Effectiveness of Training Choice Theory Concepts in Improving Quality of Life of Unsupervised Children and Orphans

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ABSTRACT

This study aimed to determine the effectiveness of training choice theory concepts in improving quality of life of unsupervised male children and orphans living in daycare centers in Sanandaj town in the second half of 2015. The methodology of the study is quasi-experimental in a form of pretest-posttest design with a control group. The population included unsupervised male children and orphans living in daycare centers in Sanandaj town. 20 of them were selected as samples by convenience sampling method and using WHO quality of life questionnaire. Then, they were divided into two experimental (n=10) and control (n=10) groups. Then, the concepts of choice theory were taught to experimental group in eight 45-minute sessions but the control group did not receive any intervention. In order to analyze the data, analysis of covariance (ANCOVA) was used. The results showed that training the concepts of choice theory improved the quality of life of experimental group compared with control group (P<0.05). According to the results of this study, it can be concluded that training the concepts of choice theory is effective in improving the quality of life.

Keywords: *Choice theory, quality of life, orphans and unsupervised children.*

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INTRODUCTION

Unsupervised children and teenagers and orphans face with serious problems regarding their mental health due to exclusion, instability, and turmoil in the family, as well as having a history of physical abuse, sexual abuse, or neglect and the special status of residence due to unfavorable relations of supervisors (Iravani, Vali Zadeh, Shafie, 2012). Various research and findings indicate various psychological problems of this group of children and adolescents (Shakerian, 2010). Among the different problems bothering this group of children, the issues of accountability and quality of life are greatly important.

Unsupervised children and orphans are people for whom considering a life in isolation is not possible. One of the fundamental features of the children is accountability. Accountability is one of the concepts that have been constantly used about the children. Cultivating accountability must be begun since the early years of life, and the child is ready to take it in these years. Cultivating the sense of accountability is the most valuable gift for unsupervised children and orphans. In addition, as the worthy capital, it is an important factor in the progress and prosperity of these children's different talents, creativities and abilities. Such training can enable them to take care of themselves, and to handle their own tasks in future as liable people. Training accountability to unsupervised children and orphans requires a special atmosphere at home and school. Such atmosphere provides information and resources for

children to be able to make correct decisions in various conditions and circumstances (Biabangard, 2011).

Quality of life is associated with mental health, and expresses moods, changes, and the abilities of individuals and the personal satisfaction with life functions. Mental health-related quality of life, in intervention therapy, focuses on the feeling of being well and life satisfaction. Therefore, quality of life is a concept beyond health, even though it depends on it (France, Powers, 2007). According to the World Health Organization, aspects of quality of life are:

1. Physical health, 2. Psychological aspects (mental health) 3 social relations 4. Social environment (World Health Organization, 1996).

Unsupervised children and orphans are endangered because of numerous problems and effects of their quality of life. Quality of life has always emphasized on the presence of three fundamental principles in this issue. Quality of life is the result of a subjective evaluation, and the person, himself, can judge about it much better than others. Quality of life has a dynamic nature, and multi-dimensional concept. Therefore, it must be evaluated from different aspects (Moemeni Javid, Shoa Kazemi, 2011).

Quality of life is defined as people's perception of their positions in life in the context of culture and value systems in which they live, as well as their concerns about their goals, expectations, and worries (Peeters-Boersma, Koopman, 2008). The term "Quality of life" is used in some various political, social, and economic contexts, and is used mostly in medical studies. Moreover, according to many experts, it includes various physical, psychological, social, and spiritual aspects (Park, 2004). Evidence shows that family life largely affects an individual's quality of life (Rodgers & Bachman, 1998). Having a

family life coupled with conflicts and negative emotions can reduce the individual's quality of life (Moemeni Javid, Shoa Kazemi, 2011).

In the present study, we intend to provide an opportunity for unsupervised children and orphans to give a different meaning to their problems through choice theory. Aside from these issues, children of each community are considered as future of the community. As unsupervised children and orphans are currently composing a part of children population; performing any measure not only saves emotional and economic costs of community but also they bring a brighter future for the community. Understanding these needs, the present study tries

to promote mental health of unsupervised children and orphans using the concepts of choice theory, and it tries to reduce the damage caused by the lack of families by improving the quality of life. Therefore, it has been attempted to investigate whether training the concepts of choice theory affectively improve the quality of life of unsupervised children and orphans.

Research design
The present study is an applied research in terms of purpose, and it is a quasi-experimental research with pre-test and post-test with a control group in terms of implementation.

Table 1: research design diagram

Groups	pre-test	Independent variable	post-test
experiment	T_1	Choice theory	T_2
Control	T_1	—	T_2

Population: population of the study included all male unsupervised children and orphans living in well-fare centers in Sanandaj city in the second half of 2015.

Sampling method: in the present study, 20 male unsupervised children and orphans were selected using convenience sampling method, and they were assigned into two experiment and control group. Moreover, the inclusion criteria were: 1. 8 to 14 age group, 2: lack of pervasive developmental disorders, 3: non-use of psychotropic drugs, 4: living in welfare centers and having literacy.

