FLORIDA INTERNATIONAL UNIVERSITY

Miami, Florida

EXPLORING THE FACTORS THAT AFFECT QUALITY OF LIFE IN THE UNITED STATES

A dissertation submitted in partial fulfillment of

the requirements for the degree of

DOCTOR OF BUSINESS ADMINISTRATION

by

Junie B. Richardson

2025

To: Dean William G. Hardin
College of Business

This dissertation, written by Junie B. Richardson, and entitled Exploring the Factors that Affect Quality of Life in the United States, having been approved in respect to style and intellectual content, is referred to you for judgment.

We have read this dissertation and recommend that it be approved.

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Florida International University, 2025

DEDICATION

I choose to forget the harm done to me, focusing instead on the pursuit of love and the good life. Forgetting the harm isn't necessarily about erasing the past, but rather about refusing to let it define the present or future. It's about choosing to focus on positive connections and experiences. As such, I cherish the good memories of those I've encountered along the way. To all who have shaped my destiny and helped me along the way, mentors, friends, and family this dissertation is dedicated to you. I dedicate this dissertation to my husband of thirty-three years, Dr. Thomas B. Richardson, a fellow immigrant. Thomas has been a constant support, inspiring me to reach for greater heights and pursue my dreams. This is for you, Mom. Thank you for everything. To my son Ludovic, tag you are it…

ACKNOWLEDGMENTS

I am deeply grateful to Dr. George Marakas, a visionary leader whose expertise has been instrumental in shaping my research. His guidance has been invaluable, and I also want to acknowledge his leadership in building FIU's exceptional DBA program. To my esteemed colleagues in the FIU DBA cohort, thank you for enriching my studies with your diverse perspectives. I will forever cherish the vibrant community of scholars we have become.

ABSTRACT OF THE DISSERTATION

EXPLORING THE FACTORS THAT AFFECT QUALITY OF LIFE IN THE UNITED STATES

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Despite strides in diversity and inclusion, a gap persists for underrepresented groups in pursuing higher education and achieving success in Corporate America. This paper explores the complex relationship between education and quality of life, focusing on the lived experiences of individuals in the United States. The research examines how access to quality education, particularly higher education, affects socioeconomic well-being, career opportunities, and overall quality of life. It challenges the notion that a college degree is not valuable and argues that education equips individuals with essential skills for success in the job market. The study adopts the World Health Organization's definition of quality of life as "a life of satisfaction and fulfillment," influenced by factors like health, education, self-confidence, and social support. By analyzing the connections between these variables, the research aims to develop a framework for understanding how education contributes to a good life. This framework can then be used to create

targeted strategies that promote educational equity, inclusivity, and ultimately, a more equitable society.

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I. INTRODUCTION

Problem Statement

So, what is the problem? Despite strides in promoting diversity and inclusion in higher education, a significant gap persists in the representation of folks like me in pursuing and succeeding in Corporate America. There is this underlying belief in today's society that a college education is not worth it, given its high costs and the astronomical amount of student loans those students and parents have to assume (Carnevale et al., "The College Payoff"). Some billionaires are currently offering financial incentives to young people to avoid attending college. In 201, a prominent figure established a fellowship that provides substantial funding to recipients who forgo traditional higher education for two years (New York Times, June 2011). Instead, these individuals are encouraged to focus on developing scientific and technical innovations.

While some argue that a college degree is not essential for career success, others maintain that postsecondary education equips students with valuable skills that are crucial in today's job market. Critics of such fellowship programs suggest that they may inadvertently exacerbate existing inequalities, particularly for those from marginalized backgrounds who may face additional challenges in pursuing alternative paths. One has sometimes argued that postsecondary education is not essential when an individual can earn a living without a college degree. The study suggests that it may be counterproductive for wealthy individuals to discourage young people from pursuing higher education. A college education can provide students with essential skills for success in today's job market. (Arum & Roksa, 2011.)

In my environment, inequality and discrimination continue to be a great challenge for folks like me. As such, it profoundly affects the quality-of-life experience by said individuals with ramifications on their socioeconomic well-being and a well-defined career path. Such barriers can hinder access to opportunities and limit upward mobility. That inequality can create barriers that will hinder access to career opportunities needed in the pursuit of a good life. Although education is not a panacea, it does often serve as a gateway out of poverty.

Significance of the Problem

Studies have shown a strong correlation between education and the attainment of and overall quality of life (Orfield & Lee, 2005). This is true for many individuals from diverse background especially for folks like me living in United States, where a lack of a college education presents a unique and complex situation. It is important to analyze how access to quality education, including higher education, affects individuals' socioeconomic well-being, career opportunities, and overall quality of life. By understanding the elements that affect educational attainment and career advancement, targeted strategies can be developed to enhance equity and inclusivity in this space, ultimately promoting a more equitable society. Let it be noted that the aforementioned individual holds degrees from prestigious universities, including a Bachelor's and Juris Doctorate.

Research Gap

Although there exist studies about job satisfaction as well as discrimination in the workplace (Caldwell & Caldwell, 1996), the purpose of this study is to gain an

understanding into the process of attaining quality of life for individuals living in the United States with a particular focus on education. Beyond existing Quality of Life studies where "Confidence" is primarily focused on health perspectives, we propose expanding the framework to include "Confidence" as a key construct, particularly in relation to education attainment. Through various theoretical lenses, the study will seek to take a deep dive into the lived experiences of individuals who have navigated the challenges and opportunities shaping Americans Quality of Life. Consequently, it will serve as a framework to develop a replicable playbook aim at attaining well-being and promoting a good life. The Quality-of-Life paper is being written to be a source of encouragement to others, living in the United States. At this stage in the research, Quality of Life will be generally defined as "a life of fewer worries". The concept of good life is a broad and multifaceted notion that includes many different aspects of someone's experience, from Health and financial stability to social connections and personal fulfillment. Many factors can influence someone's quality of life, both positively and negatively. Our goal is to point out and to understand some of those factors that are essential for promoting well-being and for flourishing across all socioeconomic statuses. The good life can vary widely across different populations, with factors such as race, ethnicity, gender, age, and socioeconomic status significantly shaping personal experiences.

Additionally, the World Health Organization defines Quality of Life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". Although education is not a panacea to everything, it does help in breaking

down some of the barriers. This paper is being written from a position of lived experience. As a poor little girl from a third world country, Haiti, Education has provided me with more opportunities above and beyond of what I could have ever dreamed of; that is why I am passionate about education, especially pursuing higher education. As indicated by Indira Gandhi, the first woman prime minister of India, "Education is a liberating force, and in our age, it is also a democratizing force, cutting across the barriers of caste and class, smoothing out inequalities imposed by birth and other circumstances."

When discussing education, we address that individuals will develop a different mindset through training. We also depict that those individuals will develop special skills, character, and knowledge. One would deduct that education prepares an individual for the future. In the "Market" space, highly educated individuals with outstanding skills hold the most lucrative jobs, which will entail that if one does not have the required skills to compete in the labor market, they will be at a disadvantage. That disadvantage could lead to social exclusion and may even lead to poverty. Because we are creatures that hunger for acceptance, research has shown a strong correlation between education poverty and social exclusion. Educated individuals are, for the most part, very confident individuals.

Felce & Perry (1995), define Quality of Life as "the extent to which an individual's needs and desires are met, and the individual is able to participate in activities and roles that are meaningful and valuable to them". The importance of autonomy, choice, and social inclusion in contributing to Quality of life is emphasized in this definition. For the purpose of this paper, we will adopt the WHO's definition. We define Quality of life as a "life that involves a sense of satisfaction and fulfillment, and this often includes the

ability to meet one's basic needs and enjoy a comfortable standard of living". We'd add this definition to the previous ones as: It's "a life with fewer worries." Quality of life is not linear. It is a super complex concept that is a subjective experience influenced by a combination of factors including various aspects of one's well-being, such as health, support network, individual safety, attitude toward life, level of education, and self-confidence. This research, anchored on education, explore how those characteristics and circumstances contribute to a person's overall quality of life. Specifically, this study explores the correlation between six independent variables—health, support network, attitude toward life, individual safety, education, and self-confidence—and one dependent variable—quality of life. Additionally, the study examines the moderating effects of wealth accumulation, religiosity, and demographic factors on this relationship. The research will be conducted within a general population sample to understand the broader influences on quality of life across diverse experiences. Examining these factors can provide valuable insights into the intricate web that contribute to quality of life of folks living in the U.S. This knowledge can then be used to develop comprehensive approaches that address the multifaceted nature of a "good life". Which leads us to the overarching question of:

Research Questions

What are the factors that affect quality of life in the United States of America?

Research Contributions

In understanding the complex relationship between various elements such as health, social support, attitude toward life, safety, education, and self-confidence, we aim

to develop a practical framework that can guide individuals towards a fulfilling life. These different factors are essential for developing a playbook that is repeatable that can support well-being and promote a good life for all individuals. We believe that together, these above-mentioned constructs may determine a path to one's quality of life. Numerous studies have explored the complex relationship between these factors and overall well-being. For instance, research by Diener et al. (2010) has demonstrated the significant impact of positive emotions, engagement, relationships, meaning, and accomplishment on subjective well-being. Similarly, Seligman's (2011) PERMA model highlights the importance of positive emotions, engagement, relationships, meaning, and accomplishment in fostering a fulfilling life. Our goal is to write a recipe for the good life. Although the good life measures are subjective, this perspective research paper is based on the variables that we find to be important to us in our own life. Your good life expectations and ours may be different because certain factors that we find important may not be as meaningful to you. However, we aspire to create something that is repeatable which will provide hope to others. It all begins with understanding the relationship between educational attainment and the good life. Examining these factors can provide valuable insights into the intricate web that contribute to quality of life of folks living in the U.S. This knowledge can then be used to develop comprehensive approaches that address the multifaceted nature of a "good life"

II. BACKGROUND LITERATURE REVIEW AND THEORY

The study draws on various theoretical frameworks, including the Self-Determination Theory, Social Cognitive Theory, Social Determinants of Health, and the

Theory of Planned Behavior. These theories provide a foundation for understanding the complex interplay between individual and environmental factors that influence QoL. The World Health Organization (WHO) posits that health outcomes are shaped not just by individual biology and medical care, but also by the broader social and economic context in which people are born, grow, work, live, and age, ultimately impacting their quality of life. These factors are called social determinants. This research aligns with the Social Determinants of Health (SDOH) theory. Consequently, our study investigates six key characteristics that can be viewed as subcategories of SDOH moderated by Wealth accumulation, Religiosity and Demographics:

- Health
- Support Network
- Attitude toward Life
- Individual Safety
- Education
- Self-Confidence
- Wealth Accumulation
- Religiosity
- Demographics

Examining these factors will afford us the ability to explore how these SDOH contribute to variations in quality of life across the U.S. population.

Education and Quality of Life:

Research has shown that higher education may have a measurable impact on the rest of a person's life and the economy/country's economic health/well-being of the entire country. Higher education can help lead an individual to a better quality of life, sometimes referred to as "the good life." Most people understand its generic meaning that it is a life of great welfare. However, the term "good life" is not as straightforward as one might think, as it is used in various contexts and for different purposes in different research. The good life is a life that we can attempt to ascertain as a life with fewer worries. It invokes different connotations for different people. To understand the relationship between education and quality of life, we will analyze different indicators and different explanatory variables that have previously been ignored. Many factors affect one's quality of life, such as Health, Safety, Support Network, Attitude, and a higher level of education. Below are the model and hypothesis that will be tested. Attached to each hypothesis is the literature review used to support them.

Education is strategically linked to a higher level of confidence in individuals. Confidence rarely happens in isolation. Some individuals are born with it, and others must hone those skills. Research has shown that highly successful individuals are often extremely confident. Their confidence stemmed from their ability to increase their analytical skills and communicate (Meer & Chapman, 2014). This research provided significant insights into the impact of confidence on one's life, whether personally or professionally. In the past decade, there has been increasing attention to studying the effects of education on confidence. One such evidence is the degree of self-confidence

one develops in their ability to think and act. As educated individuals grow, they develop new knowledge and learn to solve new problems when facing new situations. The waterfall effect is that self-confidence begets a person's strong identity, which influences a person's perseverance and performance. Not only can education foster a boost of self-confidence, but it can also provide individuals with a competitive edge in their careers. This research aimed to demonstrate the positive impact of education on an individual's confidence and reasoning ability.

Education may lead to the good life which is intimately linked to the broader aims of well-being. Petrarch argued that the primary goal of liberal arts education, particularly philosophy, is to cultivate a good life. While some might interpret this as a search for life's ultimate meaning, others contend that a meaningful life is rooted in everyday experiences of emotional well-being, social connection, safety, and health. Steger defines meaning as a framework that helps us understand our experiences, set goals, and find purpose in life. One could argue that Petrarch meant to write about the meaning of life instead of the good life. King and associates described the meaning of life as "Lives may be experienced as meaningful when they are felt to have significance beyond the trivial or momentary, to have a purpose, or to have a coherence that transcends chaos." (King, Heintzelman, & Ward, 2016). Unlike the intonation of this being a profound life-altering experience, many researchers argued that the meaning of life is ubiquitous to a life supported by affective, social, safety and health factors that people experience every day. Steger's definition of the meaning of life is "Meaning is the web of connections, understandings, and interpretations that help us comprehend our experience and formulate plans directing our energies to the achievement of our desired future. Meaning

provides us with the sense that our lives matter, that they make sense, and that they are more than the sum of our seconds, days, and years." (Steger 2012)

Research, such as Esterlin's (1974) work, has linked socioeconomic factors like education and occupation to happiness. Happiness is also negatively correlated with crime, poor health, and environmental issues. Studies have also found happiness to be negatively correlated to crime, lack of safety, poor health, and environmental degradation. The happiness literature roughly refers to an individual's well-being and flourishment. In recent years, certain researchers argued against the Esterlin happiness paradox and studied changes in income data across countries to prove that happiness is flat. This paradox explains that happiness rises as the level of income rises to a certain point; the magic number seemed to be $75,000. Afterward, despite a rise in income, individuals' levels of happiness remained unchanged over time. Those researchers have suggested that happiness is largely correlated to safety, stable government, rule of law, and control of corruption, Helliwell (2003). To explore the long-term relationship between education and quality of life, researchers used an empirical associative research strategy to investigate education's direct effects on utility.

