

ABSTRACT

Associations among Multicultural Personality and Health-Related Quality of Life in a University Student Population

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The purpose of this thesis was to assess the associations among multicultural personality and health-related quality of life in a university student population. As university campuses throughout the United States become increasingly diverse, it is essential to elucidate potential facets of multicultural personality that may serve as protective factors for better HRQOL in university students. Data was collected on 264 undergraduate students. Participants completed the Cultural Empathy and Social Initiative subscales of the Multicultural Personality Questionnaire. They also completed the PedsQL 4.0 Generic Core Scales Young Adult Version. Findings indicated that greater cultural empathy was significantly associated with better physical and social functioning. Social initiative was significantly associated with social and emotional functioning. These data suggest that greater levels of multicultural personality may be associated with better physical and psychosocial outcomes in university students. Further longitudinal research is needed to assess the causal nature of these constructs.

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ASSOCIATIONS AMONG MULTICULTURAL PERSONALITY AND HEALTH-
RELATED QUALITY OF LIFE IN A UNIVERSITY STUDENT POPULATION

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CHAPTER ONE

Introduction

Multicultural personality is a construct that focuses on how a person adapts and negotiates in an increasingly culturally diverse environment (Ponterotto & Pedersen, 1993; Ramirez, 1999). Multicultural personality emphasizes awareness as well as appreciation for different cultural groups and is an aspect of one's personality structure (Ramirez, 1999). Multicultural personality may be an especially important construct to measure in university students given increasing racial diversification among college campuses (Ponterotto, Mendelowitz, & Collaballetta, 2008). There are data that indicate over the next 6 years, enrollment of ethnic minority students in college campuses across the U.S. will increase to 15% for Hispanic and African American students and decrease from 63% to 58% for White students ("Higher Education," 2012). Multicultural personality may affect proximal, medial and distal variables central to student functioning such as professional development, psychosocial adjustment, and intercultural interactions (Van der Zee & Van Oudenhoven, 2000).

Van der Zee and Van Oudenhoven (2000) developed the five-factor Multicultural Personality Questionnaire (MPQ) to assess multicultural personality. Numerous studies have utilized the MPQ to evaluate multicultural personality dispositions (Van der Zee & Van Oudenhoven, 2000, 2001; Van Oudenhoven et al., 2003). Two main subscales of the Multicultural Personality Questionnaire are Cultural Empathy and Social Initiative. Cultural Empathy measures the ability to

empathize through thoughts and feelings of those who are culturally different from you (Van der Zee & Van Oudenhoven, 2001). The Cultural Empathy scale has demonstrated a strong positive correlation with extraversion, agreeableness, life satisfaction, job performance ratings, and socially oriented vocational interests; it has shown a negative correlation with hostility (Ponterotto et al., 2007). Social Initiative measures the ability to embrace and initiate in cultural interactions through a wide variety of situations (Van der Zee and Van Oudenhoven, 2001). Ponterotto et al. (2007) found that the Social Initiative Scale is positively correlated with measures of extraversion, agreeableness, conscientiousness, openness to experience, need for change, multicultural activity, socially oriented vocational interests, dominance (defined as strength and determinedness), and psychological health. The Social Initiative Scale has been shown to be negatively correlated with measures of neuroticism, social anxiety, rigidity, and inadequacy (Ponterotto et al., 2007).

Van der Zee et al. (2004) conducted a study using the Multicultural Personality Questionnaire on 160 Dutch university students. They found students who scored higher on the MPQ viewed hypothetical intercultural circumstances as less dangerous than those students who scored lower on the MPQ (Van der Zee et al., 2004). Ponterotto, Mendelowitz & Collabolletta (2008) reported higher levels of multicultural personality were associated with academic success, career development, comfort with diverse students, and both personal and social adaptation in adolescents and young adults. Singley and Sedlacek (2004) found that multicultural contact,

appreciation and comfort were associated with students achieving a higher grade point average.

Studies have also been conducted on university students after graduation and their experiences in the real world. This research indicates that graduates with a diverse and multicultural orientation have worked and coped better in the global workforce (Van Der Zee & Van Oudenhoven, 2000, 2002). Other research has demonstrated the benefits of diversity within workgroups. These studies have concluded that working in a diverse workgroup can lead to better problem solving outcomes than working in a culturally homogeneous group, even if it is made up of the group's best thinkers (Bell & Berry, 2007). One study found that over time, groups that were heterogeneous in racial ethnicity and national origin developed a much higher quality of problem solving than homogeneous groups (Watson, Kumar & Michaelsen, 1993). Cox, Lobel & McLeod (1991) found that there was a higher quality of ideas in brainstorming when groups were composed of diverse members rather than homogeneous groups.

