SOCIAL SUPPORT, HOPE AND HAPPINESS AS PREDICTORS OF QUALITY OF LIFE AMONG HEALTH WORKERS IN MAKURDI METROPOLIS

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Abstract
This study examined social support, hope and happiness as predictors of quality of life among health workers in Makurdi metropolis. 171 participants consisting of 67 (39.2%) males and 104 (60.8%) females were drawn through purposive sampling method. The Multidimensional Scale of Perceived Social Support, Adult Trait Hope Scale, Orientations to Happiness Scale and World Health Organization Quality of Life Scale were used to collect data from the participants. Data were analyzed using Hierarchical Multiple Regression. Findings from the hypotheses indicated that, social support, hope and happiness independently and jointly predicted quality of life among Health workers in Makurdi metropolis. Therefore, it was recommended that, conscious efforts be made towards enhancing such aspects as, social support, hope and happiness as they affect health workers quality of life in Makurdi metropolis in particular, and Nigeria at large.'

Key words: Social Support, Hope, Happiness, Quality of Life, Health Workers.

INTRODUCTION

Interest in social support, hope, happiness and quality of life among health workers has accelerated in recent years. Part of the reasons for this renewed interest has been that, social support, hope and happiness are found to have predicted quality of life among civil servants (Malinauskas, 2010; McCullough & Snyder, 2000). In recent times, organizations have high awareness about the importance of employees' commitment as one of the forces that could influence its development. To maintain employees' commitment, organizations should give more attention to enhance their quality of life. But sometimes, organizations have several difficulties in creating appropriate programs to fulfill employee's needs of quality of life. Variables such as occupational stress, burnout, communication, flexible work arrangement, employee motivation, fatigue, social support hope, happiness, perceived organization safety and support may influence an individual's quality of life. However, the present study examined only three of these factors; social support, hope and happiness to see their effect on quality of life.

Social support is the comfort given to us by our families, friends, coworkers and others (Onyishi, Okongwu & Ugwu, 2012). This comfort can be in the form of resources provided by others to assist us. Perceived social support can be instrumental, tangible, informational and emotional. Social support for employed youths is conceptualized as coming from three sources including family, friends and significant others (Edwards, 2004; Onyishi *et. al.,* 2012). These sources of support could help an individual cope with varying life challenges. Most people turn to social resources in an effort to contain stressful events in life (Malinauskas, 2010). In this case, support network is an indication of social integration and the more one is integrated, the more one can cope with the effects of work and family life. Social support has been linked with quality of life (Heady & Wearing, 1992; Young, 2004). Increase in social support has been associated with increase in overall quality of life (Newson & Schulz, 1996). Friends and family support significantly predict quality of life (Au, Lau, Koo, Cheung, Pan, & Wong, 2009; Yeung & Fung, 2007). The employee's quality of life might be compensated or at least improved upon if workers are given social support (Lorenzini & Guigini, 2010). The help of the family in supporting workers might prove essential. Similarly, being in a relationship with a partner and having close friends with whom one can talk to might help in overcoming the psychological and physical distress caused by work. More generally, one may think of social support of all kinds to be crucial to help workers cope with the demand of work and family.

Another variable of interest in this study is hope. Hope is the perceived capacity to

derive pathways to desired goals and motivate oneself through agency thinking to use those pathways (Snyder, 2002). It is the overall perception that one's goals can be met. Hope has three necessary ingredients: Goal-oriented thoughts, Pathways to achievement of goals and agency thoughts directed to goal achievement (Snyder, 2002). Hope is a motivational concept but clearly has a cognitive component. Hence, including this part of hope, hope is "a reciprocally derived sense of successful agency (goal directed determination) and pathways (planning of ways to meet the goals)" (Snyder, Cheavens & Michael, 1999). Hope may be associated with higher quality of life, use of adaptive coping methods, flexible and positive thoughts, (McCullough & Synder, 2000; Snyder *et al.,* 1996), and more positive appraisals of stressful events (Affleck & Tennen, 1996). Hope has been taken as an individual difference factor that colors one's appraisal of stressors and the coping process (Snyder *et al.,* 1991). Thus, individuals high in hope would appraise stressors as more challenging (as opposed to more threatening), and thus have the ability and motivation to improve quality of life and to find solutions to ameliorate the stressful feelings and resolve the stressor as a function of this orientation (Lazarus & Folkman1984; Thompson, Gustafson, Hamlett, & Spock, 1992).

Beside social support and hope, happiness is another psychological variable that has been implicated in the prediction of quality of life. Being happy is of great importance to most people, and happiness is a highly valued goal in most societies ((Diener, 2000). Happiness in the form of joy appears in every typology of "basic" human emotions. Feeling happy is fundamental to human experience, and most people are at least mildly happy much of the time (Diener & Dienner, 1996). Philosophers and social researchers have defined happiness in a variety of ways (Kesebir & Diener, 2008). The largest divide is between hedonic views of happiness as pleasant feelings and favorable judgments versus eudemonic views of happiness involving doing what is virtuous, morally right, true to oneself, meaningful and/or growth producing (Ryan & Desi, 2001; Ryff & Singer, 2008). The successful pursuit of happiness is vital to our quality of life. All of us want to lead meaningful and fulfilling lives, want to enhance our experiences of love and relationship. Happiness is commonly defined as a state of well-being, it is commonly associated with feeling good or experiencing pleasures. It is an emotional or affective state that is characterized by feelings of enjoyment and satisfaction. As a state and a subject, it has been pursued and commented on excessively throughout world history. This reflects universal importance that humans place on happiness which leads to quality of life.

