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ANALYSIS OF THE LEVEL OF LIFE QUALITY OF UNIVERSITY STUDENTS

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ABSTRACT

The purpose of this study is to analyze the level of life quality of students in terms of social, psychological, environmental and health areas. In order to collect data for the study, the Whoqol-bref short scale adapted to Turkish by Fidaner in 1999 was used. 5264 students volunteered to participate in the study. An online survey was created through Google drive. With the purpose of making the survey which was created in the online environment reach individuals by promoting it on social media and preventing them from taking the survey more than once, the survey was sent to individuals' mail addresses to be answered. The SPSS program was used in the evaluation of study data. When the physical area was analyzed as a result of the evaluations, a statistically significant difference was found in the $p<0,001$ level in terms of gender and $p<0,01$ level in terms of environmental area. A significant difference was not seen in the $p>0,05$ level in terms of gender between psychological and social areas. A positive relationship was observed between the perception of life quality and being content with health and physical, social, environmental and psychological areas. A negative significant relationship was observed between the level of difficulties experienced with people whom individuals feel close to in their lives and physical, social, psychological and environmental areas. As a result, the level of life quality of men was determined to be higher compared to women. In summary, it can be stated that physical, mental and social situations which might be effective in the lives of individuals influence individuals' lives.

Key Words: Student, university, life quality

INTRODUCTION

Life quality is how individuals perceive their state within their own cultures and system of values. It involves the physical functions, psychological state, social relationships within and outside the family, effects of the environment and beliefs of an individual as well. The concept of life quality is multi-dimensional, may display changes through time and related to the expectations and lives of individuals; therefore, it is difficult to evaluate it objectively. Life quality related to health expresses the skills of health in individuals' performance of their functions and the physical, mental and social areas they perceive in their lives (Avcı, 2004, 82).

After the World Health Organization (WHO) defined health in 1948 as "not only lack of illness, but a state of physical, mental and social well-being", the concept of life quality has gradually gained importance in health service implementations and researches to evaluate the state of well-being related to health (Musaoğlu, 2008, 57).

Despite Maslow's hierarchy of needs and numerous publications and academic studies on life quality, the concept does not have a specific definition in daily language and various sciences; because life quality is a subjective concept and thus naturally will have different definitions. Different definitions express concepts which overlap to a certain extent but not necessarily synonymous, such as being content, happiness, morale, balance of positive effect-negative effect, evaluation of perception, health, subjective and psychological well-being (Özpancar, 2005, 46).

According to Maslow's hierarchy of needs, a good level of life quality for people has been summarized under five categories. 1. Physiological needs: Basic instinctual needs. Needs such as eating, drinking, sleeping, breathing and sex can be given as examples for this category. 2. Safety needs: People need their life and assets to be protected. 3. Love and belonging: To love, to be loved, belonging to a group, benevolence, compassion can be given as examples for this category. 4. Esteem: People need to be shown respect to besides loving and being loved. They steer towards needs such as receiving recognition, achieving social status, being successful and being appreciated. 5. Self-actualization: An individual who meets the needs in the sub-categories feels the need to realize his ideals and skills in the last stage. It is considered that, the more an individual realizes the issues in question, the more his life quality increases in direct proportion (Akgül, 2006, 2).

Life quality and life quality related to health have been deeply evaluated in literature. These evaluations in general are related to the measurement of physical functions and life quality (Hsiao, 2014, 972). In order for people to live their lives happily, in harmony with themselves and their environment and life satisfaction, they need to have a life of good quality. World Health Organization (WHO) has set the target that individuals need to be healthy and have a better quality of life, besides being socially, economically and mentally productive (Ergen, 2011, 15). What is more, life quality involves congruence between physical, psychological and social view of life and desired and achieved expectations (Lustyk 2004, 125). According to another definition, life quality is a multi-dimensional concept which involves emotional, mental, social, physical and behavioral components (Janse 2004, 615).