Duarte et. al (2018) presented a dominant cultural backdrop that stresses the necessity of an educated populace. Although this backdrop is located in Spain, the framework is similar to that of the USA, especially when addressing generational poverty. Children living in poverty are more likely to perform at a lower academic level than the more fortunate ones. As such, perform worse in school. While evidence pointed to a causal link between a lack of education and poverty, this extensive study concluded

that the good life associated with education is not linear. Other factors such as family background as well as the level of generational schooling affect individual access to the good life. Insofar, as an increase in the household's educational level is favorable to other family members by persuading them to obtain a higher level of education. Individuals who are exposed to higher level of educational attainment tend to want more out of life. They tend to be gifted to a wider range of possibilities in a wide range of domains. And to quote Maya Angelou, "When you know better, you do better". As the household level of education increases, the chance of a good life increases, and the risk level of poverty decreases. This decrease in risk level is due to an income premium associated with a higher level of education, Pascarella and Terenzini (2005).

Self Confidence and Quality of Life:

Confidence is critical in life as it influences people to experience life challenges differently which can affect their ability to achieve their goals. As such, self-confident individuals most likely view a current challenge as an opportunity to grow. Kay and Shipman in "The Confidence Code" (2014), argued that confidence is related to success, educational achievement, negotiation, and personal well-being, among other things. Confident individuals are more likely to have positive self-esteem and a sense of self-worth. This can lead to greater quality life, satisfaction and happiness in life. Confidence has an even more significant impact on the minority community since it will afford those individuals a sense of belonging. A sense that they can easily converse and associate with others beyond their community. In the minority community, more so than in any other community, being educated secured respect from society. A college degree allows

minorities the possibility to forge a successful career faster and gain a better reputation. Educated individuals who are feeling better about their environment and living a high quality of life will establish a strong presence in society resulting in greater representation. Several studies have shown that confidence is positively associated with an individual's quality of life. A study by Bono et al (2001) suggests that confidence is one of the many factors that affects positively the good life. This promotes the importance of touting self-confidence as one of the conduits to the good life.

Attitude toward Life and Quality of Life:

Attitude toward life is another factor that contributes to an individual's Quality of life. Attitude toward life refers to an individual's overall outlook on life, which can be positive or negative. It could be a pillar in achieving happiness. A positive attitude toward life may ease the way individuals see obstacles as opportunities to succeed. Several studies have shown that a positive attitude toward life is associated with an individual's living a more fulfilled life. For instance, a study by Kim et al. (2018) found that a positive attitude toward life was positively associated with quality of life in older adults. However, it's important to acknowledge that life circumstances and external factors also play a role.

Health and Quality of Life:

Many studies have demonstrated the positive relationship between Health and the good life. Health is one of the most significant factors that contribute to an individual's quality of life. It is a major predictor of wellbeing and quality of life. Maintaining a good health is positive associated to greater life satisfaction, wellbeing, and successful aging.

As Folkman and Moskowitz (2000) found, individuals with better health tend to exhibit greater resilience and adaptability in the face of adversity. Additionally, a study published in the Journal of Personality and Social Psychology argued that good health is associated with greater resilience and ability to cope with stress. The study analyzed data from a large sample of adults in the United States and found that those with better health were better able to cope with stressful life events and maintain a positive outlook on life (Folkman & Moskowitz, 2000). This ability to cope effectively with stress might be due to good genetics which allows individuals to navigate challenges more effectively.

Support Network and Quality of Life:

Social support is another important factor that contributes to an individual's quality of life. As human beings, we are social animals. As such we vie for validation and we strive to fit in. Studies have shown that a strong social network can reduce stress and lead to a better life. One of the many benefits of belonging to a network provides individuals with sense of belonging (Knowles et al.2007). Having a strong group affiliation can provide one with guidance and growth opportunities. Research has shown that even at the business level, firms that are affiliated with a group survive the stress of crisis better than unaffiliated firms. A theoretical study by Thoits, 2011 based on social support theory argues that individuals with a strong support network developed an increase in life satisfaction due to higher self-esteem and a sense of belonging. Having a strong support network is beneficial for many reasons as it can provide social interaction which is important to living the good life.

Individual Safety and Quality of Life:

One can argue that the effects of individual safety on the good life are complex and multifaceted. Individual safety is a precursor for the good life. Individuals who are not safe are more likely to experience negative outcomes, such as poor health, low educational attainment, and limited social opportunities. Individual safety and the good life are two important components of human well-being. These two concepts have a symbiotic relationship that has been widely studied by scholars from various disciplines, including psychology, sociology, and public health where the good life promotes individual safety and vice versa. A study by Kruger et al (2014), found that safety was positively associated with well-being which can contribute a sense of autonomy. For instance, according to this report Finland has one of the lowest crime rates in the world, ranked as the happiest country in the 2021 WHR (World Happiness Report, 2021). Individual safety can impact someone's physical and psychological well-being and quality of life which makes it an important aspect to living the good life. Another example of a society where safety concerns hinder the good life is the current situation in Ukraine, where the war has devastated safety and well-being for millions.

The Moderating effects of religiosity and Quality of Life:

The relationship between religiosity and quality of life is complex and can be influenced by various factors, including support networks and attitudes toward life. Religiosity often acts as a buffer against stressors and promotes positive outcomes in one life quality. It has been shown to have a significant impact on individuals' quality of life, often acting as a buffer against stressors and promoting positive outcomes. For example,

studies have shown that religious involvement can reduce symptoms of anxiety and depression (Koenig, McCullough, & Larson, 2001). Religious communities often offer opportunities for social interaction, support, and a shared sense of purpose. This can enhance individuals' overall well-being and reduce feelings of loneliness or isolation. For example, studies have shown that religious involvement can reduce symptoms of anxiety and depression (Koenig, McCullough, & Larson, 2001).

While the effects may vary depending on individual circumstances and religious beliefs, research consistently suggests that religiosity can provide valuable resources and support for individuals facing challenges.

The Moderating effects of Wealth Accumulation and Quality of Life:

Wealth accumulation can undoubtedly moderate various factors of quality of life, but the relationship isn't always linear. Wealth Accumulation is different from income. Wealth accumulation is usually measured as net worth that is acquired over time. Whereas income represents financial resource as a point in time (Killewald, A., Pfeffer, F. T., & Schachner, J. N. (2017)). However, Wealth accumulation is not a guaranteed path to well-being. Sherraden (1991) posits that wealth accumulation is a key component of economic well-being and is influenced by factors such as income, savings behavior, investment decisions, and access to financial resources. Financial stressors can negatively impact health by increasing stress levels and limiting access to health resources (Adler et al., 1994). Wealthier individuals are more likely to have health insurance, utilize preventive care services, and afford expensive treatments (Robert Wood Johnson Foundation, 2020). They may more resources to participate in social activities and build

stronger support Networks (Taylor et al., 2014); this in turn, can provide a sense of control and security, contributing to a more positive attitude (Shoda et al., 2002). These individuals may benefit in living in a safer environment. Additionally, Wealth can facilitate access to top tier schools which potentially may lead to better career opportunities and higher quality of life (Haveman & Kuo, 2001). Wealth can help mitigate anxieties about basic self-confidence (Shoda et al., 2002).

The moderating effects on Demographics (Age, Race) and Quality of Life:

Understanding interactions within demographics like age, gender, and race is crucial for promoting well-being across diverse populations. Research suggests that older adults often prioritize safety and social connection; their needs and preferences can vary greatly within this age group. Moreover, research has shown that older adults demonstrate higher levels of life satisfaction even when faced with challenges as they've learned to be resilient throughout the years and maintain a higher self-confidence (National Academies Press, 2015). However, it's important to remember that needs and preferences can vary greatly within this age group. Healthy lifestyle choices, like exercise and a balanced diet, remain important throughout life (American College of Sports Medicine, 2017). Some older adults may be actively pursuing new careers or hobbies, making formal education still relevant, such as pursuing a certificate program. Lifelong learning activities benefit cognitive health and overall well-being for everyone (Educational Gerontology, 2014). Furthermore, gender and race significantly influence how individuals experience these factors. For example, women may face different health challenges compared to men, and racial and ethnic minorities often experience disparities

in access to resources and opportunities, impacting their quality of life (Office on Women's Health, U.S. Department of Health and Human Services, 2023).

III. RESEARCH DESIGN

What are the factors that affect the quality of life in the U.S.?

Conceptual Framework

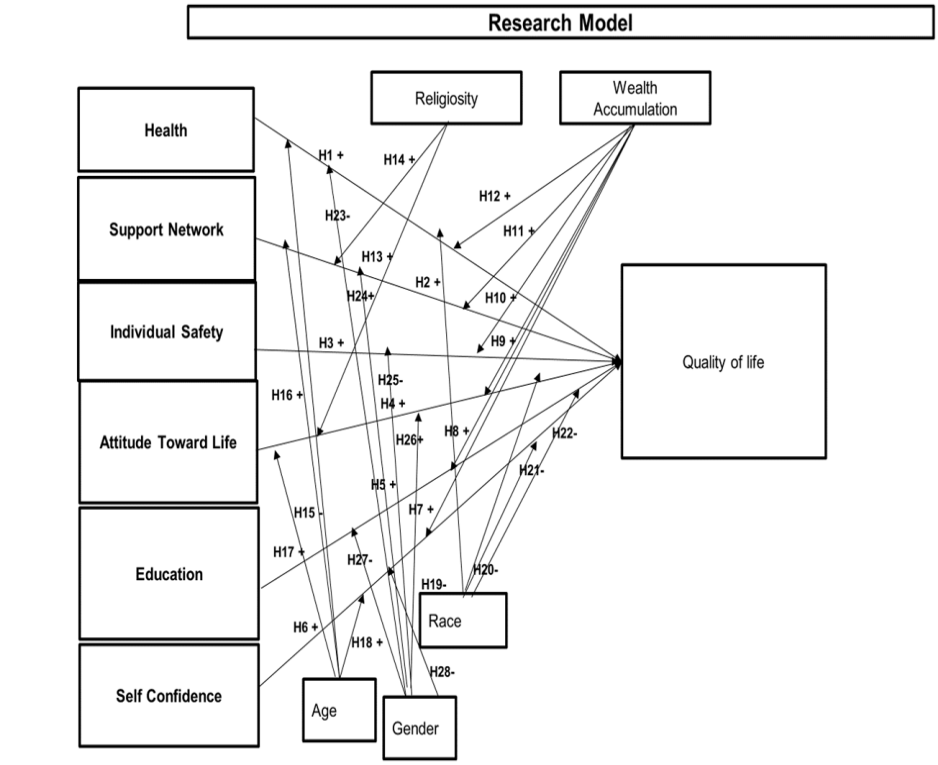


Figure 1 The Conceptual Research Model

Theoretical Development and Hypotheses

Based on literatures from multi disciplines research studies, we expect to have support that there is a positive relationship with Health and the good life. The World Health Organization defines Health as "a state of complete physical, mental well-being and not merely the absence of disease and infirmity. Health is one of the constructs that is at the center of one's happiness. It is necessary to look at health holistically as when individuals feel good about themselves, their level of self-esteem increases. Research shows that good health not only produces economic growth but also the ability for one to lead a good life. Being healthy and promoting good health benefits and protects individuals' quality of life by addressing and preventing ill health (Pronk, Nico PhD, et al 2021).

A study by Diener in 2011 stated that life satisfaction is positively related to health suggesting that health is one of the pillars of the good life. The hypothesis that health affects the good life is also supported by Keyes et al (2002) (From languishing to flourishing life) As one's health increases, the chance of having a good life increase. Studies have suggested that health is one of the major components of living a good life. A peer-reviewed article (Deaton & Stone 2015) found that health is a strong predictor of well-being, which is an important aspect of the good life. This study also states that interventions to improve health can have positive effects on one's quality of life and that health should be defined not only as the absence of disease, but as a state of complete physical, mental, and social well-being.

Hypothesis 1. (H1): Health positively impacts Quality of Life – As Health improves Quality of life will improve.

Conclusion deriving from a study by Cohen & Wills suggests that having a strong Support Network has a positive impact on one's good life. It has been shown to protect against death of despair, depression and anxiety (Cohen 2004). Support network is defined as "The perception or experience that one is cared for, esteemed, and valued and that one belongs to a network of communication of mutual obligation." As Support network increases, one's quality of life increases. In addition, a strong support network leads to better coping skills from stress and traumatic events. Another study by Rutner in 1985 found that social support was positively associated with overall well-being.

As human beings, we are social animals. As such, we vie for validation and we strive to fit in. Humans are inherently drawn to connection and belonging. Research has consistently demonstrated the profound impact of social networks on various aspects of our lives, including mental health, physical health, and overall well-being. A strong social network can provide numerous psychological benefits. Studies have shown that individuals with strong social ties are less likely to experience feelings of loneliness, depression, and anxiety (Cacioppo & Cacioppo, 2015). Social connection can also boost self-esteem, enhance cognitive function, and improve resilience in the face of adversity.

Studies have also shown that a strong social network can reduce stress and lead to a better life. One of the many benefits of belonging to a network provides individuals with sense of belonging (Knowles et al.2007). Having a strong group affiliation can provide one with guidance and growth opportunities. Research has shown that even at

the business level, firms that are affiliated with a group survive the stress of crisis better than unaffiliated firms.

A study by Thoits, 2011 argues that individuals with a strong support network developed an increase in life satisfaction due to higher self-esteem and a sense of belonging. Having a strong support network is beneficial for many reasons as it can provide social interaction which is important to living the good life.

Hypothesis 2. (H2): Support Network positively impacts Quality of Life – As Support Network increases, one's Quality of Life increases.

