THE DYNAMIC RELATIONSHIP BETWEEN HEALTH AND CONFORMITY AS CONSERVATION VALUES

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Abstract: Nowadays the scientific literature on human values is focused on identify a comprehensive set of values that help to explain individual differences in people's attitudes and behavior. The research investigation coordinated by Schwartz (2012) concluded about the structure of basic values recognized in all societies and identified how these values are organized into a coherent system that reflects the dynamics of value-based, individual decision-making. Current paper contributes with evidence to the theory of values reformulated by Schwartz in 2012, according to which values are arrayed

on a circular motivational continuum in dynamic relationship. A total of 220 youth respondents from the West side of Romania have answered using a Likert scale from 1 to 6 to a 46 items online questionnaire. The 46 items questionnaire shows solid internal consistency. This study brings evidence to interclasses dynamic relationships between health as a security conservation value and conformity as a conservation value, both included in the self-protection anxiety-avoidance value specter. Conclusions and implications are discussed.

Keywords: values theory, health, conformity, dynamic relationship

Introduction

It is recognized that values have a strong individual dimension, meaning personal values, since people are very different in the way they perceive and define their personal priorities. In the same time, it is a fact that the communities and the proximity social environment influence and contribute in a crucial way to individual's value system (Schwartz, 1992, 1994, 2006).

Values are organized on several levels: general human values, values specific to a sociopolitical system, values ihat characterize a certain culture or ethnicity, values of large and average social groups, micro-group values (family) and individual values (Ilut, 2004). Values also influence both the individual in the choices they make from a relational and professional perspective (Dughi, Bran & Ignat, 2016), and also morally according to them adhering to a certain social, professional and cultural level at different stages of development (Ignat, S., 2017).

Schwartz's theory of values highlights 10 universal categories that include other beliefs people in general would consider values: power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity and security. The description of the values is comprised in Figure 1.

Values originate as response to personal or social tensions, and are an answer to a need and their relative importance to one another guides individual's behavior. Values are characterized by panculturality, meaning that the same values can be found in similar types across different cultures all over the world. The dominant values in a society will determine how it evolves over time, and how it defines relationships with external groups and challenges.
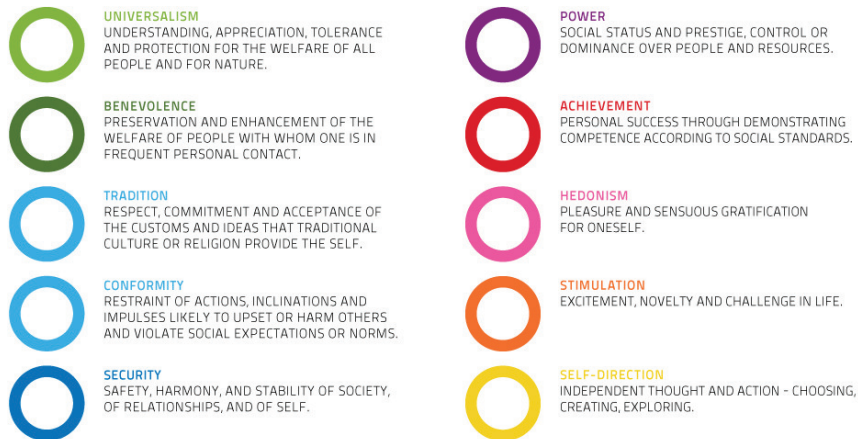
Figure 1. Description of values according to Schwartz's theory

What it gives relevance to the theory of values developed by Schwartz is the relativity principle applied, meaning that dominant values in any given society are not fixed over time, but change dynamically, being sensitive to the contextual inputs. As reflected in some studies implications, the dominant values in a society are determined through the quantum of stimulation they receive. Thus, the most stimulated values, get more enriched, and in time they become dominant.

The dynamical model developed by Schwartz in 2012 helps understanding two of the main characteristics of the system, namely when a particular sector is activated, two effects will follow over time: firstly the promotion of one value has positive effects also on the adjacent ones, situated in proximity and secondly when a value gets activated, it produces an opposite effect on the values on the far side of the continuum wheel.

Research methodology

The national project *Identitatea Nationala a Tinerilor Romani* has been developed by our research team the with the purpose of deeper understanding the dynamics of national identity aspects and personal values among youth from the West side of Romania. One of the research questions was the identification of the existent relationship between health and conformity as conservation values, included in the self-protection anxiety avoidance set off values, the first being oriented towards social focus and the second towards personal focus, according to Schwartz (2011). In this regard, we have designed an online questionnaire aiming to gather descriptive data, general perceptions about national identity and values.