Social Support and Quality of Life

Balogun (2014) explores the extent to

which the big five personality traits (extraversion, neuroticism, agreeableness, conscientiousness, openness, openness to experience), emotional intelligence and social support predict quality of life among less explored sample such as prison inmates in Nigeria. The study also investigated whether perceived social support predict quality of life beyond and above dispositional factors after demographic variables such as age, gender and religion were controlled. 251 inmates were randomly selected from 3 prisons in three South-Western States in Nigeria to participate in the study. Data were collected using Quality of Life Questionnaire, Big Five Personality Inventory, Self-report Emotional Intelligence Test and Multidimensional Scale of Perceived Social Support, and were analyzed using hierarchical multiple regression analysis. Results showed that extraversion, neuroticism, agreeableness, conscientiousness, openness, emotional intelligence and perceived social support collectively and relatively contributed to prison inmate's level of quality of life. Moreover, social support predicted quality of life above and beyond big five personality traits and emotional intelligence. The results were discussed in line with past findings. Practical implications of the findings were also highlighted.

Farzaee (2012) examined the relationship between quality of life, self-esteem and perceived social support in high school students. 150 eight grade girls were selected among the entire population of 2008-2009 students in the city of Tehran using multi stage cluster method. Quality of life, Coopers-Smith Self-Esteem and Wax Social Support Questionnaire were used to obtain data. The result of the analysis of data that was done in two levels of descriptive (mean, standard deviation, correlation coefficient) and deductive (multi parameters regression) shows that a positive meaningful relation exists between self-esteem and quality of life at less than 0.001 level. A positive meaningful relation at less than 0.01 level exist between self-esteem and small scale as well as the number of total social support. Furthermore, the linear regression equation showed that to predict quality of life, self-esteem and social support (in family scale) are important in the same order.

Similarly, Gore (1978); Pearlin, Menaghan, Morton and Mulan (1981); Thoits (1995) have shown that social support is beneficial to health and quality of life while facing stressful events, although they cannot prevent all damaging effects. In another study, Adedimeji, Alawode and Odutolu (2010) examined the impact of social support, economic, psychological and environmental factors on health and quality of life among people living with HIV/AIDS in Southwest Nigeria. Using participatory methodology, 50 HIV positive people, 8 health personnel and 32 care providers were

interviewed to explore how care and support affect happiness in view of constraints to accessing antiretroviral drugs. Analysis of data used the grounded theory (GT) approach to identify themes, which are considered crucial to the well-being of people living with HIV/AIDS. The findings highlight several factors, apart from antiretroviral drugs, that impact the happiness of people living with HIV/AIDS in Southwest Nigeria. These include concerns about deteriorating physical health, family and children's welfare, pervasive stigma, financial pressures and systematic failures relating to care among others. They further described how psychological and social support structures can considerably contribute to improving health outcomes among them because of how they affect the functioning of the immune system, self-care activities and other illness behaviors.

In another study, Calvete and Connor-Smith (2006) found support in family and friends to increase quality of life among students. This finding as supported by Dollete Steese, Phillips and Matthews (2004) found that social support act as a protective factor could decrease psychological problems among students such as stress, thus, increasing quality of life. A study by Wentzel (1998) found that social support positively influence students' quality of life and performance. This study is supported by the study by Quoman and Greenberg (1994) who found that less social support from these sources would lead to poor quality of life and failure. And in a meta-analysis of subjective well-being correlates, Pinquart and Sorensen (2000) found that life satisfaction, self-esteem and quality of life showed a stronger relationship with ratings of social contact quality than with social contact quantity (i.e. social embededness).

In another study, Savelkoul, Post, de Witte and van den Borne (1999) conducted a cross-sectional study to examine the relationship between social support, coping and happiness by testing three hypotheses: social support influences quality of life through coping; there is a reciprocal relationship between social support and coping; and both concepts influence quality of life. Data were analyzed from 628 patients with one or more chronic rheumatic disorder(s) affecting the joints, in some patients combined with another rheumatic disease (no fibromyalgia). Although causal inferences are not possible, the results present a plausible causal sequence in supporting the second hypothesis. This is only true, however, for coping by awaiting/avoidance, coping by awaiting/avoidance led to less social support and this decrease in social support negatively influenced quality of life.

In their study, Siedlecki, Salthouse, Oishi and Jeswani (2013) examined the relationship between social support and quality of life across age. The relationships

among types of social support and different facets of quality of life (i.e. positive affect and negative affect) were examined by the authors in a sample of 1,111 individuals between the ages of 18 and 95 years. Using structural equation modeling, they found that the quality of life was predicted by enacted and perceived support, positive affect was predicted by family embeddedness and provided support. When personality variables were included in a subsequent model, the influence of the social support variables were included in a subsequent model, the influence of social support variables were generally reduced. Invariance analyses conducted across age groups indicated that there were no substantial differences in predictors of the different types of subjective quality of life across age.

Walen and Lachman (2000) conducted a study to examine the association between social support and quality of life, investigate whether these associations depend on relationship type (partner, family, friend), examine the buffering effects of support on strain (both within and across relationship type), and test the extent to which these associations differed by age and sex. The sample consisted of 2,348 adults (55%0 aged 25 to 75 ears (M=46.3), who were married or cohabiting. Positive and negative social exchanges were more strongly related to happiness than to health. For both sexes, partner support, strain and family support were predictors of quality of life measures; partner strain was also predictive of health problems. However, family strain was predictive of quality of life and health outcomes more often for women. They therefore concluded that, supportive networks could buffer the detrimental effects of strained interactions, then friends and family served a buffering role more often for women than for men.

