td>
<td>12.94</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>married</td>
<td>93.88</td>
<td>9.25</td>
</tr>
<tr>
<td>single</td>
<td>85.75</td>
<td>13.25</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diploma</td>
<td>82.2</td>
<td>11.34</td>
</tr>
<tr>
<td>sophomore</td>
<td>91.44</td>
<td>11.67</td>
</tr>
<tr>
<td>bachelor</td>
<td>88.02</td>
<td>12.90</td>
</tr>
<tr>
<td>postgraduate</td>
<td>90.52</td>
<td>14.87</td>
</tr>
<tr>
<td>Economic status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>weak</td>
<td>67.33</td>
<td>1.15</td>
</tr>
<tr>
<td>medium</td>
<td>86.66</td>
<td>13.36</td>
</tr>
<tr>
<td>good</td>
<td>91.52</td>
<td>8.73</td>
</tr>
</tbody>
</table>

Table 2 shows that the mean scores of quality of life, their self-esteem, their self-efficacy and their achievement motivation were sequentially 86.96, 29.24, 31.15 and 74.46.
The results of table 3 implies that the employed women’s quality of life is a little higher than unemployed women, that of married women higher than single ones, that of sophomore women higher than other educations and that of good economical status higher is than medium and low economic status.
Table 4 indicates internal consistency matrix between self-esteem, self-efficacy and achievement motivation and female citizen’s life quality.
Table 4: Internal consistency matrix between self-esteem, self-efficacy and achievement motivation and quality of life.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Self-esteem</th>
<th>Self-efficacy</th>
<th>Achievement Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td></td>
<td>0.58***</td>
<td></td>
</tr>
<tr>
<td>Achievement motivation</td>
<td></td>
<td>0.38***</td>
<td>0.49***</td>
</tr>
<tr>
<td>Quality of life</td>
<td>0.49***</td>
<td>0.38***</td>
<td>0.42***</td>
</tr>
</tbody>
</table>

*P<0.05  **P<0.01  ***P<0.001

As it is clear from the information of the matrix, there is a significant relationship between quality of life on the one hand and self-esteem, self-efficacy and women’s achievement motivation scores on the other (P=0.00). Moreover, there is a significant relationship between the variables of self-esteem and self-efficacy, self-esteem and achievement motivation, and also self-efficacy and achievement motivation (P=0.00).

Table 5: Regression analysis of life quality variable on the variables of self-esteem, self-efficacy and achievement motivation.

<table>
<thead>
<tr>
<th>Indices variable</th>
<th>Sum of the squares</th>
<th>Degree of freedom</th>
<th>Square mean</th>
<th>F</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>4628.16</td>
<td>1</td>
<td>4628.16</td>
<td>35.62</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>14553.70</td>
<td>112</td>
<td>129.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement motivation</td>
<td>5820.89</td>
<td>2</td>
<td>2910.44</td>
<td>24.18</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>13360.97</td>
<td>111</td>
<td>120.37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results of table 5 show that self-esteem and achievement motivation were interred into regression analysis equation and self-efficacy was deleted from it. The above results indicate that self-esteem can significantly predict the subjects’ quality of life (P=0.00), and adding achievement motivation variable to self-esteem has the power to significantly predict the participants’ quality of life (P=0.002), however adding self-efficacy variable to self-esteem and achievement motivation cannot significantly increase the prediction power of women’s quality of life in Isfahan, therefore this variable would be omitted from the equation.

Table 6 shows the determinant coefficient and standard error of measurement in regression analysis of life quality variable on self-esteem, self-efficacy and achievement motivation.

<table>
<thead>
<tr>
<th>Indices variable</th>
<th>R</th>
<th>R²</th>
<th>Standard error of measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>0.49</td>
<td>0.24</td>
<td>11.40</td>
</tr>
<tr>
<td>Achievement motivation</td>
<td>0.55</td>
<td>0.30</td>
<td>10.97</td>
</tr>
</tbody>
</table>

As it can be observed from table 6, when the self-esteem variable is interred into the equation its coefficient square would be 0.24. i.e. in women 0.24 of variance between self-esteem and
quality of life scores are in common, or to put it another way 24% of the changes in quality of life scores relates to the scores from self-esteem. When the achievement motivation is added to self-esteem variable, the amount of correlation square reaches to 0.30, that is in women 0.06 of variance between the scores of achievement motivation and life quality is common, or to tell it another way, 6% of the changes in the scores of quality of life relates to the scores of achievement motivation.