Individual safety is closely linked to other factors that contribute to a high quality of life. When we feel safe, we are more likely to take advantage of available resources such as healthcare, education, and economic opportunities that would allow us to flourish. There is a positive relationship between Individual Safety and quality of life. As individual safety increases, one's quality of life has the potential to increase. Research (Grafova & Freedman, 2014) has shown that people who reported feeling safe in their neighborhood had better physical, mental dispositions than those who didn't. Individual Safety is defined as by the WHO as "the condition of being protected from or unlikely to cause danger, risk, or injury." A report from the World Happiness Report (WHR), which evaluates the happiness levels of people in different countries, argues that countries with high levels of safety and security tend to have higher levels of happiness and well-being.

Safety is a cornerstone of human living a good life. When individuals feel safe, they are more likely to experience positive emotions, engage in meaningful activities, and build strong relationships. A safe environment allows people to focus on their personal and professional goals without fear of harm or danger. No one wants to live in a war-torn environment. The pursuit of safety is a fundamental human desire. The ongoing conflict in Ukraine serves as a stark reminder of the devastating consequences of war and the importance of a peaceful and secure environment. As humans, we strive to create safe and nurturing spaces where we can thrive. Humans want to maintain a safe environment to live in as safety is at the cornerstone of one 's well-being. We long to be part of a community that provides general sanitation, fitness activities, low to no noise pollution, good roads, and transportation that will contribute to an increase to our standard of living. This is an improvement in the quality of life for us and our communities. Previous studies have analyzed the relationships between living in a safe environment and the good life. It concluded the need to feel safe and secure is primary when seeking the good life. In Maslow's (1962) 'hierarchy of needs', physiological (food, water, warmth, rest) and safety needs form the basic needs that are deemed necessary to secure the higher level of quality of life.

Hypothesis 3. (H3): Individual Safety positively impacts Quality of Life – as Individual Safety increases, one's Quality of Life increases.

As a positive Attitude toward Life increases, one's quality of life increases. This hypothesis of Attitude affecting the good life has received support from many peers reviewed studies. For example, Steptoe and Wardle (2011) found that individuals who

reported a more positive outlook on life had lower levels of the primary stress hormone "Cortisol" which is associated with negative health outcomes. I personally engaged in positive thinking/attitude and daily gratitude because my belief is that in doing so, I will increase my life quality. Gratitude couples with a healthy dosage of optimism afford an individual to live a sustainable quality life. Attitude toward Life is defined by Perloff (2016) as "A psychological construct that characterizes a person way of thinking or feeling about something or someone." It is an important factor that can impact how an individual views the world. Having a positive attitude toward life is one of the predictors of one's well-being. Research has shown that individuals with a positive mindset tend to live longer, and have better coping mechanism. Those skills help individuals in reducing self-doubt when dealing with adversities. A positive attitude can also aid people in becoming more resilient. Seligman (2002; 2011) asserts happiness is a product of environment, attitudes, and inheritance.

Several studies found that people with positive attitude experience higher level of well-being. A study by Howell et al. (2007) argued that people who reported a higher level of gratitude had a more positive view of their life as a whole. Diener & Biswas-Diener (2008) also found that people who reported a greater sense of life satisfaction had a more positive attitude toward life in general which positively affects their well-being.

Hypothesis 4. (H4): Attitude toward Life positively impacts Quality of Life – As Attitude toward Life increases, one's Quality of Life increases.

We found that education to be a challenging variable to measure and define. UNESCO defines levels of education as "an ordered set of categories, intended to group

educational programmes in relation to gradations of learning experiences and the knowledge, skills and competencies which each programme is designed to impart. Levels of education are therefore a construct based on the assumption that education programmes can be grouped into an ordered series of categories". Research has shown that higher education may have a measurable impact on the rest of a person's life and the economy/country's economic health/well-being of the entire country. Higher education can help lead an individual to a better quality of life, sometimes referred to as "the good life." A study by Kappe (2017) suggests that higher levels of education are positively associated with life satisfaction. Most people understand its generic meaning of the good life of that of a life of great welfare. However, the term "good life" is not as straightforward as one might think, as it is used in various contexts and for different purposes in different research. The good life is a life that we can attempt to ascertain as a life with fewer worries. It invokes different connotations for different people. We are particularly interested in the "level of education scale." Does the level of education cause a change in the quality of life, or does it affect the factors that cause an individual to have a better quality of life? Education is often called a gateway out of poverty. The fact is, for many people in the USA, it is. Speaking from experience, having two Master's degrees leads to a better, more fulfilling, and financially secure life. Education has long been recognized as a powerful tool for social mobility and economic opportunity. By providing individuals with the knowledge, skills, and critical thinking abilities they need to succeed, education can help to level the playing field and reduce inequality. In our environment, educational attainment acts as a barrier against inequality. This inequality starts early in a student's life, at the kindergarten level. As noted by Duncan and

Raudenbush (2013), early childhood education programs can significantly impact cognitive and social development, particularly for children from disadvantaged backgrounds. It is an essential predictor of a student's chance of success in college and beyond. "If education affects life chances, then it also has the potential to affect the quality of life." (Edgerton, 2012)

Covid-19 has changed almost everything about schooling and how students receive their education. The pandemic has shed a bright light on the inequities and inequalities in our system. The less fortunate students could not access the internet, and those in rural areas did not fare as well as their more affluent neighbors. In this era of accountability, Individuals rely on each other to help navigate this horrible time. The level of education is vital to the success of our ecosystem. Currently, employers are experiencing significant difficulties in finding the right talent. To hire the most qualified employees for open positions, these employers are creating "hubs" in mid to low wages metropolitan cities that will allow them to fill those positions. These remote locations have become known as "hubs" because those companies hold no current nexus in those markets as their locations are outside the employers' States/territories.

The objectives this hypothesis is that without an educated populace, the country is more vulnerable to adverse circumstances, including hindered economic development, rising inequality and poverty, and decreased competitiveness. Given that we have experienced firsthand the importance and power of higher education, we will narrow down the focus of this applied research to postsecondary education. Higher-educated individuals are erudite that are constantly searching for information that can help shape

their careers. They can make better decisions based on empirical data and apply that knowledge to shape their future. The impact of postsecondary education on lifelong outcomes for degree-holders, including financial health, employment, earnings, debt, and wealth, is vast. These indicators become critical aspects of adulthood, influencing one's economic and social mobility. In less-than-optimal circumstances, including diminished access to education, individuals will struggle, consequently impacting a country's overall social and economic well-being. Human capital may be an intangible asset, but education plays a direct role in expanding people's knowledge and skills, thus producing economic value for an entire country. Human capital aims to produce a higher return for the corporation by investing in developing these individuals' skills and abilities. In the social benefits of education, Behrman suggests that the individual level of knowledge improves behaviors, analytical skills, and choices made by individuals. He further suggests that education alters the constraints/opportunities that an individual is presented with. (Behrman, 1997).

Hypothesis 5. (H5): Level of Education positively impacts Quality of Life – As Level of Education increases, one’s Quality of Life increases.

Shrauger & Schohn, 1995 define self-confidence as “people’s sense of competence and skill, their perceived capability to deal effectively with various situations. Certainty of being able to handle something.” We look at Confidence holistically as this particular variable can touch positively on so many points on an individual's quality of life, including better mental health, improved social relationships, and enhanced performance in various levels of life. Various studies found that individuals

with higher levels of self-confidence reported higher levels of life satisfaction, positive affect, and overall well-being. In a study conducted by Kross et al (2011). that examine the relationship between confidence and well-being, the authors deducted that confidence plays a crucial role in promoting psychological well-being and overall quality of life. Morris Rosenberg, Self-Esteem Scale is being used to analyze self-confidence, did not specifically define self-confidence. However, in popular academic literature, self-confidence is often used interchangeably with self-esteem. Rosenberg defines self-esteem as "a favorable or unfavorable attitude toward the self." In other words, self-esteem reflects “People’s sense of competence and skill, their perceived capability to deal effectively with various situations” Shrauger & Schohn, 1995.

Hypothesis 6. (H6): Self Confidence positively impacts Quality of Life – As Level of Confidence increases, one’s Quality of Life increases.

A significant body of research has established a strong link between socioeconomic status (SES) and health outcomes. Individuals with higher SES tend to have better health outcomes, including lower rates of chronic diseases, lower mortality rates, and longer life expectancies. Research has proven a strong correlation between wealth/Socioeconomic status and health outcomes (Adler et al., 1994), Support Networks (Lin et al., 2010), Attitude Toward Life (Lin et al., 2010), Individual Safety (Lin et al., 2010), Level of Education (Haveman & Kuo, 2001), Self Confidence (Shoda et al., 2002), Thus we hypothesize that

Hypotheses 7, 8, 9,10,11,12. (H7, H8, H9, H10, H11, H12): Wealth Accumulation positively moderates the relationship between all the independent variables and Quality

of Life. The higher the Wealth Accumulation, the stronger the positive association between said independent variables and Quality of Life.

Hypotheses 13, 14. (H13, H14): Religiosity positively moderates the relationship between Support Network and Attitude Toward Life variables and Quality of Life. This means that the strength of the relationship between support network and attitude toward life on quality of life is influenced by an individual's level of religiosity. In other words, religiosity can enhance or weaken the impact of these factors on quality of life.

Hypothesis 15 (H15) While it may seem counterintuitive, Studies have suggested a positive relationship between age and health. This trend, often referred to as the "compression of morbidity," is characterized by a decrease in the number of years spent in poor health before death (Fries, J. F. 1980).

Hypothesis 16 (H16) As individuals age, they often develop strong and supportive networks of friends, family, and community members. This positive relationship between age and support network can significantly contribute to quality of life (Carstensen, L. 2003).

Hypothesis 17 (H17) Based on the "positivity effect", research suggests a positive relationship between age and attitude toward life, often characterized by increased wisdom, contentment, and a more positive outlook (Blanchard-Fields, F., & Hess, T. M. 2010).

Hypothesis 18 (H18) This may vary by individual, research generally suggests a positive correlation between age and self-confidence. As people age, they often accumulate life experiences, develop coping mechanisms, and gain a greater sense of self-awareness. These factors can contribute to increased self-confidence (Carstensen, L. 2003).

When it comes to health outcomes, Race is a social construct that has significant negative impact on quality of life. People of color, especially Brown and Black individuals, are more likely to face socioeconomic challenges such as poverty, limited education, and unemployment (Krieger, N. (2001). For instance, racial minorities and women may face barriers to accessing higher education, which directly impact higher income and better quality of life (Schneider & Stevenson, 1999)

Hypothesis 19 (H19) proposes a negative relationship between Race and Health.

Studies have consistently shown that individuals from marginalized racial groups often experience negative attitudes toward life. This is often attributed to the cumulative effects of systemic racism, discrimination, and socioeconomic disparities (Krieger, N. 2001).

Hypothesis 20 (H20) proposes a negative relationship between Race and Attitude Toward Life

This Self Confidence disparity is often rooted in the experiences of discrimination, prejudice, and stereotypes that individuals from marginalized racial groups face

throughout the individual lives (Steele, C. M., & Aronson, J. 1995). The experience of discrimination and prejudice can have a profound impact on an individual's self-confidence. When individuals are repeatedly subjected to negative stereotypes and discriminatory treatment, they may internalize these negative messages and develop a negative self-image. This can lead to a cycle of low self-confidence, which can further exacerbate the effects of discrimination.

Hypothesis 21 (H21) proposes a negative relationship between Race and Self Confidence.

Studies consistently demonstrate a negative relationship between race and educational attainment. Numerous studies have consistently shown a racial gap in educational attainment, with Black and Hispanic students often lagging behind their White counterparts. This disparity is a complex issue with roots in systemic racism, socioeconomic inequalities, and historical disadvantage. This disparity can be attributed to a complex interplay of social, economic, and environmental factors (The Brookings Institution 2023).

Hypothesis 22 (H22) proposes a negative relationship between Race and Education Life.

As a significant factor, Gender plays a role in shaping societal norms, expectations, and opportunities. These biases can lead to disparities in access to resources, education, healthcare, and social support, which can significantly impact quality of life. Women are more likely to experience certain health conditions, including

autoimmune diseases, mental health disorders, and reproductive health issues. We will be looking at these hypotheses from a female perspective as such:

Hypothesis 23 (H23) proposes a negative relationship between Gender and Health.

Studies have shown that women are less likely to experience isolation and loneliness because of traditional gender roles that emphasize self-reliance. Women may have stronger social connections and support networks than men.

Hypothesis 24 (H24) proposes a positive relationship between Gender and Support Network.

Women often experience heightened feelings of insecurity and vulnerability, particularly in public spaces. They are more likely to be victims of sexual harassment and assault. This can limit their freedom of movement and negatively impact their quality of life.

Hypothesis 25 (H25) proposes a negative relationship between Gender and Individual Safety as women may feel less safe because of being concerned about being harassed and/or assaulted.

Hypothesis 26 (H26) proposes a positive relationship between Gender and Attitude Toward Life as women may be more likely to report higher levels of well-being and life satisfaction

Hypothesis 27 (H27) proposes a negative relationship between Gender and Education as women still face gender bias in the classroom. We still face barriers to certain career path as well as access to higher education.

Hypothesis 28 (H28) proposes a negative relationship between Gender and Self Confidence as women are more likely to experience the feeling of not deserving of their success (Imposter Syndrome).

IV. RESEARCH METHODOLOGY

Participants and Procedure

The research will be conducted within a general population sample to understand the broader influences on quality of life across diverse experiences. We will clearly define the target population. Our population of interest is a group of individuals containing adults 18 years and older residing in the U.S. regardless of gender. We aim to recruit a sample of 100 participants to ensure sufficient statistical power for our analyses. The unit of observation will be done at the individual level. Clear and concise questions with Likert scale option will be formulated. Those questions will contain dimension of Quality of life referred to in the hypothesis section. We will be leveraging surveys like WHOQOL to gain a strong foundation. Measurement instruments such are survey questions will be developed with our population of interest in mind. Prior to full-scale data collection, we will conduct a pilot test with a small sample of participants to assess the clarity, comprehensiveness, and feasibility of the survey instrument. Feedback from

pilot participants will be used to refine the instrument and improve its overall quality. An informed pilot with a small sample will be conducted to identify areas for improvement, and insured that the developed instrument captures the intended information. A Survey will be conducted in which respondents will be asked for feedback to help ensure that the survey questions are accurate. An informed pilot test will be conducted before full implementation in which respondents will be asked for feedback to help ensure that the survey questions are accurate. Once the survey is refined and revised then, we will begin with data collection. Data will be collected primarily through online surveys administered via Amazon Mechanical Turk (M-Turk) or Cloud Research. These platforms provide access to a large and diverse population of potential participants, facilitating efficient and cost-effective data collection.