There is some evidence that attaining a multicultural orientation as well as being culturally proficient can help individuals handle different circumstances in a new environment and lead to feelings of psychosocial well-being (Brummett, Wade, Ponterotto, Thombs, & Lewis, 2007; Van Der Zee & Van Oudenhoven, 2000). Brummett and colleagues (2007) found that students with a universal diverse orientation had higher levels of self-esteem, interpersonal functioning and psychological hardiness. Leong (2007) conducted a longitudinal study of the socio-

psychological adjustment among Asian undergraduate students who participated in a study abroad program. Leong concluded that higher scores on the various aspects of the Multicultural Personality Questionnaire tied in with an increase in psychological adjustment and a decrease in socio-cultural and psychological difficulties. Overall, these research studies demonstrate that greater levels of multicultural personality are associated with outcomes including higher academic and professional achievement, social adaptation, self-esteem and lower levels of psychological problems.

Health-Related Quality of life

Health-related quality of life (HRQOL) is a multidimensional construct that assesses physical, psychological, and social health dimensions as delineated by the World Health Organization (FDA, 2006; World Health Organization, 1948). HRQOL measurement emphasizes evaluating an individual's subjective perception of functioning (Patrick & Deyo, 1989; Varni et al., 2007a, 2007b; Varni et al., 1999). Most importantly, HRQOL has been known to serve as an appropriate multidimensional instrument to assess university student health and well-being (Zullig, 2005). To facilitate the measurement of HRQOL in young adults, the PedsQL 4.0 Generic Core Scales Adolescent Version was modified for the establishment of the PedsQL 4.0 Young Adult Version (Varni & Limbers, 2009).

Studies have recognized that young adults are exposed to various intrapersonal, interpersonal, academic and financial struggles during their college years and these can negatively impact their overall health-related quality of life (Robins et al., 2005; Vaez & Laflamme, 2003; Vaez et al., 2006; Zullig, 2005).

College students must not only learn to adapt to a new workload and academic schedule but they have very little control over the timing of their classes and have to learn how to accept critical assessment based on their academic performance (Vaez & Laflamme, 2003). In addition, research shows that some first-year students must adjust to being far away from home for a long period of time, usually for the first time in their life (Vaez & Laflamme, 2002). These life stressors can lead to emotional anguish and stress-related health issues within university students (Stewart-Brown et al., 2000). Furthermore, there is evidence to suggest that university students have lower emotional health than non-university young adults (Stewart-Brown et al., 2000; Vaez & Laflamme, 2003). These lower levels of emotional health have resulted in higher rates of depression in college students. Varni and Limbers (2009) utilized the PedsQL 4.0 Generic Core Scales Young Adult Version and found that young adult participants with chronic health conditions had lower levels of emotional, social, physical, and school functioning compared to the healthy young adults in the study. According to Thompson and Gustafson (1996) low levels of school functioning among university students with chronic health conditions may be attributed to the high percentage of school absences.

In their study, Owen & Rodolfa (2009) reported the complexities of university student psychological distress and how university settings should strive for an increase in protective factors such as social support and self-awareness and a decrease in risk factors such as isolation, drug abuse or even relational difficulties. By better understanding the associations among multicultural personality and health-related

quality of life in a university setting, it is possible to identify aspects of multicultural personality that serve as protective factors for better HRQOL in university students.

Multicultural Personality and Health-Related Quality of Life

To date, there have been no studies examining the associations between multicultural personality and health-related quality of life in university students. With greater racial diversification of college campuses, understanding the HRQOL of students from different multicultural backgrounds is important. At the same time, examining the health-related quality of life of undergraduate students will allow us to view a subjective self report which can facilitate the identification of those students who might be at risk for lower levels of emotional, social, physical, and academic functioning. Such information can inform how university settings address students' psychological issues based on their multicultural personality. In addition, it is essential to elucidate potential facets of multicultural personality that may serve as protective factors for better HRQOL in university students. As such, investigating multicultural personality and its associations with HRQOL is an area worthy of further examination.