Research tools
The World Health Organization Quality of Life Questionnaire (WHO-QOL-BREF):
The questionnaire has been designed to evaluate the quality of life of individuals by the world health organization. General World Health Organization Quality of Life instrument is in two WHOQOL-100 and WHOQOL- BREF forms. The questionnaire of WHOQOL- BREF was created after merging some areas and removing a number of questions of WHOQOL- 100. It is scored based on 5-point Likert scale, and the score of each item ranges from 1 (very little, never, I am very dissatisfied) to 5 (very much, always, I am very satisfied). It must be noted that the questions of 4-3-25 are scored in reverse. In addition, the questionnaire examines four domains: physical health, mental health, social relations and environment health with 24 questions (each domain has 7,6,3,8 questions, respectively). The first two questions do not belong to any domain and

evaluate the health condition and quality of life totally; therefore, the questionnaire totally includes 26 questions. After conducting required computation in each domain, a score of 4-20 will be achieved for each domain separately, in which 4 and 20 indicate the worst and the best situation of the domain of interest, respectively. The scores can be changed to a score in the range of 0-100 (Nejat, 2007). The reliability of this test with intra class correlation index in physical health, mental health, social relations, and environment health was 0.77, 0.77, 0.75 and 0.84, respectively. It has also acceptable validity (Nejat, 2007).
The obtained Coefficients to determine the internal consistency have been in the range of 0.73 to 0.92 with the mean of 0.86. Test-retest reliability coefficients have been

reported from 0.48 to 0.86 according to time intervals between two tests and type of studied population. In addition, concurrent validity compared with the clinical rating for psychiatric patients indicates correlation coefficients of 0.55 -0.96 with the median of 0.72. Moreover, in Iran, Nasiri (2010) used three methods of test-retest (with three-week interval), split-half and Cronbach's alpha for the reliability of the scale that were 0.67, 0.87 and 0.84, respectively.

Treatment procedure
The treatment plan was set according to Glaser Protocol (2003), translated by Mehrdad FiroozBakht (2005), and conducted as follows:

Treatment protocol, sessions of training choice theory

sessions	Content of sessions
First session	Establishing acquaintance and maintaining communications, providing a brief introduction to the theory and the general framework of the training sessions, conducting pre-test and discussing the choice theory and its main concepts and principles
second session	introducing the five basic needs that every human being is born with them and behave according to them, explaining the quality of life and its relationship with the satisfaction of needs, group discussion, presentation of assignments
third session	Reviewing assignments, introducing the desired (high quality) world and helping people discover and identify the images of desired world and its values, change and replace images in the case of inconsistency with reality and their inefficiency, presentation of assignments

fourth Session	Reviewing assignments, introducing the four components of the overall behavior and answering the question: how our brain works, doing group practice about quality of life, presentation of assignments
fifth meeting	Reviewing assignments, introducing effective or ineffective, repetitive and habitual, new and renovated behaviors, working on changing the thoughts and actions, and thereby changing feelings and physiology, presentation of assignments
Sixth Session	Reviewing assignments, introducing internal control psychology versus external control psychology, making members aware of their thoughts about quality of life, identifying the joyful components in life, presentation of assignments
Seventh session	Reviewing assignments, introducing the important role of interpersonal relations; introducing the language of choice theory in relation to children and parents, working on enjoyable activities and their relationship with the feelings, presentation of assignments
Eighth Session	Reviewing assignments, introducing seven destructive and seven constructive habits that can be used instead of them, summing up the past sessions, the posttest and completion of sessions

Data analysis

In the present study, in order to analyze the data, descriptive statistical methods (such as mean, standard deviation) and inferential statistics such as analysis of covariance (ANCOVA) were used in order to investigate pre-test and the efficacy of choice theory. After gathering the data, SPSS 22 software was used to classify and analyze the data.

FINDINGS

Table 1: Descriptive indicators of quality of life in experimental and control groups

variable		index group	Pre-test) 10 N=(		Post-test) 10 N=(	
			mean	SD	mean	SD
Physical health		experiment	15.30	3.09	21.20	4.02
		control	13.80	3.58	14.20	2.30
Mental health		experiment	13.50	3.74	19	3.85
		control	13.30	3.26	11.70	1.56
Social relations		experiment	0.090	1.10	1.80	1.13
		control	1.60	1.17	1.60	1.17
Health of living environment		experiment	16.90	3.60	23	4.73
		control	14	2.26	15	3.33
Total quality of life		experiment	57.60	12.09	77.70	11.23
		control	50.40	6.25	50.80	6.67

Table 1 shows that mean scores of quality of life dimensions in the experimental group has increased in post-test compared to the control group. However, changes in control group are not significant.

To test the hypotheses of the study, ANCOVA was used. Before performing the test, it is required to investigate the assumptions of using this test. One of the assumptions of co-variance analysis is to study the homogeneity of regression slope. The results of regression slope associated with quality of life variables have been represented in table 2.