Starting from Schwartz's (2011, 2012) three axes conservatism / autonomy, hierarchy / egalitarianism and mastery / harmony, we have designed a 46 items questionnaire including the following values: self-determination (items 1, 2, 3), stimulation (items 5, 6, 7), hedonism (8, 9, 10), achievement (12, 13, 14), power (16, 17, 18), security (20, 21, 22), conformity (23, 24, 25), tradition (27, 28, 29), benevolence (30, 31,32), universalism (33, 34), humor (36, 37, 38), trust (40, 41, 42), health (44, 45, 46) and a dissimulation scale (items 4, 11, 15, 19, 26, 35, 39, 43). We have asked respondents to score on a Likert scale from 1 to 6 the importance of that value, where 1 means less important and 6 very important. A total of 220 responses were gathered between November and December 2018, by sharing them on social media groups of youth, for freely and voluntarily answering.

Our hypothesis states that health and conformity type of values are in a curvilinear relationship. In order to test our curvilinear hypothesis, we have used SPSS' multiple linear regression analysis, based on multiple regression analysis for curvilinear effects, where health was the dependent variable and the independent variable conformity.

The study was conducted on a random sample of 220 students from the West side of Romania, of both sexes, 17.3% males and 82.74% females, from both rural 42.7% and urban 57.3% environments, with 50% of participants having high school level of education, 35.5% bachelor and 14.5% master degree.

Results and discussion

As results emphasize, regarding the average means of the total sample of responses, the dominant value of the research sample is intellectual autonomy. Identifying aspects such as intelligence and creativity as highly important, with an averages mean of m=5.57 and m=5.26, results outline this type of autonomy. On the opposite, lower scores of value like pleasure m= 4.97 or excitement and exciting life m=5.04 indicate a lower concern for affective autonomy. Contrasting to autonomy there is conservatism, with respondents choosing the lowest interest in this value - social order and respect for traditions having the lowest scores, m=4.81 and m=4.43 respectively. It is noted here that one of the specific values of conservatism, namely security, has a very high score m=5.52.

As for the internal consistency of the 46 items scale of values, we have obtained an alpha coefficient of .839, suggesting that the items have relatively high internal consistency, a reliability coefficient of .70 or higher is considered acceptable in most social science research situations. We have also computed the Total Variance Explained output, where the Eigen value for the first factor is twice larger than the Eigen value for the next factor (10.278 versus 5.312).

Additionally, the first factor accounts for 71% of the total variance, suggesting that the scale items are unidimensional.

We have further tested our hypothesis that states that between health and conformity conceptualized as conservation values, there is a curvilinear relationship; we have used a confirmatory factor analysis, based on multiple regression analysis for curvilinear effects. We describe a curvilinear relationship as a relationship between two or more variables which can be graphically depicted by anything other than a straight line. A particular case of curvilinear relationships is the situation where two variables grow together until they reach a certain point (positive relationship) and then one of them increases while the other decreases (negative relationship) or vice-versa, the graphically representation of the function being an U or an inverted U shape.

This relationship can be easily identified graphically by a Scatterplot, choosing additional two representations of the regression line: Linear and Quadratic model, for depicting curvilinear effects. The Scatterplot diagram presented in Figure 2 indicates the curvilinear relationship between health on the horizontal axis and conformity, represented on the vertical axis. The sample consists of 220 youth from Romania.
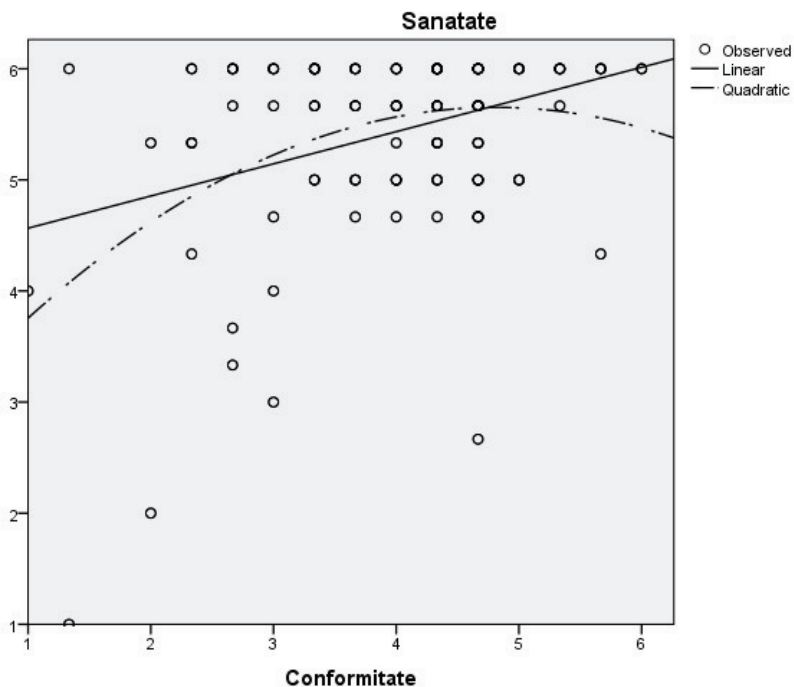