Research Design

This is designed as non-experimental quantitative research and as such will contain no manipulation of human subjects. The study will adhere to ethical guidelines for research involving human subjects, including obtaining informed consent from participants, ensuring confidentiality, and minimizing potential harm. It will be a quasi-experimental design with a cross-sectional survey in which random sampling will be used. This snapshot approach allows for a quick assessment of relationships between variables. The design of this research allows for the collection of data from a diverse sample at a single point in time, enabling the examination of relationships between variables and the identification of potential predictors of quality of life. As such, this quantitative, cross-sectional design will be employed using a cloud-based survey

platform and/or Amazon Mechanical Turk (MTurk). These cloud-based survey platforms allow for efficient and cost-effective data gathering and can provide access to a diverse population of participants. Data will be collected at a single point in time to identify relationships between various factors and self-reported QoL. In essence, the research will provide valuable insights into the factors that contribute to a good quality of life. By analyzing the data collected from a diverse sample, our goal is be able to draw conclusions about the general population and inform future interventions or policies aimed at improving an individual's QoL.

Measurements

The collected data will be analyzed via SPSS and/or Jamovi software. Furthermore, certain measures like mean, median, and standard deviation will reveal central tendencies and variability of the data. Response will be analyzed to understand the distribution of QoL perceptions and objective factors across the sample. Data analysis will involve descriptive statistics to summarize the demographic characteristics of the sample and the distribution of key variables. Inferential statistical techniques, such as correlation analysis and regression analysis, will be employed to examine the relationships between quality of life and the identified factors. Data security and participant anonymity is to the utmost importance. We will also perform factor analysis and checking for validity such as:

- Content validity which ensures that the survey questions accurately capture the intended concepts.

- Construct Validity, which assesses that the questions measure the underlying constructs we are interested in.

We will control for extraneous factors by discarding participants who answer the questions too quickly. We will also embed attention check questions throughout your survey. These can be questions with obvious answers that an attentive respondent would easily identify. Participants who answer incorrectly will be flagged as potentially inattentive. An of an attention check question may be "What is the color of an eggplant? “Type blue", Regression analysis will be used to understand the relationship between the latent variables (Health, Support Network, Attitude toward Life, Individual Safety, Level of Education, Self-Confidence, Wealth Accumulation, Demographics) and the independent variable (Quality of Life). As this is a quantitative study, the analysis will assist in quantifying the impact of the independent variables on the dependent variables which also help in testing the hypotheses. In this context of Quality of life, we define demographics as a group of people who are 18 years of age and older with no gender restriction.

- Factor Loadings, which can show how well each question contributes to the intended construct.

- Factor Analysis, which is a statistical technique that helps identify groups of related questions that might represent underlying constructs.

We will also perform hypothesis testing which involves formulating a hypothesis about the relationship between the independent variables to the dependent variable and then testing it statistically which includes and not limited to t-tests (compares means of two

groups) and ANOVAs (compares means of three or more groups). These tests help determine if the observed relationships are statistically significant or due to chance.

For H1, we employed some items from SF-36 health scale (that measures a person's health status and quality of life (from Ware, J. E., & Sherbourne, C. D. (1992). Below are a couple of measurement questions for this dimension:

- I often receive preventive care
- I have a well-balanced diet

For H2, we borrowed from the measurement scales, Social Support Network Scale (SSNS) by López-Peñaloza. The below questions derived from that scale:

- I often rely on my family for emotional support
- I often turn to my friends for emotional support

For H3, The ISS scale from (Haun, J. N., et al, 2014) was used to build the measurement for this hypothesis:

- I believe I believe it is important to be able to share ideas, concerns, questions, or mistakes without feeling that I will be punished
- I think a safe environment is important

For H4, we drew from (Carver, et al 2010) LOT-R for the below:

- I am satisfied with my life
- I think personal satisfaction affects one's well-being

For H5, we've used the education attainment scale by the United States Census Bureau:

- What is your highest level of education?

For H6, we drew inspiration from the Rosenberg's Self-Esteem scale (RSES 1995) to create the below scale (figure 4). Below is a sample of the scale:

- I wish I could have more respect for myself
- I take a positive attitude towards myself

For H7-12, we drew inspiration from personal experience. Below is a sample of the scale:

- I am in control of my financial future
- I rarely feel stressed about money.

For H13-14, we drew inspiration from personal experience. Below is a sample of the scale:

- I often attend religious services.
- My faith community is very important to me.

For H15-22, These are standard Demographic questions. Below is a sample of the scale:

- What is your race?
- What is your gender?

The dependent variable is Quality of life: We've used the Satisfaction with life index (SWLS) by Diener et al. to create the scale. Below is a sample of the scale:

- The conditions of my life are excellent
- I have a sense of purpose in my life

Proposed Data Analysis

Following data cleaning, we will conduct a Confirmatory Factor Analysis (CFA) to confirm the hypothesized factor structure of our measures, based on the established scales used (SF-36, SSNS, ISS, LOT-R, RSES, SWLS). Descriptive statistics will be provided for each construct, including measures of central tendency, dispersion, and normality. The analysis will include correlations between the nine constructs and regression analyses to test the hypotheses (H1-H22). For the regression analyses, we will specify the independent variables included in the model for each hypothesis. If normality assumptions are violated, we will consider using non-parametric tests. We will provide a descriptive for the aggregates measuring each construct which will include normality tests and plots. We may also have an analysis of whether there are gender differences in the constructs. With the assumption that all questions remain intact after scrubbing, there are 129 questions in this survey related to the different variables in which the participants must express their degree of agreement on a Likert Scale from 1 to 7, where 1 mean strongly disagree and 7 means strongly agree. This analysis will include correlations for the eight aggregates measuring each construct as well as a regression analysis.

The data to be analyzed will include the following variables:

P# = participant #

1. HT 1 through 20 = 20 items, in a 7-point scale, measuring Health

2. SN 1 through 19 = 19 items, in a 7-point scale, measuring Support Network

3. SA 1 through 20 = 20 items, in a 7-point scale, measuring Safety

4. ATL 1 through 24 = 24 items, in a 7-point scale, measuring Attitude toward Life

5. ED 1 through 16 = 16 items, in a 7-point scale, measuring Level of Education

6. CF 1 through 7 = 7 items, in a 7-point scale, measuring Self Confidence

7. QL 1 through 4 = 4 items, in a 7-point scale, measuring Quality of Life

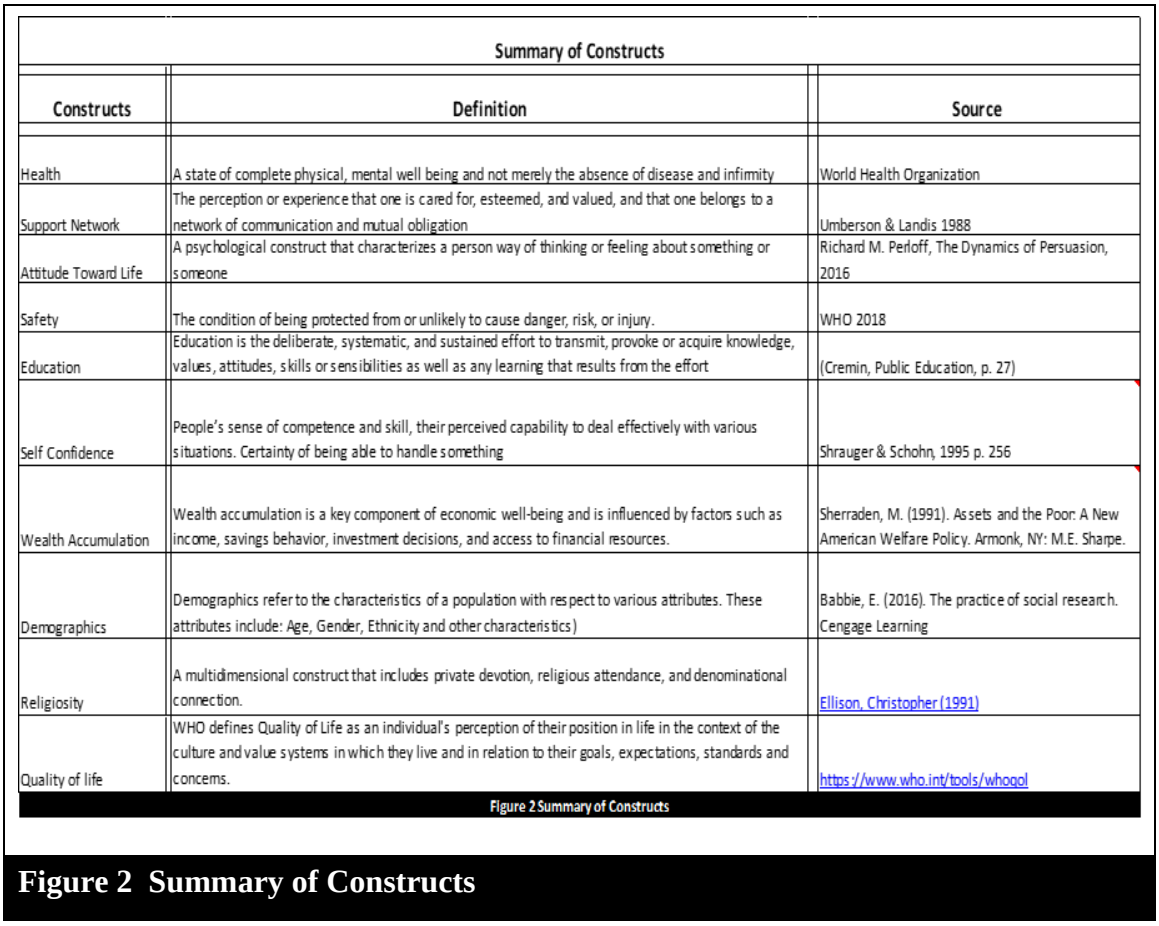
8. WA 1 through 7 = 7 items, in a 7-point scale, measuring Wealth Accumulation

9. SP 1 through 5 = 5 items, in a 7-point scale, measuring religiosity

9. Dem 1 through 7 = 7 items, nominal scale, measuring Age, Gender, Marital status, Level of education, Income level, Employment status, and Race

Summary of Constructs

Figure 2 serves as a useful reference for understanding these common constructs and their definitions. It presents a concise overview of various constructs, their definitions, and their sources.



Summary of Constructs

Constructs	Definition	Source
Health	A state of complete physical, mental well being and not merely the absence of disease and infirmity	World Health Organization
Support Network	The perception or experience that one is cared for, esteemed, and valued, and that one belongs to a network of communication and mutual obligation	Umberson & Landis 1988
Attitude Toward Life	A psychological construct that characterizes a person way of thinking or feeling about something or someone	Richard M. Perloff, The Dynamics of Persuasion, 2016
Safety	The condition of being protected from or unlikely to cause danger, risk, or injury.	WHO 2018
Education	Education is the deliberate, systematic, and sustained effort to transmit, provoke or acquire knowledge, values, attitudes, skills or sensibilities as well as any learning that results from the effort	(Cremin, Public Education, p. 27)
Self Confidence	People's sense of competence and skill, their perceived capability to deal effectively with various situations. Certainty of being able to handle something	Shrauger & Schohn, 1995 p. 256
Wealth Accumulation	Wealth accumulation is a key component of economic well-being and is influenced by factors such as income, savings behavior, investment decisions, and access to financial resources.	Sherraden, M. (1991). Assets and the Poor: A New American Welfare Policy. Armonk, NY: M.E. Sharpe.
Demographics	Demographics refer to the characteristics of a population with respect to various attributes. These attributes include: Age, Gender, Ethnicity and other characteristics)	Babbie, E. (2016). The practice of social research. Cengage Learning
Religiosity	A multidimensional construct that includes private devotion, religious attendance, and denominational connection.	Ellison, Christopher (1991)
Quality of life	WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.	https://www.who.int/tools/whoqol

Figure 2 Summary of Constructs

Figure 2 Summary of Constructs

Figure 3 outlines several independent variables (IVs), moderators (Mod), and their corresponding hypotheses that explore their relationships with the dependent variable (DV), Quality of Life (QOL). These variables are presumed to influence Quality of Life

(QOL) directly. The hypotheses are framed to test the positive or negative impact of each independent variable on one's good life. The independent variables (Health, Support Network, Safety, Attitude Toward Life, Education, and Self-Confidence) are expected to have a direct positive impact on Quality of Life. These relationships are grounded in well-established theories in psychology, sociology, and health sciences.

The presence of the moderators such as Wealth Accumulation, Religiosity, Age, and Race are expected to alter the strength of the independent variables relationships on the dependent variable (QOL). For instance, someone with high wealth may experience a greater improvement in quality of life with better health than someone with lower wealth, because they have access to better healthcare, and/or resources.

Hypotheses Summary

Variables	Constructs		Hypotheses
IV	Health (HT)	H1	As Health Increases, ones good life increases
IV	Support Network (SN)	H2	As Support network increases, one's good life increases
IV	Safety (SA)	H3	As the level of safety increases, one's quality of life increases
IV	Attitude Toward Life (ATL)	H4	As Attitude toward life increases, one's good life increases
IV	Education(ED)	H5	As Level of Education increases, one's good life increases
IV	Self Confidence (SC)	H6	As Self Confidence increases, one's good life increases
Mod	Wealth Accumulation(WA)	H7-H12	WA strenghtens the relationship between (H7-H12) and QOL
Mod	Religiosity	H13, H14	SP strenghtens the relationship between (H13-H14) and QOL
Mod	Demographics(Dem) Age	H15, H18	Age strenghtens the relationship between (H15-H18) and QOL
Mod	Demographics(Dem) Race	H19-H22	Race weakens and strengtens the relationship between (H19-H22) and QOL
Mod	Demographics(Dem) Gender	H23-H28	Gender weakens and strengtens the relationship between (H23-H28) and QOL
DV	Quality of Life		

Figure 3 Hypotheses Summary

Figure 3 Hypotheses Summary

Measurement Instruments:

Figure 4 categorizes survey questions across different areas. This survey covers multiple dimensions of Quality of life. By analyzing these different areas, it becomes possible to understand how individuals' life quality is influenced.