Purpose of the Study

The current study was designed to examine the associations among multicultural personality and health-related quality of life in undergraduate students in a university setting. It was hypothesized that higher levels of cultural empathy and

social initiative would be significantly associated with higher HRQOL, especially in the psychosocial domains.

CHAPTER TWO

Materials and Methods

Two hundred and sixty-four undergraduate students served as the participants for this study. These students were from introductory Psychology courses at Baylor University and needed to complete research participation outside of class in order to fulfill their course requirements. Students logged into an online system (SONA) that allowed them to choose from a number of research studies in the psychology subject pool.

For this study, students signed up for pre-assigned times to complete the measures. The study was held at the Baylor Sciences Building and a total of 25-30 students were present at each data collection session. Informed consent was obtained from all participants prior to beginning the study. Data collection procedures took approximately 30 minutes. Each participant was asked to complete a demographic questionnaire, the Multicultural Personality Questionnaire, and the Pediatric Quality of Life Inventory, in that order. Once the study was completed, data were entered into an Excel file and converted to SPSS for statistical analysis.

Measures

The following measures were administered as part of this study (see Appendix for measures).

Biographical Information Scale. In the Demographic Scale, students were asked to provide their academic year at Baylor (e.g., freshman, sophomore, junior,

senior), current major, current grade point average, height, weight, race/ethnicity, gender and age. (See Appendix A for Biographical Information Scale).

Multicultural Personality Questionnaire. The Multicultural Personality Questionnaire (Van Der Zee & Van Oudehoven, 2000, 2001) is a 91 item (1 = totally not applicable to 5 = completely applicable) self-report measure that consists of five factors: Cultural Empathy (18 items; sample item: “pays attention to the emotions of others), Social Initiative (17 items; sample item: “easily approaches other people”), Emotional Stability (20 items; sample item: “gets upset easily”), and Flexibility (18 items; sample item: “works mostly according to a strict scheme”). Van Der Zee & Van Oudehoven (2001) have found this instrument to demonstrate strong construct and criterion validity and internal consistency reliability (cultural empathy, .83, open-mindedness, .84, emotional stability, .86, social initiative, .89, and flexibility, .74). For the purpose of this particular study, we utilized a total of 35 items from two of the subscales: the 18 item Cultural Empathy subscale and the 17 item Social Initiative subscale (see Appendix B for more information on the Multicultural Personality Questionnaire). Scale scores are computed by taking the scale means.

Pediatric Quality of Life Inventory. The PedsQL 4.0 Generic Core Scales Young Adult Version (Varni et al., 2009) is a 23 item self-report measure, which encompasses physical functioning (8 items), emotional functioning (5 items), social functioning (5 items), and work/school functioning (5 items). Similar to the PedsQL 4.0 Generic Core Scales for ages 5 to 18 years (Varni, Seid & Kurtin, 2001), this individual instrument takes approximately 5 minutes to complete. The PedsQL 4.0

Young Adult Version was designed as a self-report measure for ages 18 to 25 years. The instructions ask how much of a problem each item has been during the past month. A 5 point response scale is utilized (0 = never a problem; 1 = almost never a problem; 2 = sometimes a problem; 3 = often a problem; 4 = almost always a problem). Items are reverse-scored and linearly transformed to a 0-100 scale (0 =100, 1 =75, 2 = 50, 3 = 25, 4 = 0), so that higher scores indicate better health related quality of life. Scale scores are computed as the sum of the items divided by the number of items answered. (See Appendix C for the Pediatric Quality of Life Inventory).

Statistical Analysis

Descriptive statistics were computed to describe the sample in terms of demographic variables. An analysis of Pearson's Product Moment Correlations among the PedsQL 4.0 Generic Core Scales and Multicultural Personality Questionnaire Scales of Cultural Empathy and Social Initiative were examined. Pearson's Product Moment Correlations were also computed between the demographic variables and Cultural Empathy and Social Initiative Scales. Pearson's Product Moment Correlation coefficient effect sizes are small (.10-.29), medium (.30-.49), and large (>.50).

CHAPTER THREE

Results

The mean age of the 226 females (85.6%) and 38 males (14.4%) was 19.86 years ($SD = 12.47$). The mean GPA of the students was 3.31 out of a 4.0 scale ($SD = 0.56$). In terms of race/ethnicity, the sample contained 41 (16%) African Americans, 23 (9%) Asians, 164 (62%) Caucasians, 32 (12%) Hispanics, and 4 (1%) Native Americans. There were a total of 34 different majors of all the students who participated in the study. These included Accounting, Athletic Training, Education, Speech Pathology, Religion, Linguistics, Theater and many more (please refer to Table 1 for complete list of majors). The three most common majors were General Health Science Studies (12.1%), Psychology (17.1%), and Nursing (21.6%).