Figure 2. Linear and quadratic curve estimation of health (sanatate) and conformity (conformitate)

There is a very high correlation between health (m=5.43, SD=0.87) and conformity (m=3.98, SD=1.01) of r=.337 significant at a p<.01, which methodologically allows us to proceed with multiple linear regression analysis (Balas-Timar, 2014).

For the curvilinear relationship testing, the present study proposes a hierarchical multiple regression analysis, the dependent variable being health, and the independent variable in step 1 conformity, and in step 2 squared conformity.

Table 2 presents the fitting of the two models, linear – Model 1 and curvilinear/ quadratic – Model 2. As we can see in Model 1 the model that supposes linear relationship, health accounts for 11% of the variance in conformity with an F= 27.960 significant at a p<.01. In Model 2, the model that supposes curvilinear relationship, health accounts for 14% of the variance in conformity with an F=20.205 significant at a p<.05.

Table 1. *The relationship between health and conformity as personal values, model summary, ANOVA and coefficients*

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estim.	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.337[a]	.114	.110	.824	.114	27.960	1	218	.000
2	.396[b]	.157	.149	.806	.043	11.149	1	217	.001

a. Predictors: (Constant), Conformity

b. Predictors: (Constant), Conformity, sqrt_conformity

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.003	1	19.003	27.960	.000[b]
	Residual	148.166	218	.680		
	Total	167.170	219			
2	Regression	26.243	2	13.122	20.205	.000[c]
	Residual	140.926	217	.649		
	Total	167.170	219			

a. Dependent Variable: Health

b. Predictors: (Constant), Conformity

c. Predictors: (Constant), Conformity, sqrt_conformity

Coefficients[a]

Model		Unstandardized Coefficients		Stand. Coef.	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.276	.225		19.025	.000
	Conformitate	.290	.055	.337	5.288	.000
2	(Constant)	2.630	.540		4.873	.000
	Conformitate	1.257	.295	1.463	4.267	.000
	sqrt_conformitate	-.131	.039	-1.145	-3.339	.001

a. Dependent Variable: Heatlh

All standardized coefficients of Beta (β= .337; β= 1.463 and β=-1.145) are significant at $p<.01$ which gives a high consistency to our both models. Changing Beta coefficient's sign from + to - means that the effect is growing in the opposite direction, which demonstrates that the relationship between the two variables: health and conformity is not linear, but curvilinear. The additional incremental predictive capacity of 3 percent, added by including the squared conformity variable which is accounting for the band in the regression line, indicates that there is a curvilinear relationship between health and conformity.

This curvilinear relationship demonstrates that extreme aspects, extremely reduced and extremely high levels of health, significantly influences the conformity value, in a negative way. Normal levels of health triggers a high

level of conformity value prioritization. Thus a too much health oriented person and a low health oriented person will envisage a low level of conformity seen as a conservation value, compared to a person with normal health value prioritization that is associated with a high level of conformity.

Conclusion and implications

This study brings evidence to intra-class dynamic relationships between health and conformity as conservation values, the first being oriented towards social and the second oriented towards self. The curvilinear relationship demonstrates that extreme aspects, extremely reduced and extremely high levels of health, significantly influences the conformity, in a negative way. Normal levels of health triggers a high level of conformity value prioritization.

This study is limitative, respondents are 220 youth from the West side of Romania, thus additional research is needed in order to generalize the conclusion to the total population level.

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