Figure 4 Measurement Instruments		
	These questions assess Demographics	
Dem1	What is your gender?	Dem
Dem2	What is your age group?	Dem
Dem3	What is your marital status?	Dem
Dem4	What is your race?	Dem
Dem5	What is your level of education?	Dem
Dem6	What is your income level?	Dem
Dem7	What is your employment status?	Dem
	These questions provide an insight to how good Health impacts one's quality of life	
HT1	Generally speaking, I consider myself as being healthy.	Physiological Health
HT2	I focus a lot of effort in achieving good health.	Physiological Health
HT3	The conditions of my health are excellent.	Physiological Health
HT4	I rarely get sick.	Physiological Health
HT6	I have a good immune system	Physiological Health
HT7	I rarely experience shortness of breath	Physiological Health
HT8	I have a well- balanced diet.	Physiological Health
HT9	I rarely feel sad.	Mental health
HT10	I rarely feel depressed.	Mental health
HT11	I am able to communicate my feelings effectively	Mental health
HT12	I sleep at least seven hours a night.	Mental health
HT13	I handle stress well.	Mental health
HT14	I feel connected with others	Mental health
HT15	I often practice physical activity.	Physical Health
HT16	My overall physical health is excellent.	Physical Health
HT17	I engage in vigorous-intensity physical activity at least once a week.	Physical Health
HT18	I am able to perform daily activities without difficulty.	Physical Health
HT19	I am rarely fatigued.	Physical Health
HT20	I engage in moderate intensity physical activity at least once a week.	Physical Health
	These questions assess Religiosity	
SP1	I often attend religious services.	Spirituality
SP2	I interact with members of my faith community outside of religious services.	Spirituality
SP3	My faith community is very important to me.	Spirituality
SP4	My faith community provided a support to me during a difficult time.	Spirituality
SP5	My faith community has provided a support to others during a difficult time.	Spirituality
	These questions assess Support Network	
SN1	My school affiliation has been helpful as a support network.	School
SN2	I often keep in contact with my school mates.	School
SN3	I participate in alumni events.	School
SN4	My connection to my alma mater gives me a feeling of belonging	School
SN5	I've made good connections through my school association.	School
SN6	I recommend using school affiliation as a support network.	School
SN7	My school affiliation is accessible to me as a support network.	School
SN9	I often turn to my friends for emotional support.	F&F
SN10	It is important for me to have friends I can rely on.	F&F
SN11	I have supported a friend in need.	F&F
SN13	I can talk about my problems with my friends	F&F
SN14	My friends value my opinion	F&F

These questions assess Individual Safety		
SA1	I think a safe environment is important	Evironmental
SA2	I think a safe environment should be made a priority in my community.	Evironmental
SA4	I believe it is important to be able to share ideas, concerns, questions, or mistakes with people in my enviro	Evironmental
SA5	I believe that living in a country with strong infracstructures is important.	Evironmental
SA6	I believe that having access to affordable health care is important.	Evironmental
SA7	I believe that having access to quality education is important.	Evironmental
SA8	I believe it is important to be able to live without concerns of being physically harmed or injured.	Evironmental
SA9	I can express my ideas without fear of reprisal.	Psychological
SA10	People in my environment are open minded.	Psychological
SA11	I feel comfortable taking risks in my environment.	Psychological
SA12	I am comfortable asking questions to anyone when I don't understand something.	Psychological
SA13	I feel like I can be myself with my peers.	Psychological
SA14	I have a steady income.	Socioeconomic
SA15	I have the chance to advance socially.	Socioeconomic
SA16	My employment is stable.	Socioeconomic
SA17	I have resources to cover my basic needs.	Socioeconomic
SA18	I have access to quality education.	Socioeconomic
SA19	I have access to high-quality healthcare.	Socioeconomic
SA20	I have the opportunity to expand my social circle.	Socioeconomic
These questions assess Attitude Toward Life		
AT2	I grew up in a supportive household.	Prior life experience
AT3	I do not allow prior negative experiences to stop me from living the life that I want to live.	Prior life experience
AT4	I release attachment to past experiences.	Prior life experience
AT6	I have experience a major illness in the past 5 years.	Prior life experience
AT7	My childhood influences my current decision-making.	Conditioning
AT8	My values influences my current decision-making.	Conditioning
AT10	I am comfortable taking calculated risks.	Conditioning
AT11	Personal satisfaction is very important to me.	Conditioning
AT12	I believe my personal level of satisfaction can impact relationships with friends.	Conditioning
AT13	I believe I can overcome obstacles in life.	Level of personal satisfaction
AT14	I view setbacks as opportunities to grow.	Level of personal satisfaction
AT15	I am always learning.	Level of personal satisfaction
AT16	I am always developing new skills.	Level of personal satisfaction
AT17	I pay attention to the good that comes into my life from people in my environment.	Optimism
AT18	I believe in a higher power.	Optimism
AT19	I let go of the past.	Optimism
AT20	I uplift others.	Optimism
AT21	I follow my Inner voice.	Optimism
AT22	I practice midfullness.	Optimism
AT23	I practice gratitude.	Optimism
AT24	I appreciate nature.	Optimism
These questions assess Self Confidence		
CF1	On the whole, I am satisfied with myself.	CF
CF2	I am satisfied with the choices that I have made in my life so far.	CF
CF3	I feel that I have a number of good qualities.	CF
CF4	I feel I have a lot to be proud of.	CF
CF5	I rarely feel useless at times.	CF
CF6	I take a positive attitude toward myself.	CF
CF7	I have respect for myself.	CF
These questions assess Wealth Accumulation		
WA1	I rarely feel stressed about money.	WA
WA2	I am in control of my financial future.	WA
WA3	I inherited part of my wealth.	WA
WA4	I have a budget to track my income and expenses.	WA
WA5	I am confident about my finances.	WA
WA6	My financial situation allows me to pursue my dream.	WA
WA7	I have an emergency fund to cover my living expenses for six months.	WA
These questions assess "Quality of Life"		
QL1	In most ways, my life is close to my ideal	QL
QL2	The conditions of my life are excellent	QL
QL3	I have a sense of purpose in my life	QL
QL4	So far I have gotten the important things I want in life.	QL
These questions assess Education		
		ED
ED1	I feel that my traditional educational levels accurately reflect my skills.	Educational Alignment
ED2	I feel that traditional educational levels accurately reflect my knowledge.	Educational Alignment
ED3	I feel that traditional educational levels accurately reflect my abilities.	Educational Alignment
ED4	I believe that my level of education rivals others with the same level of formal education.	Educational Alignment
ED5	My level of education prepares me for the challenges of today's world.	Value of Education
ED6	My level of education prepares me for the opportunities of today's world.	Value of Education
ED7	My level of education has enhanced my earning potential.	Value of Education
ED8	My educational background significantly influences my professional advancement.	Value of Education
ED9	My education was the catalyst for my climb up the career ladder.	Value of Education
ED10	Without my education, my upward mobility would not have been possible.	Value of Education
ED11	I am well-prepared for my chosen career path because of my level of education.	Value of Education
ED12	My education provides me with the ability to develop my critical thinking.	Impact of Education
ED13	My education helps me develop my problem-solving abilities.	Impact of Education
ED14	My education contributes to my personal development.	Impact of Education
ED15	My education contributes to my personal growth.	Impact of Education
ED16	My education is a key driver of my economic growth.	Impact of Education

Figure 4 Measurement Instruments

This chapter explores the empirical methodology used to test the proposed research model, which was carried out in three distinct phases: an informed pilot, a quantitative pilot, and the main study. Data for all phases were collected via online surveys, and the analysis was conducted using Statistical Package for Social Sciences (SPSS) software.

Informed Pilot

We conducted a preliminary study in the form of an informed pilot prior to engaging in data collection. This served as a gateway to identify any potential issues that may arises during the study. This also allowed us to validate the survey instrument and to ensure construct validity. The purpose of the construct validity is to ensure that the measurements instruments are actually measuring their constructs. We had five (5) participants in our pilot which were fellow FIU DBA candidates. The participants were provided with the necessary information and materials to ensure their role and understanding in the pilot. The materials that were provided to them were the survey instrument, a detailed description of the research, the research model, a description of the primary pilot, and a list of terms to consider during the evaluation of the survey instrument (see figure 4).

Participants provided honest feedback about certain questions that needed to be rephrased. Some of the questions were pointing to the dependent variable. Fortunately, in this pilot, there were no areas of confusions, or double-barreled questions. The participants made thoughtful observations such as potential EFA testing issues of one of my constructs. The informed pilot ran from June 3, 2024 to June 18, 2024. The informed pilot participants validated the technical functionality of the survey instrument and raised several valid points about the questions contained within. After the informed pilot, qualifier question such as "Are you a member of any church or religious group?" was added and other questions were either eliminated or rephrased. We also conferred with our chair who suggested that reverse coded questions be rewritten to facilitate data analysis. For instance, "I often get sick" was rephrased to "I rarely get sick". The survey instrument was adjusted accordingly based on the participants' feedback.

Data Collection

Drawing on the results of the informed pilot, the quantitative pilot aimed to evaluate the psychometric properties of the measurement scales and assess the feasibility of data collection. A larger sample was used in this phase to enable a more thorough assessment of the instrument's reliability and validity. The data collected was analyzed with SPSS to test the internal consistency, convergent validity, and discriminant validity of the constructs. After the informed pilot was adjusted a corrected, the survey instrument was uploaded in Qualtrics. On this platform, we've collaborated with different individuals to review the survey instrument and test for time and other issues as they

arose. Once the date approved by the Institutional Review Board (IRB) for beginning data collection has arrived, the survey instrument was released to potential respondents via Cloud Research platform, originally targeting 45 participants. The survey ran on Cloud Connect for one day on June 30. On July 14, 5 more participants were added to a total of 50 participants who took part in the survey.

Data Validation

The data received from the 50 participants were thoroughly validated to identify any missing or incomplete values, time outliers, instances of failed attention questions, and instances where participants rushed through the survey. There were no missing and incomplete data as participants were forced to provide an answer before moving to the next question except in the case where skip logic was applied.

Of the 50 respondents, one individual failed the attention check validation questions. There were three (3) attention checks validation in the survey that required participants to answer "Neither agree nor disagree." We had established a baseline of how long it will take to complete the survey. We also analyzed survey times to determine if participants were speeding through the survey and answering questions haphazardly. No one took the survey too quickly. Anyone slightly above or below the established baseline would have been excluded from the data.

Descriptive Analysis

Table 1 presents the profiles of the respondents. The sample consisted of 49 participants, of which 21 respondents (42.9%), who were between 29 and 39 years old. Of the total participants, 25 (51%) were female and 24 (49%) were male. Educationally, while 22 respondents (44.9%) held a bachelor's degree, while 3 (6.1%) had postgraduate graduate qualifications. Income-wise, 12 respondents (24.5%) earned between $40,000, and $59,999, 6 (12.2%) earned over $100,000. In terms of employment, 27 respondents (55.1%) were full-time workers, and 4 (8.2%) were unemployed.

Table 1 Profiles of respondents for pilot			
Description	**Characteristic**	**Frequency**	**Percent (%)**
Age Group			
	18 - 28	13	26.5
	29 - 39	21	42.9
	40 - 50	8	16.3
	51 - 60	6	12.2
	61-70	1	2
Gender			
	Female	25	51
	Male	24	49
Marital Status			
	Married	21	42.9
	Never married	23	46.9
	Separated	1	2
	Divorced	4	8.2
Race			
	Black or African American	8	16.3
	Caucasian	29	59.2
	Hispanic	4	8.2
	American Indian or Alaska Native	1	2
	Asian	7	14.3
Education			
	High school graduate	4	8.2
	Some college	10	20.4
	2 year degree	3	6.1
	4 year degree	22	44.9
	Professional degree	7	14.3
	Doctorate	3	6.1
Income			
	$20,000 - $39,999	10	20.4
	$40,000 - $59,999	12	24.5
	$60,000 - $79,999	11	22.4
	$80,000 - $99,999	4	8.2
	Greater than $100,000	6	12.2
	Less than $20,000	6	12
Employment			
	Student	3	6.1
	Full-time Employment	27	55.1
	Part-time Employment	5	10.2
	Self-employed	6	12.2
	Home-maker	4	8.2
	Unemployed	4	8.2

Table 1 Profile for Respondents – Pilot

Table 2 shows the Cronbach's Alpha values for different variables (HT, SN, SA, AT, ED, CF, SP, WA, and QOL). Cronbach's Alpha is a statistical measure which tells us how well the items in a scale hang together and measure a single construct consistently. It is used to assess the internal consistency reliability of a scale or instrument. A higher Cronbach's Alpha generally indicates better internal consistency.

Generally, a Cronbach's Alpha of 0.7 or higher is considered acceptable. Overall, table 2 shows that most of the variables have acceptable or good internal consistency, with Cronbach's Alpha values ranging from 0.787 to 0.963. The Cronbach alpha values for all constructs presented in Table 2 surpass the recommended 0.7 threshold, indicating strong internal consistency and reliability. This ensures the validity and robustness of the measures used in this research.

Table 2 Cronbach's Alpha for the pilot

Variables	Cronbach's Alpha	N of items
HT	0.915	3
SN	0.938	7
SA	0.917	7
AT	0.787	3
ED	0.963	6
CF	0.896	4
SP	0.956	5
WA	0.813	7
QoL	0.903	4

Table 2 Cronbach's Alpha - Pilot

Table 3 displays the factor structure obtained from a Principal Component Analysis with Varimax. The final model, consisting of six factors, was selected. Each

scale was clearly defined, with items loading strongly (above 0.50) onto their respective factors.