Table 2 shows the intercorrelations among Cultural Empathy and the Social Initiative Scale of the MPQ and the physical, emotional, social and school functioning of the PedsQL 4.0 Generic Core Scales Young Adult Version. The only intercorrelations that were significant between the Cultural Empathy Scale score and the PedsQL 4.0 Generic Core Scales Young Adult Version were physical functioning ($r = .127, p < 0.05$) and social functioning ($r = .175, p < 0.01$). The Social Initiative Scale showed a positive significant correlation with social functioning ($r = .207, p < 0.01$), emotional functioning ($r = .129, p < 0.05$), and the overall total PedsQL score ($r = .141, p < 0.05$). All of the Cultural Empathy and Social Initiative Scale Score intercorrelations with the PedsQL were in the small effect size range ($r < 0.30$). None of the demographic variables were significantly correlated with the Social Initiative

Scale. However, age and race were significantly correlated with the Cultural Empathy Scale in that being a younger student and Caucasian were associated with greater self-reported cultural empathy in the current sample ($p < 0.01$). Gender was the only demographic variable significantly correlated with HRQOL in that being a male was associated with better self-reported physical and emotional functioning ($p < 0.05$).

CHAPTER FOUR

Discussion & Conclusions

Limited research has been conducted on the associations between multicultural personality and health-related quality of life in university students. The objective of the present study was to address this important gap in the empirical literature. I found greater cultural empathy was significantly associated with better physical and social functioning. This means in the present sample, university students who self-reported a greater ability to empathize through thoughts and feelings of those who are culturally different from themselves also self-reported better physical functioning and social functioning. This finding is consistent with a previous study by Van der Zee & Van Oudenhoven (2000) that found a strong association between multicultural personality and a student's personal adjustment. It is also consistent with research that indicates students who are culturally sympathetic with those from different backgrounds achieve higher levels of self-esteem, interpersonal functioning and psychosocial strength (Brummett et al., 2007). While previous literature has focused on psychosocial outcomes and multicultural personality, to the best of my knowledge the present study is the first to support an association between greater cultural empathy and physical functioning. Social initiative was significantly associated with social and emotional functioning in the present study. As such, university students who self-reported a greater ability to embrace and initiate in cultural interactions through a variety of situations self-reported better emotional and social functioning. This finding is consistent with

Ponterotto and colleagues (2007) who reported greater Social Initiative was correlated with openness to experiences and psychological health.

I found being a younger student and Caucasian were associated with greater self-reported cultural empathy in the current sample. Research conducted on a student population from Ethiopia and Germany supports our findings that younger students self-report greater cultural empathy. However, the finding that Caucasians self-reported greater cultural empathy is not consistent with a previous study by Segal and colleagues (2011). They reported that Latinos scored higher levels of social empathy than other ethnic groups in their study. They also found that Latinos were more likely to help a stranger than a Caucasian or individuals from other ethnic groups (Segal et al., 2011). Nelson (2009) found that students in a neutral mood reported less emotional and cognitive empathy for someone experiencing distress from a different cultural background. She also found that students who experienced a positive mood were more likely to express cognitive and affective empathy towards people from a different culture (Nelson, 2009). Future studies examining HRQOL and multicultural personality in university students should investigate how current mood states may influence the associations among these variables. Other studies have reported gender differences with regard to cultural empathy. Dehning and colleagues (2013) found that women scored higher than men on cultural empathy. However, given that my sample was predominantly female, it is possible the lack of significant findings related to gender can be attributed to a greater percentage of females in our sample.

The present findings have implications for university settings. In particular, my findings suggest that university programs aimed at increasing cultural empathy and social initiative may result in improved HRQOL in the areas of physical, emotional, and social functioning. Attending seminars on racial diversification may help students understand the benefits of cultural diversity within their own educational system. Bringing in international scholars can also be a form of educating students on the importance of multicultural perspectives. Participating in multicultural organizations, enrolling in culturally diverse courses and getting involved in the multicultural affairs department are other ways for students to potentially increase multicultural awareness. It may also be beneficial for students to take part in a study abroad program during their time in college. Studying abroad can enrich a student's knowledge and appreciation of cultural diversity (Denda, 2013). This may help students become culturally competent and increase their social interactions with diverse populations. Professors can also assist with multicultural development by developing group projects where students are asked to work with individuals of different cultural backgrounds. These steps may help students develop new friendships, strengthen their academic achievement and enhance their leadership and communication skills. Most importantly, by striving towards greater cultural empathy and social initiative students may be capable of higher levels of HRQOL in the areas of physical, emotional, and social functioning.