**Table 7 shows raw and standard regression coefficient of self-esteem and achievement motivation and their significance**

<table>
<thead>
<tr>
<th>Indices variable</th>
<th>raw coefficient $\beta$</th>
<th>standard error</th>
<th>standard coefficient Beta</th>
<th>t</th>
<th>significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>self esteem</td>
<td>1.12</td>
<td>0.187</td>
<td>0.491</td>
<td>5.97</td>
<td>0.00</td>
</tr>
<tr>
<td>self esteem</td>
<td>0.88</td>
<td>0.195</td>
<td>0.388</td>
<td>4.52</td>
<td>0.00</td>
</tr>
<tr>
<td>achievement motivation</td>
<td>0.57</td>
<td>0.182</td>
<td>0.270</td>
<td>3.15</td>
<td>0.002</td>
</tr>
</tbody>
</table>

The results of table 7 implying the significance of regression coefficient in self-esteem and achievement motivation, indicates that the absolute effect of self-esteem and achievement motivation on quality of life is also significant.

Table 8 shows Beta coefficients, the amount of t and their significance and partial correlation of omitted variables from regression equation.

**Table 8: Beta coefficient, the amount of t and its significance and partial correlation of omitted variables from regression equation**

<table>
<thead>
<tr>
<th>Indices variables</th>
<th>Beta coefficient</th>
<th>t</th>
<th>significance level</th>
<th>partial correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>self-efficacy</td>
<td>0.040</td>
<td>0.381</td>
<td>0.704</td>
<td>0.036</td>
</tr>
</tbody>
</table>

The results of table 8 represents that the significance of regression coefficient in self-efficacy was more than 0.05, therefore it was not interred into equation, i.e. this variable could not significantly increase the prediction power of women’s quality of life.

**Discussion and conclusion**

The results of the present study indicated that there is a significant relationship between women’s scores of life quality and self-esteem, their scores of self-efficacy and achievement motivation. According to these results self-esteem could significantly predict the participants’ quality of life and adding the variable of achievement motivation to the variable of self-esteem would increase the prediction power of the participants’ quality of life, but adding the variable of self-efficacy to variables of self-esteem and achievement motivation could not significantly increase the participants’ quality of life. The findings of the current study is in accordance with the survey conducted by Mir Moradi (2010), however it somehow agrees with the results of Murphy and Murphy (2006) and Asadi Sadeghi Azar et.al. (2006).

The results of this study in case of self-esteem in predicting women’s quality of life is in agreement with that of Kermode and Maclin (2001) proving the fact that high self-esteem has outstanding importance in general indices of life quality; and high positive self-esteem and the nonexistence of low self-esteem are important factors in the aspect of happiness in quality of life. It also conforms with the results of the study by May and Warren (2002) on being a direct relationship between self-esteem and quality of life in those suffering from spinal
injuries and in the same way with the results of the path analysis carried out by Moradi (2010) showing that self esteem variable directly affects the quality of life of those young women who suffer from physical-motor disability and the finding of the survey by zaki (2007) on being a significant relationship between self-esteem and quality of life in the students of Isfahan University.

The results of the present study on direct effect of self-esteem on women’s quality of life in Isfahan, would accentuate this assumption of life quality hypothesis among the apt personal features of dissatisfaction from life is low self-esteem (Frisch, 2006). Keller (1987, cited from Lee, 2005) assumes self-esteem as one of predictors of quality of life. Self-esteem is often considered as an individual source which adjusts the effect of threatening happenings and conditions. The degree of self-esteem plays an important role in determining the person’s longing and satisfaction (Oliver et.al. 1996). Self-acceptance and self-satisfaction closely relates to satisfaction and happiness in life (Frisch, 2006). Research has shown that self-esteem is the best predictor of life satisfaction (Diener and Diener, 1995; Lewinsohn, Render and Seeley, 1991; Sekaran, 1986). Life satisfaction, in itself, would lead to better physical and mental health which are two important constituents in quality of life. Self-esteem helps in overcoming negative experiences and it leads to success. Such success, also, assists the person to have good experiences in life (Sekaran, 1986). Moreover it seems that those who see themselves positively incline to assume life events positively and therefore they can have high life satisfaction.

