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**THE EFFECT OF REALITY THERAPY EDUCATION ON THE QUALITY OF LIFE  
AND SELF –CONCEPT**

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**ABSTRACT**

This study is conducted with the aim at investigating the effect of reality therapy-based education on the improved quality of life and self-concept in women referred to the health houses in District 2 of Tehran in 2014. The research method has quasi-experimental method with pretest-posttest plan and control group. 30 women are randomly selected by voluntary sampling and put in two experimental and control groups. Afterwards, the quality of life (sf-36) and the Beck's self-concept questionnaires are implemented for both experimental and control groups, and the reality therapy-based education (including the self knowledge, accountability, internal and external control, choice theory, qualitative world, needs, general behavior, success and failure identity) is provided for experimental group in ten 1.5-hour sessions per week, and then the quality of life (sf-36) and Beck's self-concept questionnaires are re-implemented for both experimental and control groups after the end of sessions. Data is analyzed through the multivariate analysis of covariance. According to the analysis of results, it can be claimed with confidence of 99% that the reality therapy education affects the quality of life in women, so that the results indicate the effect of reality therapy education on aspects of physical and mental performance in quality of life, but it has no effect on the social performance. Furthermore, it can be argued with confidence level of 95% that the reality therapy education affects the self-concept in women. In other words, the effectiveness of reality therapy on quality of life in women is more than the self concept in women.

**Keywords: Reality therapy, quality of life, self concept**

**INTRODUCTION**

The quality of life has always been taken into account by experts. During the past two decades, the concept of quality of life has been changed from a mere psychological concept to a multi dimensional concept. This multi dimensional perception of quality of life plays the main role in evaluating the efficiency of social welfare policies. The quality of life is assessed as a multi dimensional concept both in terms of objective and subjective dimensions, so that it has been mainly faced with the dichotomy between the objectivity and subjectivity in its definitions in previous studies [1], In objective approach [5], the quality of life refers to the clear cases related to the standards of life. These cases can be the physical health, personal conditions (wealth, life conditions, etc), social communications, occupational measures, or other social and economic factors. On the contrary, the subjective approach [9], considers the quality of life synonymous with the individual satisfaction and happiness. This perspective emphasizes on the cognitive factors in evaluating the quality of life. There is a holistic perspective between both subjective and objective approaches [9]. The researchers have considered the self concept as one of the determinants of life [13], The self concept is the person's overall assessment of his own personality. This assessment arises from the individual

assessment of his characteristics and may be positive or negative [10].

The reality therapy is the therapists' one of the latest efforts to describe the human, determine the behavioral rules and the way of achieving the satisfaction, happiness, and success. This kind of therapy focuses on facing with the reality, taking the responsibility and moral judgment about the right and wrong behavior, and thus achieving the success identity . [7].

Given the importance of studied variables, this study aims at investigating the effectiveness of reality therapy-based education on the quality of life and self concept in women and referring to the health houses of District 2 of Tehran in 2014.

## **MATERIALS AND METHODS**

This research utilizes the quasi-experimental method with pretest-posttest plan, control group and random selection. The statistical population of this research consists of the married women referred to the health houses of District 2 in Tehran (August, September and October 2014).

A sample size of 30 subjects is selected by voluntary method. Given the extent of District 2 in Tehran city and the existence of 30 health houses, 3 health houses are randomly selected and the referrers are informed by installing a notification of reality therapy education.

The assessment tools include the quality of life (Sf-36) and Beck's self concept questionnaires. The Sf-36 questionnaire (health survey) is designed by Ware and Sherbourne in America in 1992.

## RESULTS

The statistical analysis of research data is conducted in both descriptive and inferential statistics. The descriptive statistics describes the characteristics of statistical sample in the form of dispersion and central tendency indices such as the mean, standard deviation, kurtosis and skewness, and the tables and diagrams of frequency distribution.

Normal distribution and equality of variances are investigated based on the results inserted in Table 1.

The data of table 2 indicates that the calculated F of variables is smaller than the F of table. Therefore, the null hypothesis based on the equality of variances is approved. Furthermore, the results of Kolomogrov-Smirnov test for investigating the normality of distribution indicate that the value of this statistic is not significant at any level. Therefore, the hypothesis of normal distribution is observed. Therefore, the multivariate analysis of covariance is utilized to investigate the hypotheses. The data of table 3 is related to the results of multivariate analysis of covariance. As shown, it can be claimed with confidence of 99% that the reality therapy affects the quality of life in women, while the reality therapy affects the self-concept in women with confidence of 95%. In other words, the effectiveness of reality therapy on the quality of life is more than the self-concept in women.

The inferential statistics utilizes the multivariate analysis of covariance since the research is quasi experimental and due to the quantitative scale of dependent variables in this study. It should be noted that all these calculations are conducted in SPSS software.

This section initially investigates the statistical indices of frequency, percentage, cumulative percentage of "age" and "education" in both experimental and control groups, and then evaluates the mean, standard deviation, skewness and kurtosis of both experimental and control groups.

The data contained in Table 4 indicates that the calculated F is equal to 6.9 and higher than the F of table with degrees of freedom equal to 1 and 27 and significance level of 0.05. Therefore, it can be claimed with confidence of 95% that the reality therapy affects the physical health status and thus the quality of life in women.

The data contained in Table 5 indicates that the calculated F is equal to 23.82 and higher

than the F of table with degrees of freedom equal to 1 and 27 and significance level of 0.01. Therefore, it can be claimed with confidence of 99% that the reality therapy affects the mental health status and thus the quality of life in women.