Life quality embodies numerous areas of life and different values which change from one person to another. Life quality indicators such as the state of physical and financial well-being, satisfaction gained from activities which allow individuals to participate in social life, spare time activities, psychological state, functional skills, state of emotional, mental and gender wise well-being, satisfaction from relationships with family and friends and orientation about the future differ in line with the individual's character, perception of life and socio-cultural habits (Telatar, 2007, 48). Campbell, Converse and Rodgers in their study dated 1976 on life quality aimed at creating an indicator which involved different satisfaction areas which summarized people's general feelings of happiness and satisfaction and determined 11 different areas of satisfaction in order of priorities. 1. Health, 2. Marriage, 3. Family Life, 4. National government, 5. Friendship, 6. Home (residence), 7. Work, 8. Community, 9. Belief/religion, 10. Recreational and sports activities and 11. Financial status. In terms of the socialization of individuals, interacting with more people, overcoming daily stress and receiving more social support, the role of participation in physical activities over time is quite high (Zorba, 2008, 84).

Health, which has an important place in the perception of life quality, has a very close relationship with our environment which we influence with our life-style and behavior. Therefore, the changes which take place over time in our behavior and life have caused many new dimensions to be formed in terms of health. In the age that we are living in, the socio-economic and cultural problems and factors which create psychological tension (noise, dense traffic, etc.) caused by speedy increase of urbanization, people's moving their bodies less and unplanned housing have changed the shape of people's health problems (Yeniokatan, 2006,

18). Zorba in 2015 has evaluated health living criteria. As a result of these evaluations, he has identified these as 15% participation, 13% social conditions, 12% medical care, 10% environmental conditions and 50% as life-style and behavior (Zorba, 2015, 13). As it can be understood from the above statement, the results of urbanization and immobile life-style among the factors which positively or negatively influence life quality have an important place, because "the human body needs to constantly move due to its inborn characteristics. However, the characteristics of the age that we are living in have distanced us from this need. An immobile life-style brings along numerous health problems" (Zorba, 2008, 16). The purpose of this study is to analyze the life quality levels of university students in terms of social, psychological, environmental and health areas.

METHOD

In this study, the Whoqol-Bref scale was used to collect data. In order to reach more individuals for the study, an online survey was created through Google drive. With the purpose of making the survey which was created in the online environment reach individuals by promoting it on social media and preventing them from taking the survey more than once, the survey was sent to individuals' mail address to be answered. Data was collected for the study for 6 months in 2014, between the months of June and December. Information on the participating individuals' demographic characteristics such as age, educational status and marital status was obtained. A total of 5264 students, 2545 of whom are female and 2719 of whom are male, participated in the study. In the study, the students of all universities in Turkey in general were reached.

In this study, the Turkish version of the WHOQOL-BREF scale consisting of 27 questions which was prepared by World Health Organization with the participation of cooperation centers with the purpose of determining the life quality of the participants was used. The WHOQOL-BREF scale consists of four sub-areas, namely physical, psychological, social relationships and environment. The scale is filled in by the participant, taking the last 15 days into consideration. The scale consists of closed-ended questions in line with the Likert scale. The scale which has been used in field studies in different cultures can be applied to adult age group and is recognized as a reliable and valid measurement tool for life quality (Fidaner, 1999, 45). WHOQOL-BREF can be used in societies for different purposes. This scale, which has been prepared expertly with the participation of 18 countries, can be used with

the purpose of selecting a treatment method suitable for the doctors in treatment services and comparison of treatment methods with each other and the effects of these methods over time. In addition, it is also widely used in developing health services, researches about health and developing new health policies (Fidaner, 1999, 56).