Table 2: The results of the homogeneity of regression slope assumption in the quality of life

variable	Source of changes	Sum of squares (SS)	Degrees of freedom(df)	Mean of Squares (ms)	F	Sig
Quality of Life	Group * Pre-test	4.715	1	4.715	0.757	0.397

Results of Table 2 show that interaction of pretest* group in each variable of quality of life has not been significant; therefore, the data supports the homogeneity of regression slopes and the hypothesis is confirmed.

Another hypothesis of co-variance analysis is homogeneity of variances. To test the hypothesis, Levene test was used and its results were summarized in Table 3.

Table 3: Levene's test results related to the quality of life variables

variable	Test f	Degree of freedom 1	Degree of freedom 2	Sig
Quality of life	1.275	1	18	0.274

Results of Table 3 show that variables of quality of life enjoy homogenous variances; therefore, the hypothesis is confirmed. To analyze data related to this hypothesis, statistical analysis of covariance was used. In this analysis, the posttest average of experimental group was compared with the average of control group and pretest scores were used as covariates.

Table 4: The results of ANCOVA to assess the significance of differences between experimental and control groups in quality of life variable

Variable	Source of changes	Sum of squares Ss	Degree of freedom df	Mean of squares Ms	F	sig	Coefficient to 1
Quality of life	Pre-test	1433.348	1	1433.348	233.508	0.000	0.932
	Group	1770.680	1	1770.680	288.462	0.000	0.944
	Error	104.352	17	6.138			

Results of Table 4 show that the effect of the independent variable, i.e. the concepts of choice approach, on the dependent variable, i.e. quality of life, (sig = 0.000 and f =288.462) is statistically significant. Since the mean post-test scores of the experimental group was higher than that of the control group, so the concepts of choice approach have been able to significantly increase the quality of life in experiment group rather than control group.

DISCUSSION AND CONCLUSION

Results show that the effect of the independent variable, i.e. concepts of choice approach, on the dependent variable, i.e. quality of life, (sig = 0.000 and f =288.462) is statistically significant. Since the mean post-test scores of the experimental group was higher than that of the control group, so the concepts of choice approach have been able to significantly increase the quality of life in experiment group rather than control group. The results of the present study are consistent with the results of the studies by researchers such as: Kazemi Mojarrad(2015), Islami, Hashemian, Jarahi, and MOddaresh Ghoravi (2014), GhasemiT KajbafT and Rabiee(2013), and Okrodudu (2010).
As the theoretical explanation of this hypothesis, it can be stated that quality of life is one of the most important clinical research topics, and it has been emphasized as one of the effective aspects in taking care of unsupervised children and orphans. Quality of life is a multi-dimensional concept, and as a health concept, it has various features such as multi-dimensionality, dynamicity, and subjectivity. Moreover, it includes various physical, mental, and social aspects, and each of these aspects are divided into more sub-sets (Berahni, 2002). According to the issues mentioned in previous sections, choice approach can be effective in increasing the quality of life of people. With its own specific metaphors, the approach will affect mental aspect and the physical dimension in long term. It is based on the assumption that ineffective relation or lack of relation leads a person not to get a positive feedback from his community and be rejected. Therefore, in a course of training and treatment, by addressing to relation patterns and making an effective and constructive relations, children learn to act in a way to get positive reinforcement. Consequently, they can be effective on social and environmental aspects of quality of life (Ravens-Sieberer, Bullinger, 2008).
In addition, enhancing the quality of life requires longer time and further changes in different aspects of life. Quality of life has different dimensions. In reality therapy, changing thoughts and actions will only be worked on, and the other aspects of life are not directly emphasized, and it is attempted to force the person to make changes in his choice in order to have better results, and thereby improving his living conditions. It means

that environmental, social and information changes are not focused directly (Upton, Lawford, Eiser, 2011),

training the concepts of Choice Theory makes a person, who sees life through active perspective, to not only not throw away

the cut papers of calendar, but also to write an important note on the back of each of them in order to convert the calendar of his life from impossible and undone to possible and done affaires. Therefore, such a person has played an active role in his life and he is happy with his life passed behind. As a result, quality of life of people will increase. In addition, teaching concepts of choice theory through enhancing positive feelings level leads to enhancement of self-esteem and a successful confrontation with negative experiences. Therefore, teaching concepts of choice theory through enhancing self- esteem as a mediating mechanism leads to positive compatibility and promoting mental health. Moreover, people with high mental health have the ability to cope with problems better rather than those not having the benefit. On the other hand, the more power a person has in life skill, confrontation with life problems and stresses, the less he is exposed to mental and emotional chaos, and he enjoys higher mental health and well fare. They can also have more effective interpersonal relations and use supportive resources at the required time. Therefore, teaching concepts of choice theory through enhancing self- esteem as a mediating mechanism leads to positive compatibility and mental welfare. In addition, teaching concepts of choice theory has been able to improve and promote the life quality of unsupervised children and orphans. Given that desired quality of life can have positive impressions on family life and their workspace, considering psychological problems of the children and preparing health interventions to reduce these disorders are of utmost importance. The results of the present study can be an appropriate educational intervention model to reduce the psychological problems of unsupervised children and orphans (Jozefiak, Larsson, Wichstrom, Wallander, Mattejat, 2010).

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