Hope and Quality of Life

Hasnian, Wazid and Hasan (2014) conducted a study to ascertain the contribution of optimism, hope and quality of well-being on quality of life of young adult Assamese males and females. It also investigated the difference between young adult Assamese males and females on quality of life, optimism, hope and psychological well-being. A sample of 100 young graduate adults, 50 males and 50 females residing in the Kamrup district of the state of Assam was taken. Ryff scales of Psychological Well-being, Life Orientation Test of Scheiser and Carver for optimism, Adult Trait Hope Scale of Snyder and Quality of Life Questionnaire were used. Separate regression analyses were run to find out the percentage of variance contributed by optimism, hope and psychological well-being on quality of life of males and females. In order to find the difference between the means of variance Assamese males and females on different variables, t-test was applied. Significant combined contribution of variance of optimism, hope and psychological well-

being on happiness of young adult Assamese males and females were obtained. However, only hope in males and psychological well-being in females individually contributed 63% and 53% significant variance respectively to their quality of life. Significant difference between young adult Assamese males and females on psychological well-being and quality of life were obtained, whereas females were found to be higher on well-being and males on happiness. Non-significant differences between young adult Assamese males and females on optimism and hope were obtained.

Nelson, Roberts and Snyder (2010) measured eighty-nine early adolescents for perceptions of hope, exposure to violence and perceived vulnerability to quality of life. Results showed the presence of high hope, together with a high degree of happiness. Ciarrochi, Heaven and Davies (2007) also examined the distinctiveness of "three positive thinking" variables (self-esteem, trait hope and positive attribution style) in predicting quality of life, teacher-rated adjustment and students' report of their affective states. It was revealed that each positive thinking variable was distinctive in some contexts but not others. Hope was a predictor of increase in hostility and fear, and low self-esteem was the best predictor of increases in sadness.

Valle, Huebner and Suldo (2006) in a longitudinal study involving middle and high school students, provided evidence of stability of hope reports of adolescents over 1-year period, predictive validity of adolescent hope reports and hope's functional role as a moderator in the relationship between stressful life events and adolescent quality of life. Taken together, the results provide support for consideration of hope as a key quality of life in youth. The findings are consistent with theories of motivation in which individual differences in hopeful thinking are conceptualized to play a functional role in linking life events and happiness.

Happiness and Quality of Life

Vallereux (2014) examined the relationship between happiness and quality of life, using the Day Reconstruction Method to test both the reward-sensitivity hypothesis as well as the situation-selection hypothesis. Data from a sample of 109 respondents were used to test the two hypotheses with repeated measure of quality of life on multiple reconstruction episodes. The results clearly show support for the situation-selection hypothesis with no significant support to reward sensitivity.

DeNeve and Coper (1998) conducted a meta-analysis of 137 participants on personality dimensions and happiness on quality of life. Of the Big Five, conscientiousness (r=.22) and neuroticism2 (r = -.24) were the two dimensions most strongly related to quality of life. Extraversion (r =.20) and agreeableness (r =

.13) and neuroticism (r = -.23) were most strongly related to quality of life. Openness to experience was the personality variable consistently least related to quality of life. Across the studies included in their analysis, DeNeve and Cooper found personality and happiness to be good predictor of quality of life.

In a study investigating the relationship between happiness and quality of life, Haslam, Whelan and Bastian (2009) found that happiness mediated the pathways of values to quality of life. The relationships between happiness and quality of life were shown to be due to variance both share with personality traits. Associations between happiness and quality of life were argued to be "indirect effects of more basic associations between happiness and quality of life". This study provides just one demonstration of the robustness of association between happiness and quality of life.

Perhaps unsurprisingly, Vella-Brodrick, Park and Peterson (2009) indeed found that personality predicted substantially more variance in quality of life than did happiness (adjusted R2 for models without personality versus models with personality in square brackets; life satisfaction 7.9% (19.9%), positive affect 26.5% (37.3%), negative affect 5.7% (34.8%). One's the Big Five personality factors had all been controlled for, each orientation to happiness domain predicted only very small amounts of additional variance for quality of life. For example, engagement was found to account for 1.8% of the additional variance in quality of life while pleasure and meaning did not predict quality of life at all once personality variables had been accounted for. Demographics, personality orientation to happiness accounted for 37.3% of variance in quality of life. However, of this variance, pleasure accounted for just 2%, meaning 14% and engagement 2.6%. Pleasure and meaning were also found to account for variance in quality of life to a small extent (1.1% and 1.8% respectively). Unlike the study by Haslam, Whelan and Bastian (2009), mediation and analyses were not conducted.

Interestingly, both the beta-weights for pleasure and meaning predicting quality of life were positive, indicating that higher endorsement of pleasure and meaning was associated with more quality of life. The authors speculated that this was connected to the theorizing put forward by Ryff and Singer (1998) that finding meaning in life can be associated with considerable hardship and mixed emotions, including at times profound negative emotions. This underscores an important point that all negative emotion is unhealthy. Indeed, Wong (2011) has lamented positive psychology's seeming fixation with positive emotion and claims that overcoming significant negative emotion is an important pathway to developing character strength and resilience.

A study conducted among Chinese University students showed that students who are happy experience higher level of quality of life than those who are not happy (Lu & Hu, 2006). Lu and his colleague's findings agreed with Lu and Shih (1997) earlier findings which also reported the same results. Spangler and Palrechal (2004) examined the influence of happiness on quality of life among 271 undergraduate and graduate students in Binghamton, USA and they found that students who are happy reported higher and lower level of quality of life. Personal strivings had no relationship with quality of life. Against this backdrop, this study investigated Social Support, Hope and Happiness as Predictors of Quality of Life among Health Workers in Makurdi Metropolis.