The data contained in Table 6 indicates that the calculated F is equal to 1.9 and lower than the F of table with degrees of freedom equal to 1 and 27 and significance level of 0.05. Therefore, the reality therapy does not affect the social performance and thus the quality of life in women.

Table 1: Statistical indices of "physical health", "mental health", "social performance", "quality of life" and "self concept" in experimental and control group at both pre and post-test stages

Measurement	Pretest				Posttest			
	Experimental group		Control group		Experimental group		Control group	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Physical health	46.44	2.55	39.6	3.88	48	2.7	41	4.18
Mental Health	37.36	4.34	37.26	2.73	43	3.09	40.1	2.61
Social performance	3.4	0.82	4.8	1.26	5.6	0.9	4.6	1.6
Quality of life	70.2	5.75	68	5.8	96.6	4.7	71.9	5.3
Self concept	69.33	10.75	68.26	9.32	76.8	7.28	72.2	5.5

Table 2: Results of investigating Levene's F test for equality of variances and also Kolmogorov-Smirnov test

Variable	F	Df1	Df2	P	k	P
Physical health	1.09	1	28	0.154	0.633	0.818
Mental Health	0.98	1	28	0.18	0.621	0.821
Social dimension	0.321	1	28	0.519	1.03	0.235
Self concept	0.45	1	28	0.439	1.02	0.97

Table 3: Results of multivariate analysis of covariance

Variable		Sum of squares	Degree of freedom	Mean square	F	Significance level	Effect size	Test ability
Group	Quality of life	1663.66	1	1663.66	61.25	0.000	0.7	0.95
	Self concept	234.07	1	234.07	5.24	0.03	0.2	0.597
Error	Quality of life	705.9	26	9.17	-	-	-	-
	Self concept	1160.4	26	37.63	-	-	-	-
Sum	Quality of life	240281	30	-	-	-	-	-
	Self concept	171138	30	-	-	-	-	-

Table 4: Results of analysis of covariance for the physical health sub-scale of quality of life

Source	Sum of squares	Degree of freedom	Mean squares	F	P	Effect size	Test ability
Education course	251.88	1	251.88	6.9	0.014	0.204	0.719
Error	980.32	27	36.3	-	-	-	-
Sum	36624	30	-	-	-	-	-

Table 5: Results of analysis of covariance for the mental health sub-scale of quality of life

Source	Sum of squares	Degree of freedom	Mean squares	F	P	Effect size	Test ability
Education course	206.6	1	206.6	23.82	0.000	0.46	0.95
Error	235.75	27	8.7	-	-	-	-
Sum	41303	30	-	-	-	-	-

Table 6: Results of analysis of covariance for the social performance sub-scale of quality of life

Source	Sum of squares	Degree of freedom	Mean squares	F	P	Effect size	Test ability
Education course	3.57	1	3.57	1.9	0.171	0.068	0.274
Error	48.74	27	1.8	-	-	-	-
Sum	837	30	-	-	-	-	-

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**CONCLUSION**

This study aims at investigating the effect of reality therapy-based education on the improved quality of life in women referred to the health house of District 2 in Tehran City (August, September and October 2014). According to the main hypothesis in this research, the multivariate analysis of covariance is utilized for investigating the effect of reality therapy-based education on the improved quality of life and self concept in women. According to the findings, it can be claimed with confidence of 99% that the reality therapy-based education affects the quality of life in women and also it affects the self concept in women with confidence of 99%. In other words, the effectiveness of reality therapy on the quality of life in women is higher than their self concept. The results of this study are consistent with the results of research by Fathi-Aghdam [4], Falahati [3], Mahmoudi et al (2013), Chirehnejad [2], and Shafiabadi and Ghashghaei [11].

According to the sub-hypothesis, the reality therapy-based education affects the physical health and thus the quality of life in women. According to the findings, it can be claimed with confidence of 95% that the reality therapy education has a significant impact on the physical health status in women. The findings of this study are consistent with the

results of research by Mahmoudi [6], and Fathi-Aghdam [4].

According to the second sub-hypothesis, the reality therapy-based education affects the mental health and thus the quality of life in women. According to the findings, it can be claimed with confidence of 99% that the reality therapy education has a significant impact on the mental health status in women. The findings of this study are consistent with the results of research by Mahmoudi [6].

According to the third sub-hypothesis, the reality therapy-based education does not affect the social performance and thus the quality of life in women. The findings of this study are not consistent with the results of research by Saeidi et al [11].

According to the fourth sub-hypothesis, the reality therapy-based education affects the self concept in women. According to the findings, it can be claimed with confidence of 95% that the reality therapy education affects the self concept in women. The findings of this study are consistent with the results of research by Najjarpour-Ostadi [6], Shafiabadi and Ghashghaei [12], and Huebner et al [6].

The nature of reality therapy can be mentioned in explaining the findings of this research. The emphasis on the importance of self-knowledge and attention to the talents with the aim of self-esteem and

committed activities, have probably created the motivation in sample group for changing the dimensions of physical, and mental performance and self concept. Furthermore, the increased knowledge in people based on being the selectors may affects their attitude towards themselves. However, according to the third hypothesis (no effect on the social performance of quality of life by reality therapy education) and inconsistency with the mentioned studies, it seems that implementing the learned knowledge needs spending more time and the group members have required the opportunity to investigate and test their knowledge in order to achieve the better performance while communicating with others. The social performance is a bilateral relationship and its improvement needs the people education in two sides of communication and this is not far from the recent finding.

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