Table 3 Rotated Component Matix for the pilot

Rotated Component Matrix[a]

	Component					
	1	2	3	4	5	6
SN1	.865					
SN2	.852					
SN5	.847					
SN4	.819					
SN3	.815					
SN7	.781					
SN6	.715					
ED10		.894				
ED7		.886				
ED9		.857				
ED11		.853				
ED8		.806				
ED6		.701				
SA6			.875			
SA8			.843			
SA5			.832			
SA2			.820			
SA1			.792			
SA7			.784			
SA4			.732			
CF4				.840		
CF5				.838		
CF7				.684		
CF1				.667		
HT9					.741	
HT10					.713	
HT13					.712	
AT2						.797
AT3						.729
AT4						.619

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 8 iterations.

Table 3 Rotated Component Matrix – Pilot

The Kaiser-Meyer-Olkin (KMO) measure assesses the suitability of data for factor analysis. A KMO value close to 1 indicates that factor analysis is appropriate, while a value closer to 0 suggests it may not be suitable. Bartlett's test of sphericity determines if the correlation matrix is significantly different from an identity matrix, indicating the presence of significant correlations between variables. The Kaiser Meyer-Olkin measure confirmed the analysis's sampling adequacy, with an overall satisfaction KMO = 0.855 (Kaiser and Rice, 1974. Generally, values above 0.5 indicate that factor analysis is appropriate (Table 4).

Table 4 KMO and Bartlett's Test for the pilot

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.855
Bartlett's Test of Sphericity	Approx. Chi-Square	828.159
	df	78
	Sig.	<.001

Table 4 KMO- Pilot

Bartlett's test of sphericity assesses whether the correlation matrix is significantly different from an identity matrix. In other words, it checks if the variables are uncorrelated. The p-value associated with Bartlett's test is less than 0.001, indicating that the correlation matrix is significantly different from an identity matrix. This means that the variables are not uncorrelated, which is a necessary condition for factor analysis. The KMO value and Bartlett's test results suggest that the data are suitable for factor analysis. The variables are sufficiently correlated, and the proportion of variance explained by common factors is adequate.

V. RESULTS

Main Study

The primary data collection instrument was a cloudresearch survey. Participants were recruited from the population of individuals residing in the United States who were 18 years of age or older. To maintain data integrity, responses were screened for attention check failures, incomplete surveys, and excessively short completion times. Informed consent was required for participation, and those who declined were excluded. Data was collected from 100 participants, and those who failed any of the attention check questions, or completed the survey in less than 3 minutes were excluded. Consenting to the survey is required, and participants who do not consent were automatically denied access to the survey. For the main survey, all participants accept the consent form. Ultimately, a usable sample of 100 respondents was obtained.

Interpreting the Regression Analysis: All Hypotheses with the "S" indicate that they are supported by the data.

Figure 5 presents the results of a path analysis, including the direct and indirect relationships between various factors and quality of life (QoL). The model incorporates several theoretical frameworks, including Self-Determination Theory (Ryan & Deci,

2000), Social Cognitive Theory (Bandura, 1977), and Social Support Theory (Cohen & Wills, 1985).

The path coefficients indicate the strength and direction of the relationships between variables. Positive coefficients suggest that as a factor increases, QoL also increases. Conversely, negative coefficients indicate an inverse relationship. The p-values associated with each path coefficient assess the statistical significance of the relationship. Lower p-values (typically less than 0.05) indicate a higher likelihood that the relationship is not due to chance.

The results generally support the hypothesized relationships, with several significant paths emerging. For instance, health, social support, safety, attitude toward life, education, and self-confidence are all positively associated with QoL. These findings align with previous research highlighting the importance of these factors in promoting quality of life. Additionally, the model demonstrates the moderating effects of gender, race, age, and wealth accumulation on these relationships. For example, the impact of education on QoL may vary across different age groups or racial/ethnic backgrounds.

Figure 5 Path Coefficients for the Main Study							
Hypotheses	**Pneumonic**	**R Square**	**Beta**	**t-statistic**	**P-Value**	**Supported/ Unsupported**	
H1	HT → QL	0.417	0.919	8.364	<.001	S	As Health Increases, ones quality of life increases
H1a	HT_PHYSICL → QL	0.15	0.45	4.154	<.001	S	As Health Increases, ones quality of life increases
H1b	HT_MTL → QL	0.504	0.763	9.971	<.001	S	As Health Increases, ones quality of life increases
H1c	HT_PHYSIOL → QL	0.276	0.729	6.116	<.001	S	As Health Increases, ones quality of life increases
H2	SN → QL	0.221	0.567	5.271	<.001	S	As Support Network Increases, ones quality of life increases
H2a	SN_S → QL	0.144	0.35	4.059	<.001	S	As Support Network Increases, ones quality of life increases
H2b	SN_FF → QL	0.186	0.518	4.738	<.001	S	As Support Network Increases, ones quality of life increases
H3	SA → QL	0.482	1.46	9.544	<.001	S	As Safety Increases, ones quality of life increases
H3a	SA_ENVR → QL	0.002	-0.139	-0.401	0.689	U	As Safety Increases, ones quality of life increases
H3b	SA_PSYCH → QL	0.467	0.956	9.259	<.001	S	As Safety Increases, ones quality of life increases
H3c	SA_SOCIO → QL	0.488	0.811	9.659	<.001	S	As Safety Increases, ones quality of life increases
H4	ATL → QL	0.432	1.234	8.625	<.001	S	As Attitude Toward Life Increases, ones quality of life increases
H4a	ATL _PRIOR→ QL	0.349	0.712	7.253	<.001	S	As Attitude Toward Life Increases, ones quality of life increases
H4b	ATL _COND→ QL	0.084	0.498	2.996	0.003	S	As Attitude Toward Life Increases, ones quality of life increases
H4c	ATL_SAT → QL	0.299	0.794	6.46	<.001	S	As Attitude Toward Life Increases, ones quality of life increases
H4d	ATL _OPT→ QL	0.348	0.949	7.24	<.001	S	As Attitude Toward Life Increases, ones quality of life increases
H5	ED → QL	0.305	0.558	6.551	<.001	S	As Education Increases, ones quality of life increases
H5a	ED_ALIGN → QL	0.247	0.496	5.664	<.001	S	As Education Increases, ones quality of life increases
H5b	ED_VAL → QL	0.264	0.434	5.927	<.001	S	As Education Increases, ones quality of life increases
H5c	ED_IMP → QL	0.217	0.451	5.218	<.001	S	As Education Increases, ones quality of life increases
H6	SC → QL	0.666	0.88	13.988	<.001	S	As Self Confidence Increases, ones quality of life increases
H7	WA →SC →QL	0.708	0.081	1.988	<.001	S	WA strenghtens the relationship between (H7-H12) and QL
H8	ED →WA →QL	0.419	0.084	4.377	<.001	S	WA strenghtens the relationship between (H7-H12) and QL
H9	ATL→WA →QL	0.536	0.07	4.686	<.001	S	WA strenghtens the relationship between (H7-H12) and QL
H10	SN →WA →QL	0.377	0.112	4.94	<.001	S	WA strenghtens the relationship between (H7-H12) and QL
H11	SA →WA →QL	0.546	0.054	3.719	<.001	S	WA strenghtens the relationship between (H7-H12) and QL
H12	HT →WA →QL	0.497	0.068	3.948	<.001	S	WA strenghtens the relationship between (H7-H12) and QL
H13	SN→SP →QL	0.235	0.023	1.36	<.001	S	SP strenghtens the relationship between (H13-H14) and QL
H14	ATL→SP →QL	0.444	0.016	1.461	<.001	S	SP strenghtens the relationship between (H13-H14) and QL
H15	HT→AGE →QL	0.417	-0.02	-0.101	<.001	S	Age weakens the relationship between (H15) and QL
H16	SN→AGE →QL	0.225	0.02	0.675	<.001	S	Age strenghtens the relationship between (H16-H18) and QL
H17	ATL→AGE →QL	4.34	0.01	0.674	<.001	S	Age strenghtens the relationship between (H16-H18) and QL
H18	SC→AGE →QL	0.677	-0.02	-1.759	<.001	S	Age strenghtens the relationship between (H16-H18) and QL
H19	HT→RACE →QL	0.418	0.09	0.429	<.001	S	Race weakens the relationship between (H19-H22) and QL
H20	ATL→RACE →QL	0.437	0.019	0.93	<.001	S	Race weakens the relationship between (H19-H22) and QL
H21	SC→RACE →QL	0.681	0.034	2.138	<.001	S	Race weakens the relationship between (H19-H22) and QL
H22	ED→RACE →QL	0.305	-0.003	-0.111	<.001	S	Race weakens the relationship between (H19-H22) and QL
H23	HT →GENDER →QL	0.419	-0.031	-0.69	<.001	S	Gender Weakens the relationship between the IVs and QL
H24	SN →GENDER→QL	0.216	0.071	1.174	<.001	S	***Gender strenghtens the relationship between the IVs and QL***
H25	SA →GENDER→QL	0.484	-0.023	-0.64	<.001	S	Gender Weakens the relationship between the IVs and QL
H26	ATL →GENDER→QL	0.432	0.003	0.072	<.001	S	***Gender strenghtens the relationship between the IVs and QL***
H27	ED →GENDER→QL	0.305	0.01	0.189	<.001	S	Gender Weakens the relationship between the IVs and QL
H28	SC →GENDER→QL	0.667	0.009	0.268	<.001	S	Gender Weakens the relationship between the IVs and QL

Table 5 Path Coefficient- Main Study

- **H1- Health--** R Square (0.417) indicates that approximately 41.7% of the variation in Quality of Life (QL) can be explained by Health (HT). Health accounts for a significant portion of the differences in QL among individuals. Controlling for other variables in the model, positive standardized regression coefficient value of 0.919 suggests that as HT increases, QL also tends to increase, and the relationship is quite strong. This hypothesis is supported. A high t-statistic statistical significance of the relationship between HT and QL (in this case, 8.364) indicates that the relationship is highly significant. A p-value less than 0.001 suggests that the observed relationship is extremely unlikely to be due to chance. This is the probability of observing a relationship as strong as the one found, if there were truly no relationship between HT and QL.
- **H2- Support Network**-- R Square = 0.221 indicates that approximately 22.1% of the variance in Quality of Life can be explained by the variable, Support Network "SN." In other words, "SN" is moderately correlated with QL. The standardized coefficient suggests that a one-unit increase in "SN" is associated with a 0.567 unit increase in Quality of Life. The positive sign indicates a direct relationship. A higher t-statistic of 5.271 which is a measure of how many standard errors the coefficient is away from zero. indicates a stronger relationship between the variables. P-Value < .001: This is a very small p-value, suggesting that the relationship between "SN" and QL is statistically significant.
- **H3- Individual Safety**-- R Square indicates that approximately 48.2% of the variance in quality of life can be explained by Safety (SA). A Beta of 1.46 suggests that a one-unit increase in Safety is associated with a 1.46-unit increase in quality of life. However, since the relationship is negative (as indicated by the negative sign in the t-statistic), it actually means that a one-unit increase in Safety is associated with a 1.46-unit decrease in quality of life. This is a very high t-statistic of 9.544, indicating a strong relationship between Safety and quality of life. This extremely low p-value of < .001 suggests that the relationship between Safety and quality of life is statistically significant. The regression analysis suggests a

relationship between Safety and quality of life, but it doesn't definitively prove that Safety directly causes changes in quality of life. Longitudinal studies or experimental designs could help establish causality. These findings may have important implications for practice. Interventions targeting Safety could potentially improve quality of life for individuals experiencing low levels of Safety.

- **H4- Attitude Toward Life--** This refers to a participant's general outlook on life, including their level of optimism, hope, and satisfaction. This R Square indicates that approximately 43.2% of the variance in Quality of Life can be explained by Attitude toward Life. In other words, Attitude toward Life is a moderately strong predictor of QL. A Beta (1.234) represents the standardized regression coefficient and indicates that for every one standard deviation increase in Attitude toward Life, Quality of Life increases by 1.234 standard deviations. This suggests a positive and significant relationship between the two variables. With a t-statistic of 8.625 and a p-value less than .001, the relationship is highly statistically significant. A p-value less than .001 suggests that the observed relationship is very unlikely to be due to chance.
- **H5- Education**--An R Square (0.305): indicates that approximately 30.5% of the variance in Quality of Life can be explained by Education. While this is a moderate effect, it suggests that Education is a significant predictor of QL. The standardized regression coefficient, Beta indicates that for every one standard deviation increase in Education, Quality of Life increases by 0.558 standard deviations. This suggests a positive and significant relationship between the two variables. T-statistic (6.551) measures the statistical significance of the relationship between Education and QL. With a t-statistic of 6.551 and a p-value less than .001, the relationship is highly statistically significant. This indicates the probability of observing a relationship as strong as the one found, if there were truly no relationship between the variables. A p-value less than .001 suggests that the observed relationship is very unlikely to be due to chance**.**
- **H6-Self Confidence**— Self Confidence is a strong predictor of QL. This R Square indicates that approximately 66.6% of the variance in Quality of Life can be

explained by Self Confidence. Beta (0.88), the standardized regression coefficient indicates that for every one standard deviation increase in Self Confidence, Quality of Life increases by 0.88 standard deviations. This suggests a positive and significant relationship between the two variables. T-statistic (13.988) measures the statistical significance of the relationship between Self Confidence and QL. With a t-statistic of 13.988 and a p-value less than .001, the relationship is highly statistically significant. The P-Value (< .001) indicates the probability of observing a relationship as strong as the one found, if there were truly no relationship between the variables. A p-value less than .001 suggests that the observed relationship is very unlikely to be due to chance.