Hypotheses

The following hypotheses were formulated for the study:

i. Social support will significantly predict quality of life among health workers in Makurdi Metropolis.
ii. Hope will significantly predict quality of life among health workers in Makurdi Metropolis.
iii. Happiness will significantly predict quality of life among health workers in Makurdi Metropolis.
iv. Social support, hope and happiness will jointly predict quality of life among health workers in Makurdi Metropolis when demographic variables are controlled.

METHOD

Design

This study employed an ex-post facto design to investigate Social Support, Hope and Happiness as Predictors of Quality of Life among Health Workers in Makurdi Metropolis. The independent variables for this study are social support, hope and happiness. The dependent variable is quality of life among health workers.

Participants

The participants for this study were one hundred and seventy one health workers from Benue State University Teaching Hospital, Bishop Murray Medical Center and Federal Medical Center, all located within Makurdi Metropolis consisting of 67 (39.2%) Males and 104 (60.8%) females through purposive sampling method. As for their marital status 140 (81.9%) were married, 27 (15.8%) were single, and 4 (2.4%) were widowed. In terms of ethnicity, 114 (66.7%) were Tiv, while the rest were from other ethnic groups.

Instruments/ Measures

The researchers used four (4) instruments which include: Multi-dimenssional Scale of Perceived Social Support, Hope Scale, Happiness Scale and Quality of Life Scale.

i. Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS, Zimet, Dahlem,

Zimet & Farley, 1988) was used to assess perceived social support. The MSPSS is a 12-item questionnaire on a 7-point Likert-type, with one being Very Strongly Disagree and Seven being Very Strongly Agree. For possible total score of 84. Dahlen and Colleagues (1991) found a mean of 66.96 (5.58 average score for each question multiplied by 12 questions). Pfeifer (2011) found a mean of 70.72 (5.89 average score for each question multiplied by 12 questions). Factor analysis revealed three factors within perception of social support: friends, family and significant others (Clara, Cox, Enns, Murray & Torgrudc, 2003). Higher scores on each subscale indicate a higher level of perceived social support in that area, and the sum of the score yields a total perceived social support score. Alpha scores for the three subscales are .93 for friends, .92 for family and .93 for significant others (Clara *et al.,* 2003).

ii. Hope Scale

The Adult Trait Hope Scale developed by Snyder, Harris, Anderson, Hollerlan, Irving and Sigmon (1991) was used to measure the hope of the respondents. The scale contains 12 items. Four items measure pathways thinking, four items measure agency thinking and four items are fillers. Participants respond to each item using an 8-point scale ranging from Definitely False to Definitely True and the scale takes only a few minutes to complete. In a study conducted by Kermani, Khodapanahi and Heidari (2012), Cronbach's Alpha for the Hope Scale was found to be 0.86 and test-retest reliability was found to be 0.81

iii. Happiness Scale

Orientations to Happiness Scale (OTH; Peterson, Park & Seligman, (2005): This scale contained 18 items that measure happiness. The scale consists of 2 subscales (life of pleasure, life of engagement and life of meaning). The eighteen items scale consists of six items for each sub-scale. A sample item is 'My life serves a higher purpose' (life of meaning). Responses are given to the 5-point Likert scale ranging from 1 = 'very much unlike me' through 5= 'very much like me.' The OTH demonstrated good psychometric properties in various studies in Western society (Chen, 2010; Peterson *et al.,* 2007; Peterson *et al.,* 2005).

iv. Quality of Life Scale

Quality of life was assessed using the Brief Version of World Health Organization Quality of Life Scale. The self-administered questionnaire assesses the subjective QOL over the preceding 2 weeks. It has four (4) domains which include, the seven-item physical health domain, the six-item psychological health domain, the three-item social relationship domain, and the eight-item environment domain. In addition, WHOQOL-BREF contains two items on the overall Quality of Life and General health. The four domain scores are scaled in a positive direction.

Procedure

The study was conducted among 171 Health workers in Makurdi metropolis. Ethical approval and informed consent were sought and obtained before administration of the questionnaires. These health workers were instructed not to identify themselves in any way so as to guarantee their anonymity. The researchers prepared 187 copies of the questionnaire for administration, only 171 copies representing return rate of 91.44% were completed, submitted and found useful for statistical analysis.

Data Analysis

Data were analyzed using Hierarchical Regression to establish the independent and joint influence of Social Support, Hope and Happiness on Quality of Life among Health Workers in Makurdi Metropolis**,** as well as control for the demographic variables.

RESULTS

Table 1: Hierarchical Regression showing influence of Social Support, Hope and Happiness on Qualityof Life among Health Workers in Makurdi Metropolis after controlling demographic variables.

Independent Variable	**Dependent Variable**			
	Life Satisfaction			
	Step 1 (β)	Step 2 (β)	Step 3 (β)	Step 4 (β)
Age	-.016	-.058	-.083	-.085
Sex	-.029	-011	.008	.005
Marital status	-.013	.037	.025	.026
Religion	.000	-.018	-.018	-.009
Ethnic group	-.002	.041	.020	.021
Education qualification	.061	.124	.113	.111
Family support		.338**	.192*	.209
Friend's support		-.50*	.014*	.024
Significant others		.031*	.120*	.113
Hope			.337**	.362
Happiness				0.79**
R^2	.005	.102	.193	
Adj. R^2	.034	.049	.140	.198
ΔR^2	.005	.097	.091	.140
F- ratio	.119	1.938*	3.652**	.005
Δ F- ratio	.119	5.556**	17.238**	3.403**
				1.930*

*p<.05 ** p<.01

Hierarchical multiple regression was used in testing the hypotheses that were raised for the study. Quality of life was regressed on the predictor variables of social support; hope and happiness while the demographics (sex, age, marital status, religion, ethnicity and level of educational attainment) were control variables as presented in table 1 above.