The averages of scores obtained from each question are used in the calculation of field scores. Afterwards, the average scores are multiplied by 4 and made comparable with the WHOQOL-100 scale. In the calculation of the scores, firstly whether the answers given to all of the questions are from 1 to 5 should be checked and if there are different values, these should be changed as null. Then, since the answers of the 3rd, 4th and 6th questions indicate negativity; their scores are reversed (1=5, 2=4, 3=3, 4=2, 5=1). Following this, the arithmetic averages of questions 3, 4, 10, 15, 16, 17 and 18 are taken to calculate the Physical Area score and multiplied by 4 (at least five questions are needed to be answered fully). The Social Area score is calculated by multiplying the arithmetic averages of the scores of questions 20, 21 and 22 by 4 (at least two questions are needed to be answered fully). The Environmental Area score which is the fourth area is calculated by multiplying the arithmetic averages of the scores of questions 8, 9, 12, 13, 14, 23, 24 and 25 by 4 (at least six questions are needed to be answered fully) (Telatar, 2007, 54).

Table 1: Cronbach's Alpha Coefficients

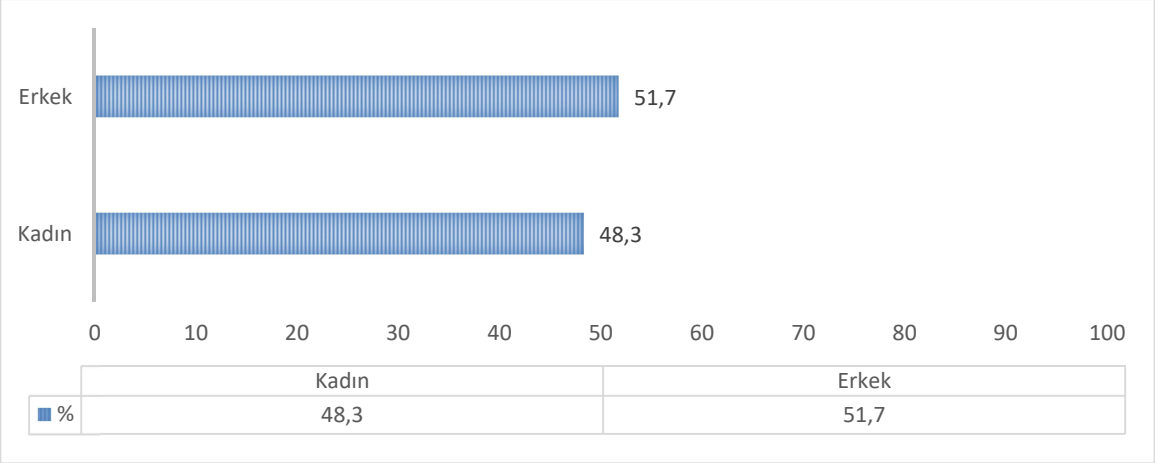
	Cronbach's Alpha
Physical Area	0,640
Psychological Area	0,711
Social Area	0,605
Environmental Area	0,601

The "Cronbach alpha" values calculated for the internal consistency of the scale were found to be 0.64 in the physical area, 0.71 in the psychological area, 0.60 in the social area and 0.60 in the environmental area. The Pearson coefficients calculated for each question on calculating the reliability of test-retest method range between 0.57 and 0.81(Eser, 1999, 25).

For the statistical analysis of the obtained data, the SPSS 23 packaged software was used. In the study, frequency analysis was done to determine personal characteristics, Independent t test was done to compare the level of life quality in terms of gender, crosstab and chi square analyses were used for the analysis of questions which were not included in the calculation of the scores and Pearson correlation analysis was used to analyze the relationship between the area scores and other variables. The level of significance was determined as $p<0.05$.