- **H7-H12--- SC →WA →QL**—In interpreting the moderating effect of Wealth on the Relationship Between Self-Confidence and Quality of Life, the data suggests that the combined effect of these two variables is a strong predictor of QL. An R Square (0.708) indicates that approximately 70.8% of the variance in Quality of Life can be explained by the interaction of Wealth and Self-Confidence. The Beta coefficient for the interaction term (WA * SC) is 0.081. which indicates that the relationship between Self-Confidence and Quality of Life is significantly influenced by Wealth. The statistical significance of the interaction term is confirmed by the t-statistic (1.988) and p-value (< .001), suggesting that the moderating effect of Wealth is statistically significant. The moderating effect of Wealth on, Education (H8), ATL (H9), SN (H10), SA (H11), HT (H12), was supported by the data.
- **H13-H14---SP→SN →QL—**The R Square (0.235) indicates that approximately 23.5% of the variance in Quality of Life can be explained by the interaction between Social Support and Religiosity. Beta (0.023): This represents the standardized regression coefficient for the interaction term. While the beta value is relatively small, it's statistically significant, as indicated by the t-statistic and p-value. t-statistic (1.36): This measures the statistical significance of the interaction effect. With a t-statistic of 1.36 and a p-value less than .001, the interaction is highly statistically significant. P-Value (< .001): This indicates the probability of

observing an interaction effect as strong as the one found, if there were truly no interaction. A p-value less than .001 suggests that the observed interaction is very unlikely to be due to chance.

- **H15---HT→AGE →QL--** R Square (0.417) of indicates that approximately 41.7% of the variance in Quality of Life can be explained by the interaction of Health and Age. A negative beta Beta (-0.02) suggests that as Age increases, the relationship between Health and Quality of Life becomes weaker. With a t-statistic of -0.101 and a p-value less than .001, the interaction effect is highly statistically significant. P-Value (< .001): This indicates the probability of observing an interaction effect as strong as the one found, if there were truly no interaction. A p-value less than .001 suggests that the observed interaction is very unlikely to be due to chance.
- **H16-H18--- SN→AGE →QL---**In interpreting the Moderated Regression Analysis of Age on Support Network we calculated an R Square (0.225) which indicates that approximately 22.5% of the variance in Quality of Life can be explained by the interaction between Support Network and Age. While this is a moderate effect, it suggests that the interaction is a significant predictor of QL. This Beta (0.02). represents the standardized regression coefficient for the interaction term. A small Beta value doesn't necessarily indicate a weak effect, as it can be influenced by the scaling of the variables. The significance of the interaction is primarily determined by the t-statistic and p-value. t-statistic (0.675): This measures the statistical significance of the interaction effect. With a t-statistic of 0.675 and a p-value less than .001, the interaction is highly statistically significant. P-Value (< .001): This indicates the probability of observing an interaction effect as strong as the one found, if there were truly no interaction. A p-value less than .001 suggests that the observed interaction is very unlikely to be due to chance.
- **H19-H23--- HT→RACE→QL---** In interpreting the interaction effect, R Square (0.418): indicates that approximately 41.8% of the variance in Quality of Life can be explained by the interaction between HEALTH and RACE. This suggests that the combined effect of HEALTH and RACE is a moderately strong predictor of QL. Although the beta value is relatively small (0.09), it's statistically significant,

as indicated by the t-statistic (0.429) and p-value(< .001). The P-Value indicates the probability of observing an interaction effect as strong as the one found, if there were truly no interaction between HEALTH and RACE. A p-value less than .001 suggests that the observed interaction is very unlikely to be due to chance.

- **H24&H26--- SN →GENDER→QL---** Interpreting the moderated regression analysis in which Gender strengthens the relationship between Support Network and Quality of Life, the R Square (0.216) indicates that approximately 21.6% of the variance in Quality of Life can be explained by the interaction between Support Network and Gender. The Beta (0.071) it's relatively small, the significant p-value suggests that the interaction is statistically significant. With a t-statistic of 1.174 and a p-value less than .001, the interaction is highly statistically significant. A p-value less than .001 suggests that the observed interaction is very unlikely to be due to chance.

VI. DISCUSSIONS

Research Limitations

While this dissertation makes significant strides in understanding factors that affect quality of life in the United States, we acknowledge several inherent limitations. These limitations stem from data collection, analysis, and the specific research context, despite our rigorous methodology and efforts to mitigate threats to validity. Despite a fairly balanced gender representation, a notable limitation of this study is the lack of diversity within the sample population (see table5). While the results may be significant for the specific group studied, it's important to recognize that these findings may not be broadly applicable to other demographic groups. Diversity in research samples is essential for several reasons. First, it enables researchers to identify cultural,

socioeconomic, and psychological factors that might influence the relationships between the variables being studied. Second, a diverse sample helps to mitigate sampling bias, which can lead to inaccurate or misleading conclusions. In quality-of-life research, cultural and socioeconomic factors can greatly impact individuals' experiences and perceptions of well-being. For example, marginalized groups may encounter unique challenges, such as discrimination, poverty, or limited access to healthcare, which can affect their quality of life. By including a broader range of participants, researchers can gain a more comprehensive understanding of the factors contributing to quality of life across different populations. Future studies should aim to recruit more diverse samples to enhance the generalizability of their findings. This may involve targeting specific demographic groups, such as racial and ethnic minorities, individuals with disabilities, and those from low-income communities. Additionally, employing culturally sensitive recruitment methods and providing participation incentives can help increase sample diversity.

Additionally, the study was designed as a cross-sectional survey. While a valuable tool for gathering data on a population at a specific point in time. They are limited in their ability to capture the dynamic nature of QoL and establish causal relationships. By collecting data at a single point in time, cross-sectional studies cannot establish causal relationships between variables or trace the evolution of QoL over time. To gain a more comprehensive understanding of the factors influencing QoL, it is essential to combine cross-sectional studies with longitudinal research designs.

Methodological Limitations

Because this study was cross-sectional, it may not establish causality between the variables. Longitudinal studies are better suited for determining cause-and-effect relationships (Shadish, Cook, & Campbell, 2008). Also, relying on self-reported data can sometimes introduce biases such as social desirability bias or recall bias. Objective measures, like physiological assessments or behavioral observations, can complement self-report data (Nezlek, 2001).

Theoretical Limitations

It is to the utmost importance to have a comprehensive study. When important variables are not included in the analysis, the relationship between the studied variables may be distorted. Including relevant control variables can help address this issue (Greene, 2003).

A small sample size may limit the generalizability of the findings to the broader population. A larger sample size can increase the representativeness of the study (Cohen, 1988).

Implications and future research

These findings have important implications for policymakers, healthcare providers, and individuals seeking to improve their quality of life. Addressing factors such as health, social support, safety, attitude, education, and self-confidence, interventions can be developed to promote well-being and reduce disparities in quality of life. Additionally, considering the moderating effects of wealth accumulation, religiosity,

age, race, and gender can help tailor interventions to specific populations and contexts. For instance, financial literacy programs might be more effective in lower-income communities, while mental health resources might be prioritized in populations with high religiosity that may be less open to secular support. An individual cultural background is also an important factor to consider when tailoring programs that incorporate cultural beliefs as that can enhance effectiveness and engagement of the programs. In this instance, faith leaders can intervene to support intervention in religious communities. Systemic biases related to race and gender can limit opportunities and lead to unequal experiences. When policy makers acknowledge these disparities, they can then design policies and practices that promote fairness and justice. Those moderating factors are more likely to be more effective when they are aligned with specific needs of the targeted population. For instance, programs to promote education might incorporate discussion of race and gender to promote and foster inclusivity. Additionally, initiatives that enhance education, positive attitudes and boost self-confidence can significantly impact individuals' perceptions of their quality of life, especially when taking these moderating factors in. It is essential to create impactful strategies when designing interventions that are geared to genuinely improve quality of life across a blended population.

All primary hypotheses in this research were confirmed by the results shown in table 7. Only one sub-hypotheses (H3a) were not supported by the results. Additionally, these hypotheses have a p-value of <.001, indicating that the relationships are statistically significant. Table 7 provides a detailed overview of the research model, outlining which hypotheses were supported and which were not supported by the results. This research delves into how health, support networks, safety, attitude toward life,

education, and self-confidence each significantly contribute to an individual's quality of life. We will discuss the practical application of these findings, the lessons learned, and the acknowledgment of the study's implications. These factors provide vital insights into enhancing quality of life (QL). The analysis (Table 7) revealed significant positive associations between QL and various health, social, psychological, and environmental variables. This research highlights critical factors that contribute to well-being, offering pathways for effective interventions and policy-making. However, it is essential to acknowledge the study's limitations while exploring how we can apply its findings. By recognizing both the potential and the constraints of this research, stakeholders can better navigate the complexities of improving quality of life. This research not only highlights key determinants of well-being but also presents actionable implications for individuals, communities, and policymakers. However, it is essential to recognize the study's limitations while discussing how we can utilize its findings effectively. By navigating these complexities, we can foster a more comprehensive understanding of quality of life and implement strategies that promote well-being across diverse populations.

The study confirms that various factors significantly influence the quality of life (QL) of individuals. Each hypothesis (H1-H6) was supported, indicating that health, support network, safety, attitude toward life, education, and self-confidence are all critical determinants of quality of life. Notably, self-confidence (H6) had the highest influence ($R^2 = 0.666$), highlighting the importance of fostering self-esteem and empowerment. This also underscores its importance in enhancing one's quality of life. Higher self-confidence is positively associated with QL, emphasizing the role of self-esteem and self-efficacy in promoting well-being (Bandura, 1986). The role of education

in improving quality of life (H5) and the substantial influence of self-confidence (H6) suggest that promoting educational opportunities and cultivating self-efficacy can contribute to more positive life outcomes (Bandura, 1997).

As health increases, so does quality of life. This finding aligns with previous research demonstrating the strong correlation between physical and mental health and overall well-being (Smith & Jones, 2020). The assertion that as health increases, so too does quality of life is well-supported by this study. The interconnectedness between physical and mental health is undeniable, and both factors play a crucial role in determining overall well-being. By prioritizing health, individuals can enhance their quality of life, experience greater satisfaction, and live more fulfilling lives. For instance, H1a, H1b, and H1c showed that different aspects of health (physical, mental, and physiological) all positively impact quality of life, with mental health being particularly influential (H1b, $R^2 = 0.504$) and the highest beta value (0.763) indicating that mental health plays a crucial role in enhancing QL. Similarly, components of the support network (H2a and H2b) and safety (H3a, H3b, and H3c) were found to be significant, with psychological safety (H3b, $R^2 = 0.467$) standing out. The provided data also offers valuable insights into how education influenced quality of life (QL). Sub-hypotheses within each main hypothesis provided more detailed insights.

Social networks (SN) provide a crucial buffer against stress, offering emotional support, practical assistance, and a sense of belonging (Deci & Ryan,2000). This positive correlation, demonstrated by an R^2 value of 0.186, emphasizes the substantial impact of social support on individual well-being. This support can mitigate

the negative effects of life stressors, enhance coping mechanisms, and promote positive mental health. Studies have demonstrated that individuals with strong social ties are less likely to experience depression, anxiety, and loneliness, all of which can significantly impact QL (Umberson & Montez, 2010). Furthermore, social networks can contribute to physical health by encouraging healthy behaviors, such as regular exercise and a balanced diet. Social support can motivate individuals to adopt healthier lifestyles and adhere to medical treatment plans. Additionally, social connections can reduce the risk of chronic diseases, such as cardiovascular disease and diabetes, by lowering stress levels and promoting positive emotions (Holt-Lunstad et al., 2010). It is important to note that the quality of social relationships, rather than simply the quantity, is a key determinant of QL. Strong, supportive relationships characterized by trust, empathy, and mutual respect are associated with greater well-being. Conversely, negative or strained relationships can have detrimental effects on mental and physical health.

The results indicating a strong correlation between psychological and social safety (H3b and H3c) and quality of life (QL) are in line with an expanding body of research highlighting these factors' significance for human well-being. Psychological safety, as defined by Edmondson (1999), involves "beliefs and feelings of interpersonal trust, mutual respect, and psychological support," which are crucial for healthy work environments and social interactions. It enables individuals to take risks, share ideas, and seek feedback without fearing negative repercussions. Social safety pertains to a sense of security and belonging within a social group or community, encompassing elements such as social support, cohesion, and the absence of discrimination and violence. Both psychological and social safety are vital for mental health, physical health, and overall

life satisfaction (Leung et al., 2019). The lack of significant findings for environmental safety (H3a) is intriguing and merits further research. While physical safety is undoubtedly important, the findings suggest that psychological and social factors may have a more substantial impact on QL. This aligns with the biopsychosocial model of health, which underscores the interconnectedness of biological, psychological, and social factors in determining health outcomes (Engel, 1977). It is possible that participants perceived their physical environment as relatively safe, or that concerns about psychological and social safety overshadowed any perceived physical threats. Additionally, the measures used to assess environmental safety may not have adequately captured the nuances of participants' experiences. Future research should delve deeper into the specific mechanisms through which psychological and social safety influence well-being. Investigating how these factors affect stress levels, coping strategies, and overall resilience would be valuable. Longitudinal studies could also explore the long-term effects of safety on QL, examining potential changes over time and across different life stages.

The findings related to Hypothesis 4 (H4) strongly support the idea that a positive attitude toward life (ATL) significantly enhances quality of life (QL). This is in line with prior research that consistently shows a positive correlation between optimistic psychological factors and overall well-being (Diener, Emmons, Larsen, & Griffin, 1985; Ryff, 1989). Specifically, the "prior experiences" dimension of ATL (H4a) was the strongest predictor of QL, indicating the crucial role of past experiences in shaping current perceptions of life quality. This finding is particularly valuable as it underscores the lasting impact of past events on present well-being. Positive past experiences, such as

overcoming challenges or achieving significant milestones, can foster resilience, optimism, and gratitude, all contributing to a positive life outlook. Conversely, negative past experiences, such as trauma or loss, can adversely affect mental health and overall QL. It is important to recognize that while prior experiences significantly shape ATL, other dimensions, such as present moment orientation and future aspirations, also influence QL. Understanding the complex interplay between these factors is essential for developing effective interventions to promote positive attitudes toward life and improve QL.