The first step of hierarchical regression analysis showed no significant joint influence of age, sex, marital status, religion ethnicity and level of educational attainment on quality of life ($R^2 = .005$, $F = .119$, $p > .05$). Also, the result did not show a significant independent Contribution of any of the demographic variables on quality of life. This result implied that age, sex, marital status, religion, ethnic group and level of educational attainment did not predict quality of life of a health worker.

On the contrary, in step two, the social support variables were entered along with the demographic variables and the result showed that, all had significant joint influence on quality of life ($R^2 = .102$, $F = 1.938$, $p < .001$), accounting for 10.25% variance in quality of life. The inclusion of the social support variable resulted in 9.7% variance change ($\Delta R^2 = .097$) from what was in place when only the demographic variables were introduced. It was observed that support from family ($\beta = .338$, $p < .01$), friends ($\beta = -.50$, $p < .05$) and significant others ($\beta = .031$, $p < .05$) all contributed independently in predicting quality of life of health workers. This is consistent with hypothesis one of the study which stated that social support will significantly predict quality of life of health workers in Makurdi metropolis.

The introduction of hope in step three showed a significant joint prediction of quality of life ($R^2 = .193$, $F = 3.625$, $p < .001$), with all the variables accounting for 19.3% variance. But hope accounted for only 9.1% variance change ($\Delta R^2 = .091$). Independently, hope ($\beta = .337$, $p < .001$), positively and significantly predicting quality of life. The implication of this result is that, hope is a predictor of quality of life of health workers in Makurdi metropolis. This finding makes hypothesis two of the study which stated that "hope will significantly predict quality of life among health workers in Makurdi metropolis" confirmed.

When happiness was introduced in step four, a significant joint prediction of quality of life of health workers was realized ($R^2 = .198$, $F = 3.403$, $p < .001$), with all the variables accounting for 19.8% variance. However, happiness accounted for only 0.5% variance change ($\Delta R^2 = .001$). Happiness ($\beta = .079$, $p < .001$), independently and significantly predicted quality of life. This result makes hypothesis three confirmed, i.e. happiness will significantly predict quality of life of health workers in Makurdi metropolis.

DISCUSSION

Hypothesis one which stated that social support will predict quality of life among health workers in Makurdi metropolis was confirmed. This finding further buttressed that all the facets of social support that is, support from family, friends and significant others significantly predicted quality of life, with family support taking toll as the highest predictor of quality of life. This finding lends credence to the works of House (1981); Halbesleben (2006); Brown (2010); who found social support to be a significant moderator of quality of life. This result also agreed with earlier findings of Au, *et al.,* (2009); Young (2006); Yeung and Fung (2007) that support of friends and family significantly predicted quality of life. Stress buffering model posits that when faced with troubling situation and stress, individuals with greatest support from family and friends are less likely to become depressed than individuals with lower level of support. Since the work environment has been found to be stressful, the presence of perceived social support may have contributed to differences in quality of life of health workers.

This finding also tallied with those of Pearlin, Menaghan, Morton and Mullan (2001); Thoits (2005); Gore (2008) who in their various studies found social support to predict quality of life while facing stressful situations. This finding also agreed with the finding by Asane (2012) who investigated the association between age, gender, social support and quality of life of people living with HIV/AIDS (PLWHA) in Ghana and found social support to be a significant predictor of quality of life. Similarly, Adedimeji *et al.,* (2010) found social support to have predicted quality of life.

Similarly, the finding that social support predicts quality of life agrees with that of Calvete and Connor-Smith (2006) who in their study found support from family and friends to reduce the impact of psychological problems among workers thus increasing quality of life. The findings also support that of Dollete Steese *et al.,* (2004) who found that social support could act as a protective factor that could decrease psychological problems among workers such as stress.

The second hypothesis of the study revealed that hope significantly predicts quality of life. The implication of this finding is that health workers with high hope are more satisfied with life than those who have low hope. This finding corroborates with the work of Burtaverde (2012) who investigated the relationship between Body Mass Index (BMI) and hope, body esteem and quality of life and found a significant relationship between hope and quality of life. The finding also agrees with that of Karatas and Tagay (2012) who examined the relationship between hope, locus of control and multidimensional perfectionism and the extent to which the variables of hope, locus of control and

multidimensional perfectionism contribute to the prediction of quality of life and found a positive relationship between life satisfaction and hope. This finding also tallies with that of Rey *et al.,* (2011) who examined the relationship between perceived emotional intelligence, hope and quality of life and found a significant relationship between hope and quality of life. Furthermore, this finding corroborates with the finding of Westaway *et al.,* (2013) who also examined quality of life and hope and found hope to have highly correlate with quality of life.

Hypothesis three confirmed that happiness significantly predicts quality of life. This implies that health workers who are happy have higher quality of life. This finding supports the findings of Brandstadter and Renner (2010); Brandstadter and Baltes-Gotz (2010) and Chipperfield (2013). The findings that happiness predicts life satisfaction agrees with the finding by Grob (2000); Garber and Seligman (2010) who in their separate studies found a significant relationship between happiness and quality of life. The work of Owusu-Ansah (2008) also found significant relationship between happiness and quality of life.

Hypothesis four stated that social support, hope and happiness will jointly predict quality of life among health workers in Makurdi Metropolis when demographic variables are controlled. This hypothesis was therefore confirmed as there was a significant joint influence of social support, hope and happiness on quality of life among health workers in Makurdi metropolis. An explanation of this finding is that, social support, hope and happiness are important buffers of quality of life among health workers.

Implications of the Study

The results of this study have implications which are important for health managers and health workers. For instance, social support was found to have significantly predicted quality of life among health workers in Makurdi metropolis. Similarly, hope significantly predicted quality of life among health workers in Makurdi metropolis. It was also found that, happiness significantly predicted quality of life among health workers in Makurdi metropolis.