The results of the current study in case of disability of self-efficacy in predicting women’s quality of life in Isfahan was in agreement with the survey carried out by Tsay, and Healstead (2002) indicating that after controlling the age effect, self-efficacy is the most important predictor of quality of life in Hemo-dialyzed patients. The results of the study by Taylor et.al. (2006) regarding strong relationship between general self-efficacy and psychological irritation in public do not agree with the findings of the study by Middleton et.al (2007) which indicted that in those suffering from spinal injuries in Australia, low self-efficacy and the intensity of pain would decrease the quality of life in all domains of SF-36 and the results of path analysis of Motl, and Snook (2008) in which those suffering from multiple skelleros, more self-efficacy for acting and control more intensely relates with quality of life, but it conforms with the findings of the path analysis by Moradi (2010) which proved that despite being relatively great its path coefficient, self-efficacy does not directly relate to the quality of life.

Of course according to the results of the present study, there is a significant relationship between self-efficacy and women’s quality of life, but due to strong relationship between self-esteem and achievement motivation and variable of self-efficacy, the impression of this variable affects women’s quality of life, that is, not being significant the regression coefficients for self-efficacy is not because of this variable’s essential ineffectiveness or its low effect, otherwise through interring a collection of variables in regression equation the effect of self-efficacy on the quality of life of female citizens would decrease profoundly.

The findings of the current study in case of ability of achievement motivation in predicting women’s quality of life is in agreement with the results of the study carried out by Kuijer and Ridder (2003) indicating that in patients suffering from asthma, diabetes, and heart stroke the greater difference between the goals importance and accessibility to them relates to lower level of life quality and so does it regarding the results of path analysis by Moradi (2010) which proved that the achievement motivation variable directly affects the quality of life of young women suffering from physical-motor disability.

The results of this study in case of the ability of achievement motivation in predicting women’s quality of life in Isfahan would accentuate this assumption of life quality which is
among personal features prone to life dissatisfaction, the feeling of laggardness and stagnancy in valuable fields of life (Frisch, 2006:18) and not actually having achievement motivation.

Some researchers have emphasized the role of personal goals and related structures in assessing people from their quality of life. In Calman’s (1984) view the quality of life would measure the distance between the person’s hopes, dreams, and wishes and his/her experiences or facts. People are usually motivated to lessen this distance. Carr et.al. (2001) have applied Calman’s definition to propose a model of quality of life according to the distance between expectations and real experiences. Cella, and Tulsky (1990), too, introduces the fact that the quality of life points to the person’s assessment from his present condition comparing to what perceived as possible or ideal. The basic element in all these definitions is that it is supposed that the quality of life includes some mental assessments regarding getting to the goals. Moreover the basic assumption of motivational theories in case of wellbeing and personal goals is that successful follow up of meaningful goals, plays an outstanding role in creating and continuity of psychological wellbeing (cited from Bronstein, 1993).

From another view, the people with high achievement motivation have features such as the feeling of control on life, the preference for challenging actions (Tokreld, 2000; Seif, 2000), being internal the source of control and consequently the increase of perseverance to continue working after defeat (Winner, cited in Tokreld, 2000; Seif, 2000) which increase the probability of following up the goals and reaching to success. Naturally these goals include promoting different parts and domains of quality of life. This phenomenon is reverse in people with low achievement motivation.

Among limitations of the current study which can be pointed out is the inability to generalize the findings to men in Isfahan and residents of others parts of the country. According to the above fact, it is proposed that similar study would be carried out on men in Isfahan and residents of other parts of the country in order to make the probable role of gender and residency clear.
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