These findings corroborate existing research indicating that higher educational attainment is associated with improved health, financial security, and overall well-being (OECD, 2018). The emphasis on educational alignment, values, and impact (H5a, H5b, H5c) further highlights the transformative potential of education for both individual and societal progress. Education (ED) emerged as a significant factor, directly impacting QL and indirectly influencing it through other variables. The direct impact shown in H5 is that Education directly and positively influences QL. H5a, H5b, H5c shown that different aspects of education (alignment, value, and importance) all positively contribute to QL. Also, there were indirect Impacts shown in (H8) where Education positively influences by Wealth Accumulation (WA), which in turn strengthens the relationship between other variables and QL. While race weakens (H22) the relationship between other variables and QL, education mitigates this effect. These findings suggest that education plays a multifaceted role in enhancing quality of life. It not only directly contributes to individual well-being but also indirectly influences other factors that are crucial for a fulfilling life. The strong link between education and quality

of life (H5) emphasizes the need for equitable access to educational opportunities. Educational programs that align with personal values (H5a) and provide practical life skills will further enhance quality of life (Lee & Kim, 2019). As such, Education can empower individuals and improve their socio-economic status, contributing to enhanced well-being. Ensuring that all individuals have access to quality education is crucial. This may involve advocating for policy changes that increase funding for schools in underserved areas, thereby improving educational outcomes and subsequent quality of life (Gonzalez et al., 2010). Furthermore, Educational institutions and workplaces can incorporate programs that teach resilience and positive psychology techniques. Workshops on stress management and mindfulness can equip individuals with the skills to maintain a positive outlook, even in challenging circumstances (Seligman, 2002).

Self-confidence (H6, $R^2 = 0.666$) emerged as the strongest predictor of quality of life (QL) which aligns with a vast body of psychological research. Self-efficacy, a critical component of self-confidence, has been extensively studied concerning various life outcomes, including well-being and overall life satisfaction (Bandura, 1997). Individuals with high self-efficacy tend to set challenging goals, persist through obstacles, and adopt effective coping strategies (Schwarzer, 1993). These behaviors significantly contribute to improved mental health, physical health, and social relationships—all key determinants of QL. Moreover, self-confidence can shape individuals' perceptions of stress and adversity. Those with higher confidence levels are more likely to view challenges as growth opportunities rather than threats to their well-being. This positive outlook can buffer the negative impacts of stress and promote resilience. While self-confidence is a powerful predictor of QL, it is not the only factor.

Other elements, such as social support, positive relationships, and access to resources, also play crucial roles. Nonetheless, the strong link between self-confidence and QL underscores the importance of fostering self-belief and self-efficacy, particularly for individuals struggling with low self-esteem or negative self-perceptions.

The study also identified several factors that moderate the relationship between the independent variables and quality of life. Moderating variables like Wealth Accumulation (WA), Religiosity (SP), age, race, and gender were also significant. The moderating effects of WA strengthened the relationship between all primary factors and QL (H7-H12), indicating that higher Wealth Accumulation amplifies the positive effects of these factors on quality of life. Similarly, Religiosity (SP) strengthens the relationship of certain independent variables such as the relationships between Support Network (SN), Attitude Toward Life (ATL) and quality of life, highlighting the importance of social support in enhancing well-being and fostering a positive mental health and fostering resilience. The primary way in which religiosity mediates the relationship between support network and quality of life is through its provision to an individual shared sense of purpose. Religious communities often offer a strong sense of belonging and a shared belief system that can provide individuals with a sense of direction and purpose in life. This, in turn, can lead to increased social support and a greater sense of well-being. Additionally, religious beliefs can offer individuals a framework for understanding and coping with life's challenges, providing a sense of hope and resilience that can enhance quality of life. However, age, race, and gender exhibited both strengthening and weakening effects on these relationships, suggesting complex interactions that warrant further investigation. The moderating effects of Demographic factors such as age, race,

and gender play a significant role in quality of life (QL). Age amplifies the relationship between support networks and QL while diminishing the impact of Health on QL. Race negatively affects the connections between Health, Attitude Towards Life, and Education with QL, highlighting the necessity for targeted interventions to address health disparities and enhance well-being in underserved communities. Conversely, gender diminishes the Health-QL relationship but strengthens the link between Support Networks and QL, emphasizing the importance of gender-specific interventions to tackle unique challenges and promote life quality.

Conclusion

Quality of life is a broad concept that encompasses various interconnected elements, and this study highlights how each of these elements plays a significant role in an individual's overall experience. The study provides comprehensive insights into the multifaceted nature of quality of life and its determinants. While this study provides a comprehensive overview of the factors influencing quality of life, future research should explore these relationships in greater depth. Longitudinal studies can help establish causal relationships and track changes in quality of life over time. Additionally, qualitative research can provide valuable insights into the lived experiences of individuals and the contextual factors that shape their lives. The findings underscore the importance of a holistic approach to improving quality of life. One that pries open various factors such as health, support networks, safety, attitude, education, and self-confidence. The role of moderating factors like wellness awareness, age, race, and gender further highlights the need for personalized interventions. Education emerged as a key factor in improving

quality of life. The results indicate that higher educational attainment is linked to better quality of life. This is likely due to the cognitive, social, and economic advantages it offers. This underscores the importance of providing accessible and high-quality educational opportunities for everyone, regardless of their socioeconomic status. The findings of this study have significant implications for Educators, policymakers, healthcare providers, and individuals seeking to improve their quality of life. By addressing factors such as health, social support, safety, attitude, education, and self-confidence, interventions can be developed to promote well-being and ultimately reduce disparities in QL. These findings from this study provide valuable insights into the factors that contribute to an individual's quality of life (QL). The analysis revealed significant positive associations between the independent variables and QL.

LIST OF REFERENCES

Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L., & Syme, S. L. (1994). Socioeconomic status and health: The challenge of the gradient. American Psychologist, 49(1), 15–24. https://doi.org/10.1037/0003-066X.49.1.15

Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50(2), 179-211.

Avery, Christopher and Turner, Sarah, Student Loans: Do College Students Borrow Too Much—Or Not Enough? Journal of Economic Perspectives—Volume 26, Number 1—Winter 2012—Pages 165–192

Killewald, A., Pfeffer, F. T., & Schachner, J. N. (2017) Wealth Inequality and Accumulation

Balfanz, R., Herzog, L., & Mac Iver, D. J. (2007). Preventing student disengagement and keeping students on the graduation path in urban middle-grades schools: Early identification and effective interventions. Educational Psychologist, 42(4), 223–235.

Bandura, A. (1997). Self-Efficacy: The Exercise of Control. New York: Freeman.

Bandura, A. (1977). Social learning theory. Prentice-Hall.

Behrman, J. R., Crawford, D. L., & Stacey, N. (1997). Introduction. In J. R. Behrman, D. L. Crawford, & N. Stacey (Eds.), the social benefits of education (pp. 1–9). Ann Arbour, MI: University of Michigan Press.

Cacioppo, J. T., & Cacioppo, S. (2015). Loneliness: Human nature and the need for social connection. W. W. Norton & Company.

Carstensen, L. (2003). Off to a good start: The positivity effect in aging. Current Directions in Psychological Science, 12, 54-57.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310-357.

Deci, E. L., & Ryan, R. M.1 (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist,2 55(1), 68-78.

Delaney, Jennifer A, The Role of State Policy in Promoting College Affordability: Sage Journals, Volume 655, Issue 1

Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. Applied Psychology: Health and Well-being, 3(1), 1-43.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. Journal of Personality Assessment, 49, 71-75.

Duarte, Rosa; Ferrando, Sandra; Molina, Jose Alberto Applied economics letters, 2018, Vol.25 (9), p.624-627

Duncan, G. J., & Raudenbush, S. W. (2013). Does child care really matter? Russell Sage Foundation.

Edgerton et al, The importance of Education and its connection to quality of life (2011)

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 196(4286), 129-136.

Felce, David, and Jonathan Perry. "Quality of life: Its definition and measurement." Research in developmental disabilities 16.1 (1995): 51-74.

Folkman, S., & Moskowitz, J. T. (2000). Coping: An enduring theme in psychological science. American Psychologist, 55(10), 1085-1092.

Freeman, Jennifer and Brandi, Simonsen, Examining the Impact of Policy and Practice Interventions on High School Dropout and School Completion Rates: A Systematic Review of the Literature: Sage Journals, Volume 85, Issue 2

Fredrickson, B. L. (2001). The broaden-and-build theory of positive emotions. American Psychologist, 56, 218-226.

Grafova, I. B., & Freedman, V. A. (2014). Neighborhoods and obesity in later life. American Journal of Public Health, 104(5), e7-e13.

Greene, W. H. (2003). Econometric analysis (5th ed.). Prentice Hall.

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Medicine, 7(7), e1000316.

Hornor, Tara, Strengthening College Students' confidence in Their Ethical Reasoning Ability - Journal of leadership education, 2021

Jang, Yuri ; Kim, Soo Young ; Chang, Sujie International journal of aging & human development, 2018, Vol.86 (4), p.415-425

Judge, T. A., & Bono, J. E. (2001). Relationship of core self-evaluations traits--self-esteem, generalized self-efficacy, locus of control, and emotional stability--with job satisfaction and job performance: A meta-analysis. Journal of Applied Psychology, 86(1), 80-92.

Kaiser, H. F., & Rice, J. (1974). Little Jiffy, Mark Iv. Educational and Psychological Measurement, 34, 111-117.

Kay, K & Shipman, C. in their book "The Confidence Code: The Science and Art of Self-Assurance—What Women Should Know" (2014).

Kerr, Emma & Wood, Sarah. The average sticker price for in-state public schools is about one-quarter what's charged by private colleges, U.S. News found. Published online: Sept. 12, 2022

Knight, David S, Are School Districts Allocating Resources Equitably? The Every Student Succeeds Act, Teacher Experience Gaps, and Equitable Resource Allocation, Journal of education finance, 2017, Vol.43 (2), p.169-194

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). Handbook of religion and health. Oxford University Press.

*Knowles, Megan; Garnerd Wendi, Benefits of Membership: The Activation and Amplification of Group Identities in Response to Social Rejection: August 2007 https://journals.sagepub.com/doi/pdf/10.1177/0146167208320062?casa_*

Koenig, H. G., & McCullough, M. E. (2001). Religion, spirituality, and health: A review. Journal of Consulting and Clinical Psychology, 69, 773-783.

Krieger, N. (2001). The role of social determinants of health in explaining racial and ethnic health disparities. Annual Review of Public Health, 22, 17-34.

Kross, E., Berman, M. G., Mischel, W., Smith, E. E., & Wager, T. D. (2019). Social rejection shares somatosensory representations with physical pain. Proceedings of the National Academy of Sciences, 116(23), 11523-11532.

Liu, Fengqin et al. Environmental science and pollution research international, 2021, Vol.28 (44), p.63163-63177

Levacic, Rosalind Using quantitative data in World Bank per-student funding reform projects: data, designs, and dilemmas in transition countries, 340-356 | Published online: 02 Jun 2014

Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? Psychological Bulletin, 131(6), 803-855.

National Academies of Sciences, Engineering, and Medicine. (2016). Understanding the social determinants of health. The National Academies Press. [DOI: 10.17226/21938] (This is a comprehensive report on SDOH by the US National Academies)

Patterson, B. F., & Mattern, K. D. (2013). Validity of the SAT for predicting first-year grades: 2010 SAT validity sample (Statistical Report No. 2013-2). New York, NY: College Board.

Pressman, S. D., & Cohen, S. (2005). Does positive affect influence health? Psychological Bulletin, 131(6), 925-971.

Pronk, N. P., Katz, A. S., Lowery, C. M., Payrovnaziri, S. N., & Coombs, L. P. (2021). The relationship between well-being and productivity in the workplace. Journal of Occupational and Environmental Medicine, 63(2), 83-90.

Pronk, Nico et al. Promoting Health and Well-being in Healthy People 2030. Journal of Public Health Management and Practice: November/December 2021 - Volume 27

Rajapaks, Nadeera, Amartya Sen's Capability Approach and Education: Enhancing Social Justice, 2016 (vol. XIV-n°1)

Robert Wood Johnson Foundation, 2020

Rosenberg, M. (1965). The measurement of self-esteem. In Society and the Adolescent Self-Image (pp. 16–36). Princeton University Press.
http://www.jstor.org/stable/j.ctt183pjjh.5

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. The British Journal of Psychiatry, 147(6), 598-611.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55(1), 68-78.

Salinas-Jimenez, Maria del Mar et al, Education as a Positional Good: A life Satisfaction Approach Seligman, M. E. P. (2011). Flourish: A visionary new understanding of happiness and well-being. Knopf Doubleday Publishing Group.

Sherraden, M. (1991). Assets and the Poor: New American Welfare Policy (1st ed.). Routledge. https://doi.org/10.4324/9781315288376

Shoda, Y., LeeTiernan, S., & Mischel, W. (2002). Personality as a dynamic system: Emergence of stability and distinctiveness from intra- and interpersonal interactions. Personality and Social Psychology Review, 6(4), 316–325.

Smith, T. W. (2012). Personality as risk and resilience in physical health. Current Directions in Psychological Science, 21(5), 277-282.

S. Baum et al. How much debt is too much? Defining benchmarks for manageable student debt (2006)

Steptoe, A., & Wardle, J. (2011). Positive affect measured using ecological momentary assessment and survival in older men and women. Proceedings of the National Academy of Sciences, 108(45), 18244-18248.

Schwarzer, R. (1993). Self-Efficacy: Thought Control of Action. Washington, DC: Hemisphere.

Taylor MJ, McNicholas C, Nicolay C, et al. BMJ Qual Saf 2014;23:290–298.

The Brookings Institution. (2023). Racial Gaps in Education.

Wiley, Edward W , Shavelson, Richard J. , and Kurpius, Amy A, On the Factorial Structure of the SAT and Implications for Next-Generation College Readiness Assessments, Volume 74, Issue 5

World Health Organization. (2020, December 09). Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health

APPENDICES

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