In this regard, health administrator's and non-governmental agencies with caring mind for the health sector should embrace all health workers and establish activities that will enhance their social support, hope and happiness so as to improve their quality of life. They should help encourage interpersonal relationships and support groups in the work place as these are important in ensuring the quality of life of health workers.

Limitations of the Study

Despite what this study claims to have achieved, it has some fundamental

shortcomings that may tend to undermine its generalizability. First, this study only focused on health workers in Makurdi metropolis. The replication of this study to other parts of the State and the rest of the federation as well as other professions may be important in generalizing the results. The inability of the researchers to explore other variables such as family background, hospital environment, personality traits and other perceptual factors that could also contribute to quality of life beyond the effect of social support, hope and happiness is another limitation of this study.

Secondly, the exclusive reliance on self-report measure may have led to common method bias associated with such research. Finally, all measures in the present study were collected on a single questionnaire at one time. A longitudinal study may help to establish cause and effect relationship. Despite these limitations, the present study has made conscious and scientific attempts to empirically investigate social support, hope and happiness as predictors of quality of life among health workers in Makurdi metropolis, Nigeria.

REFERENCES

Abdel-Khalek, A. M. & Snyder, C. R. (2007). Correlates and Predictors of an Arabic Translation of the Snyder Hope Scale. *The Journal of Positive Psychology, 2*, 228–235.

Au, A., Lau., Koo, S., Cheung, G., Paan, P.C., Wong, M.K. (2009). The Effect of Social Support on Depressive Symptom and Life Satisfaction in Dementia Caregivers in Hong Kong. *Hong Kong Journal of Psychiatry, 19,* 57-64.

Balogun, A.G. (2014). Dispositional Factors, Perceived Social Support and Happiness among Prison Inmates in Nigeria: A New Look. *Journal of Happiness and Well-Being, 2* (1), 16-33.

Benedict, R. & Taylor, C. A. (1995). Managing the Overlap of Work and Family: A Shared Responsibility, *CUPA Journal, (fall),* 1-9.

Brodaty, N.E., Brodaty, H., Caunt, B.S. & Franklin, J. (2013). Exploring the Causes of Subjective Well-being: A Content Analysis of People's Recipes for Long-Term Happiness. *Journal of Happiness Studies, 14* 475-499.

Calvete, H. & Connor-Smith, J.K. (2006). Perceived Social Support, Coping and Symptoms of Distress in America and Spanish Students. *Anxiety, Stress and Coping, 19*(1), 47-65.

Cho, E. (2007). A Proposed Theoretical Framework Addressing the Effects of Informal Caregivers on Health-Related Outcomes of Elderly Recipients in Home Health Care. *Asian Nursing Research, 1*(1), 23-34.

Ciarrochi, J., Heaven, C.L. & Davies, F. (2007). The Impact of Hope, Self-Esteem and Attributional Style on Adolescents' School Grades and Emotional Well-Being: A

Longitudinal Study. *Journal of Research in Personality,41,* 1161-1178.

Clara, I., Cox, B., Enns, M., Murray, L. & Torgrudc, L. (2003). Confirmatory Factor Analysis of the Multidimensional Scale of Perceived Social Support in Clinically Distressed and Student Samples. *Journal of Personality Assessment, 81* (3), 265-270.

Dahlem, N., Zimet, G. & Walker, R. (1991). The multidimensional Scale of Perceived Social Support: A Confirmation Study. *Journal of Clinical Psychology, 47* (6), 756-761.

DeNeve, K.M. & Cooper, H. (1998). The Happy Personality: A Meta-Analysis of 137 Personality Traits and Subjective Well-Being. *Psychological Bulletin, 124,* 197-229.

Diener, E. (2000). Subjective Well-Being: The Science of Happiness and a Proposal for National Index. *American Psychologist, 55,* 34-43.

Dollete, T., Steese, U., Phillips, S. & Matthews, B. (2004). Understanding Girls' Circle as an Intervention on Perceived Social Support, Body Image, Self-Efficacy, Locus of Control and Self-Esteem. *The Journal of Psychology, 90* (2), 204-215.

Edwards, J.R. & Rothbard, N.P. (2000). Mechanism Linking Work and Family: Clarifying the Relationship Between Work and Family Constructs", *Academy of Management Journal, Vol. 25 pp.*178-99.

Glass, J. L., & Finley, A. (2002). *Coverage and Effectiveness of Family Responsive Workplace Policies. Human Resource Management Review*, *12*(3), 313-337. DOI: 10.1016/S1053-4822(02)00063-3

Gore, S. (1978). The Effects of Social Support in Moderating the Health Consequences of Unemployment. *Journal of Health and Social Behavior, 19,* 157-165.

Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredricks, L. & Resnik, H. (2003). Enhancing School-based Prevention and Youth Development Through Coordinated Social, Emotional, and Academic Learning. *American Psychologist, 58* (6-7), 466–474.

Greenhaus, J. & Beutell, N. (1985). Sources of Conflict between Work and Family Roles. *Academy of Management Journal, 10,* 76-88.

Headey, B. & Wearing, A. (1989). Personality, Life Events and Subjective Well-Being: Towards a Dynamic Equilibrium Model. *Journal Personality and Social Psychology, 57*(4), 731-739.

Headey, B. & Wearing, A. (1992). *Understanding Happiness: A Theory of Subjective Well-Being.* Melbourne: Longman Cheshire.

Hasnain, N., Wazid, S.W. & Hasan, Z.

(2014). Optimism, Hope and Happiness as Correlates of Psychological Well-Being among Young Adult Assamese Males and Females. *IOSR Journal of Humanities and Social Science, 19* (2), 44-51.