FINDINGS

Graphic 1: Distribution of Gender

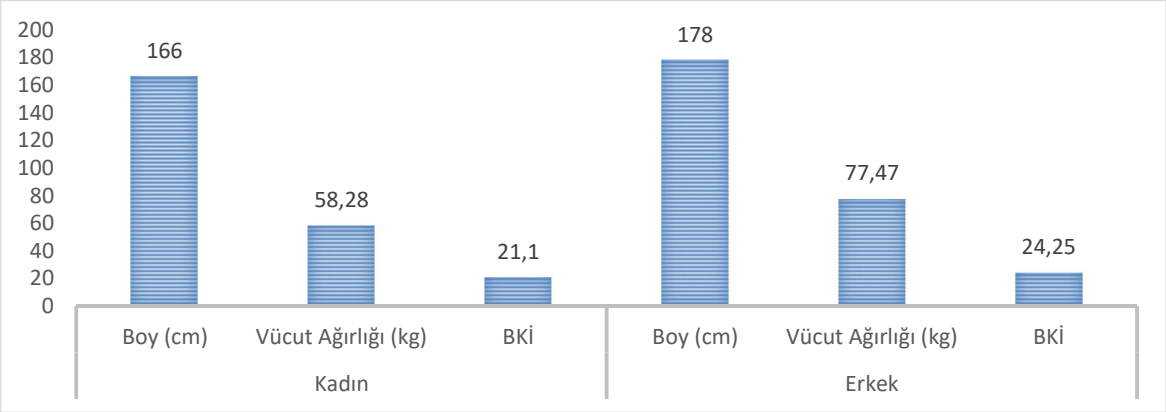


Male

Female

According to the graphic, 2545 of the participants of the study are female (%48.3) and 2719 of them are male (%51.7).

Graphic 2: The Averages of Height, Body Weight and Body Mass Index of the Female and Male Participants



Height (cm), Body weight (kg), BMI, Female;

Height (cm), Body weight (kg), BMI, Male

When the arithmetical mean and standard deviation values of the participants of the study were analyzed, it was found that the females' height values were 1,66±0,06, body weight values were 58,28±8,08 and body mass index values were 21,10±2,79. The males' height values were 1,78±0,07, the body weight values were 77,47±13,65 and BMI values were 24,25±3,42.

Table 3: The Participants' Perception of Life Quality According to Gender

Gender		**Perception of Life Quality**					
		Very bad	**Slightly bad**	**Mediocre**	**Fairly good**	**Very good**	**Total**
Female	**Number of answers**	91	243	1436	706	69	2545
	Gender %	3,6%	9,5%	56,4%	27,7%	2,7%	100,0%
	Perception of Life Quality %	58,0%	45,8%	44,3%	57,7%	61,6%	48,3%
Male	**Number of answers**	66	288	1804	518	43	2719
	Gender %	2,4%	10,6%	66,3%	19,1%	1,6%	100,0%
	Perception of Life Quality %	42,0%	54,2%	55,7%	42,3%	38,4%	51,7%

$x^2=78,83$ $P<0,001$***

When the participants' perception of life quality was analyzed, it was seen that a majority of females and males have given the answer mediocre. However, significant differences were observed between the perception of life quality of females and males in the p<0,001 level.

Table 4: Participants' Level of Satisfaction in terms of their Health According to Gender

Gender		Level of satisfaction in terms of health					
		I am not satisfied	**I am slightly satisfied**	**I am neither satisfied, nor dissatisfied**	**I am quite satisfied**	**I am very satisfied**	**Total**
Female	**Number of answers**	96	336	624	1061	428	2545
	Gender %	3,8%	13,2%	24,5%	41,7%	16,8%	100,0%
	Perception of Life Quality %	87,3%	59,1%	52,7%	43,3%	45,0%	48,3%
Male	**Number of answers**	14	233	560	1388	524	2719
	Gender %	,5%	8,6%	20,6%	51,0%	19,3%	100,0%
	Perception of Life Quality %	12,7%	40,9%	47,3%	56,7%	55,0%	51,7%

*x^2=130,96 P<0,001****

In Table 4, it can be seen that females and males are quite satisfied with their health when their level of satisfaction in terms of health was analyzed. Significant differences were observed between the level of satisfaction in terms of health of females and males in the p<0,001 level.