The current study has a number of limitations. First, participants were evaluated through self-report measures, which might explain why there were no

significant associations with certain items such as GPA. The study did not assess the time of the semester when the participant was part of the study. This is important in order to understand how a student's health-related quality of life, such as emotional functioning, might be influenced by finals week or the week of university holidays. Students were also aware the study would examine their multicultural personality and health-related quality of life, therefore, there is a high probability of selection bias when signing up. In addition, the study contains a larger number of female participants than male participants. Consequently, my findings may not be generalizable to male university students. My sample was also predominantly Caucasian. Future studies are needed with a larger sample of university students from diverse ethnic backgrounds. Given the cross sectional and correlation nature of this study, causation cannot be inferred from the data. That is, I am unable to determine whether greater levels of multicultural personality are causing better HRQOL or vice versa. Future longitudinal studies are needed to determine the causal nature between these constructs. Only two subscales of the Multicultural Personality Questionnaire were administered in the present study. It would be beneficial for future studies to include all of the subscales of the Multicultural Personality Questionnaire to examine their correlations with HRQOL. Lastly, I may not infer that this sample of students from Baylor University can be used to generalize to the rest of the young adult population across the U.S. Further research should consider these limitations.

APPENDICES

APPENDIX A

Table 1. Descriptives of Demographic Information

| Female/Male | Frequency | Percent |
|------------------|-----------|---------|
| Female | 226 | 85.6 |
| Male | 38 | 14.4 |
| Total | 264 | 100 |
| Race | | |
| | Frequency | Percent |
| African American | 41 | 16 |
| Asian | 23 | 9 |
| Caucasian | 164 | 62 |
| Hispanic | 32 | 12 |
| Native American | 4 | 1 |
| Total | 264 | 100 |
| Major | | |
| | Frequency | Percent |
| Accounting | 1 | .4 |
| Anthropology | 3 | 1.2 |
| Art History | 1 | .4 |

| | | |
|--------------------------------|----|-------|
| Athletic Training | 2 | .8 |
| Biochemistry | 9 | 3.4 |
| Biology | 20 | 7.6 |
| Business | 8 | 3.1 |
| Chemistry | 2 | .8 |
| Communications | 14 | 5.3 |
| Community Health | 2 | .8 |
| Education | 3 | 1.1 |
| Exercise Physiology | 2 | .8 |
| Film and Digital Media | 3 | 1.1 |
| General Health Science Studies | 32 | 12.1 |
| Graphic Design | 3 | 1.1 |
| History | 1 | .4 |
| International Studies | 2 | .8 |
| Linguistics | 1 | .4 |
| Math | 1 | .4 |
| Medical Humanities | 8 | 3.0 |
| Neuroscience | 10 | 3.8 |
| Nursing | 57 | 21.60 |
| Nutrition | 1 | .4 |
| Physiology | 1 | .4 |
| Political Science | 1 | .4 |

| | | |
|--------------------|-----|-------|
| Psychology | 47 | 17.10 |
| Public Relations | 4 | 1.5 |
| Religion | 1 | .4 |
| Social Work | 6 | 2.2 |
| Sociology | 2 | 1.1 |
| Speech Pathology | 7 | 2.7 |
| Theatre | 1 | .4 |
| Undecided | 4 | 1.5 |
| University Scholar | 4 | 1.5 |
| Total | 264 | 100 |

APPENDIX B

Table 2. Intercorrelations among Cultural Empathy and Social Initiative Scale of the MPQ and the physical, emotional, social, and school function of the PedsQL 4.0 Generic Core Scales Young Adult Version

| | Physical | Emotional | Social | Total | School |
|-------------------------------|----------|-----------|--------|-------|--------|
| Cultural Empathy Scale Score | .127* | .023 | .175* | .120 | .066 |
| Social Initiative Scale Score | .088 | .129* | .207** | .136* | .023 |

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

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