Haslam, N., Whelan, J. & Bastian, B. (2009). Big Five Traits Mediate Association between Values and Subjective Well-Being. *Personality and Individual Differences,46,* pp. 40-42.

John, O. P., Donahue, E. M. & Kentle, R. L. (1991). The *"Big Five" Inventory Versions 4c and 5a*. Berkley: University of California Berkeley, Institute of Personality and Social Research.

Johnson, K., Duxbury, L. & Higgins, C. (1997). Making Work and Lifestyle Initiatives Work: *Beyond Best Practices.* Ottawa: Industry Canada.

Kageyama, J. (2012). Happiness and Sex Differences in Life Expectancy. *Journal of Happiness Studies, 13,* 947-967.

Kesebir, P. & Diener, E. (2008). In Pursuit of Happiness: Empirrical Answers to Philosophical Questions. *Perspectives of Psychological Science, 3,* 117-125.

Kermani, Z., Khodapanahi, M.K., Heidairi, M. (2012). Psychometric Properties of Snyder's Hope Scale. *Journal of Applied Psychology, 5,* 7-23.

Kermani, Z., Khodapanahi, M.K., Heidairi, M. (2012). Psychometric Properties of Snyder's Hope Scale. *Journal of Applied Psychology, 5,* 7-23.

Lorenzini, J. Giugni, M. (2010). *Youth Coping with Unemployment: The Role of Role Social Support.* Paper for the YOUNEX Swiss Workshop on "Youth, Unemployment, Precariousness and Exclusion in Switzerland", Geneva. Retrieved 6/7/2013.

Lu, L. & Gilmour, R. (2004). *Culture, Self and Ways to Achieve SWB: A Cross-Cultural Analysis. Journal of Psychology in Chinese Societies, 5, 51–79.*

Lazarus, R.S. & Folkman, S. (1984). *Stress, Appraisal and Coping.* New York: Springer.

Malinauskas, R. (2010). The Associations among Social Support, Stress, and Life Satisfaction as Perceived by Injured College Athletes. *Social Behavior and Personality, 38:* 741-752.

McCullough, M.E. & Snyder, C.R. (2000). Classical Sources of Human Strength: Revisiting an Old Home and Building a New One. *Journal of Social and Clinical Psychology, 19,* 1-10.

Newsom, J.T. & Schulz, R. (1996). Social Support as Mediator between Status and Quality of Life in Older Adults. *Psychology and Aging, 11,* 34-44.

Onyishi, I.K., Okongwu, O.E. & Ugwu, F.O. (2012). Personality and Social

Support as Predictors of Life Satisfaction of Nigerian Prisons Officers. *European Scientific Journal, 8* (20), 110-125.

Nelson, M.A., Roberts, M.C. & Snyder, C.R. (2010). Early Adolescents Exposed to Violence: Hope and Vulnerability to Victimization. *American Orthopsychiatry Association, 66,* 3.

Paez, D., Sanchez, F.M. & Sequel, A.M. (2012). Incremental Validity of Alexithymia, Emotional Coping and Humor Style on Happiness and Psychological Well-being. *Journal of Happiness Studies, 23,* 13-20.

Perneger, T.V., Hudelson, P.M. & Patrick, A. (2004). Health and Happiness in Young Swiss Adults. *Quality of Life Research, 13,* 171-178.

Peterson, C., Park, N. & Seligman, M.E.P. (inpress). Assessment of Character Strengths. In G.P. Koocher, J.C. Norcross, & S.S. Hill, III (Eds.), Psychologists'Desk Reference (2nd ed.). New York: Oxford University Press.

Peterson, C. & Seligman, M.E.P. (2004). Character Strengths and Virtues: A Classification and Handbook. NewYork: Oxford University Press/Washington, DC: American Psychological Association.

Pfeifer, C.J. (2011). *The Effects of Perceived Social Support and Coping Self Efficacy on Trauma Symptoms after a Traumatic Event.* A Thesis Presented to the Faculty of the Graduate School of Western Carolina University in Partial Fulfillment of the Requirements of the Degree of Master of Arts in Psychology.

Pearlin, L.I., Menaghan, E.G. Morton, A.L. & Mullan, J.T. (1981). The Stress Process. *Journal of Health and Social Behavior, 22,* 337-356.

Pinquart, M. & Sorensen, S. (2000). Influence of Socio-Economic Status, Social Network and Competence on Subjective Well-being in Later Life: A Meta-Analysis. *Psychology and Aging, 15* (2), 187-224.

Quoma, J.P. & Greenberg, M.T. (1994). Children's Experience of Life Stress: The Role of Family Social Support and Social Problem-Solving Skills as Protective Factors. *Journal of Clinical Child Psychology, 23,* 295-305.

Frone, M., Russell, M. & Cooper (1997). Relation of Work-Family Conflict to Health Outcomes: A Four-year Longitudinal Study of Employed Parents. *Journal of Occupational and Organizational Psychology, 70,* 325-335.

Rahaman, N.H.B., Mustaffa, C.S. & Ariffin, T. (2014). Social Support, Impression Management and Well-Being Following a Disaster: A Literature Review and some Conceptual Considerations. *International Journal of Social Science and Humanity, 4 (1),* 44-47.

Ryan, G. M. (1995) *Theoretical Basis for the QWL Concept.* University of Siena: Quality (Esprit Project 8162) (Working Paper). Ryan, R.M. & Deci, E.L. (2001). *Departmental of Clinical and Social Sciences in Psychology,* University of Rochester, Rochester, NY.

Ryff, C.D. & Singer, B.H. (2008). Know Thyself and Become What You Are: A Eudemonic Approach to Psychological Well-Being. *Journal of Happiness Studies, 9,* 13-39.

Sinha, C. (2012). Factors Affecting Quality of Work Life: Empirical Evidence from Indian Organizations. *Australian Journal of Business and Management Research Vol.1 No.11* (31-40).

Sinha, P & Sayeed O.B. (1980). Measuring Quality of Working Life: Development of an Inventory. *Indian Journal of Social Work, 41:* 219-26.

Snyder, C.R. (2002). Hope Theory: Rainbows in the Mind. *Psychological Inquiry, 13:* 249-275.

Snyder, C.R., Cheavens, J. & Michael S.T. (1999). Hoping. In C.R. Snyder (Ed.), *Coping: The Psychology of What Works* (pp. 205-231). New York: Oxford University Press.

Snyder, C.R., Harris, C., Anderson, J.R., Holleran, S.A., Irving, L.M. & Sigmon, S.T. (1991). The Will and the Ways: Development and Validation of an Individual-Differences Measure of Hope. *Journal of Personality and Social Psychology, 60,* 570-585.

Snyder, C.R., Hoza, B., Pelham, W.E., Rapoff, M., Ware, L. & Danovsky, M. (1997). The Development and Validation of the Children's Hope Scale. *Journal of Psychology, 22:* 399-421.

Srivastva, S, Salipante, P. F, Cummings, T. G, Notz, W. W, Bigelow, J. D, Waters, J. A. (1975). *Job Satisfaction and Productivity*. Department of Organizational Behavior, Cleveland.

Savelkoul, M., Post, M.W.M., de Witte, L.P. & van den Borne, H.B. (1999). Social Support, Coping and Subjective Well-Being in Patients with Rheumatic Diseases. *Patient Education and Counseling 39(2000),* 205-218.

Thoits, P.A. (1985): Social Support and Psychological Well-Being: Theoretical Possibilities. In Thompson, C. A., Jahn, E., Kopelman, R. & Prottas, D. (2004). Perceived Organizational Family Support: A Longitudinal and Multilevel Analysis. *Journal of Managerial Issues, 16,* 545-565.

Thompson, C. A., Beauvais, L. L. & Lyness, K. S. (1999). When Work-Family Benefits are not Enough: The influence of Work-Family Culture on Benefit Utilization, Organizational Attachment and Work-Family Conflict. *Journal of Vocational Behavior, 54,* 329-415.

Sprangler, W.E. & Palrecha, R. (2004). The

Relative Contributions of Extraversion, Neuroticism and Personal Striving to Happiness. *Personality and Individual Differences, 38,* 1085-1096.

Thorsteinsson, E. B. & James, J. E. (1999). A Meta-Analysis of the Effects of Experimental Manipulations of Social Support during Laboratory Stress. *Psychol. Health.* 14: 869–886.

Valle, M., Huebner, E. & Suldo, S. (2006). An Analysis of Hope as a Psychological Strength. *Journal of School Psychology (44*), 393–406.

Vella-Brodrick, Park & Peterson, (2009). The "What" and "How" of Employee Well-Being. *Social Indicators Research, 90* (3), 441-458.

Van Daalen, G., Willemsen, T. M. & Sanders, K. (2006). Reducing Work-Family Conflict Through Different Sources of Social Support. *Journal of Vocational Behavior, 69,* 462-476.

Wong, S. S., Oei, T. P. S., Ang, R. P., Lee, B. O., Ng, A. K., & Leng, V. (2007). Personality, Meta-Mood Experience, Life Satisfaction and Anxiety in Australian versus Singaporean Students. *Current Psychology*, *26:* 109-120.

Walen, H.R. & Lachman, M.E. (2000). Social Support and Strain from Partner, Family and Friends: Costs and Benefits for Men and Women in Adulthood. *Journal of Social and Personal Relationships, 17* (1), 5-30.

Wright, T.A. & Bonett, D.G. (2007). Job Satisfaction and Psychological Well-Being as Non Additive Predictors of Workplace Turnover. *Journal of Management, Vol. 33, No. 2, pp* 141-160.

Wright, T. A. & Cropanazano, R. (2000). Psychological Well-being and Job Satisfaction as Predictor of Job Performance. *Journal of Occupational Health Psychology, 5:* 84-94.

Wentzel, K. (1998). Social Relationships and Motivation in Middle School: The Role of Parents, Teachers and Peers. *Journal of Educational Psychology, 90* (2), 202-209.

Wang & P. Ramburuth (Eds.), Thirty Years of China's Economic Reform: Institutions, Management, Organizations and Foreign Investment. Hauppauge NY: Nova Science Publishers

Van der Lippe, T. (2007). Dutch Workers and Time Pressure: Household and Workplace Characteristics. Work, Employment and Society, *21(4),* 693-711.

Valle, M., Huebner, E. & Suldo, S. (2006). An Analysis of Hope as a Psychological Strength. *Journal of School Psychology (44*), 393–406.

Vella-Brodrick, Park & Peterson, (2009). The "What" and "How" of Employee Well-Being. *Social Indicators Research, 90* (3), 441-458.

Van Daalen, G., Willemsen, T. M. & Sanders, K. (2006). Reducing Work-

Family Conflict Through Different Sources of Social Support. *Journal of Vocational Behavior, 69,* 462-476.

Van der Lippe, T. (2007). Dutch Workers and Time Pressure: Household and Workplace Characteristics. Work, Employment and Society, *21(4),* 693-711.

Yeung, G. T. Y., & Fung, H. H. (2007). Social Support and Life Satisfaction Among Hong Kong

Zimet, G. D., Dahlem, N. W., Zimet, S. G. & Farley, G. K. (1988). The Multi-dimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52:* 30-41.