Table 5: Participants' Level of Difficulty Experienced with People They Feel Close to in their Lives

Gender		Level of difficulty experienced with people close to them					
		None	Slight	Reasonable	A lot	Extreme	Total
Female	Number of answers	337	728	1158	293	29	2545
	Gender %	13,2%	28,6%	45,5%	11,5%	1,1%	100,0%
	Perception of Life Quality %	54,4%	46,4%	47,5%	54,5%	29,6%	48,3%
Male	Number of answers	283	840	1282	245	69	2719
	Gender %	10,4%	30,9%	47,1%	9,0%	2,5%	100,0%
	Perception of Life Quality %	45,6%	53,6%	52,5%	45,5%	70,4%	51,7%

*$x^2=33,89$ $P<0,001$****

When the participants' level of difficulty experienced with the people they close to in their lives was analyzed, it was seen that a majority of females and males answered as slight and reasonable. Significant differences were observed between the level of difficulties experienced by females and males with people they feel close to in the p<0,001 level.

Table 6: Total Scores of the Participants' Life Quality in terms of Gender.

	Gender	N	X±SS	t	p
Physical Area	**Female**	2545	14,94±2,32	-17,26	<0,001
	Male	2719	16,03±2,26		
Psychological Area	**Female**	2545	13,79±1,28	1,05	>0,05
	Male	2719	13,75±1,36		
Social Area	**Female**	2545	14,30±3,08	1,34	>0,05
	Male	2719	14,18±3,44		
Environmental Area	**Female**	2544	13,45±2,39	-2,59	<0,01
	Male	2719	13,61±2,17		

p<0,05 p<0,01** p<0,001*** p>0,05 AD.*

According to Table 6, statistical differences were found in terms of gender in the p<0,001 level and in terms of environmental area in the p<0,01 level as a result of the analysis of the physical area. Significant differences were found between psychological area and social area in terms of gender in the p>0,05 level.

Table 7: The Relationship between the Total Scores of Life Quality and Gender and Body Mass Index

Variables	Gender		Body Mass Index (BMI)		Perception of Life Quality		Level of Satisfaction in terms of Health		Level of difficulty experienced with people they feel close to	
	r	p	r	p	r	p	r	p	r	p
Physical Area	,232	,000**	,109**	,000	,244**	,000	,435**	,000	-,222**	,000
Psychological Area	-,015	,290	-,103**	,000	,200**	,000	,248**	,000	-,063**	,000
Social Area	-,019	,178	,003	,817	,286**	,000	,302**	,000	-,120**	,000
Environmental Area	,036**	,009	-,018	,202	,426**	,000	,350**	,000	-,147**	,000

A positive relationship in the <0,001 level (r=0,232) was found between physical area and gender; a positive relationship in the <0,001 level (r=0,109) was found between physical area and body mass index; a positive relationship in the <0,001 level (r=0,244) was found between physical area and perception of life quality; a positive relationship in the <0,001 level (r=0,435) was found between physical area and level of satisfaction in terms of health and a negative relationship was found between physical area and the level of difficulties experienced with people they feel close to in the <0,001 level (r=-0,222). A negative relationship was found between psychological area and BMI in the <0,001 level (r=-0,103); a positive relationship was found between psychological area and perception of life quality in the <0,001 level (r=0,200); a positive relationship was found between psychological area and level of satisfaction in terms of health in the <0,001 level (r=0,248) and a negative relationship was found between psychological area and level of difficulties experienced with people they feel close to in the <0,001 level (r=-0,063). No relationship was found between psychological area and gender. A positive relationship was found between social area and perception of life quality in the 0,001 level (r=0,286); a positive relationship was found between social area and level of satisfaction in terms of health in the <0,001 level (r=0,302) and a negative relationship was found between social area and level of difficulties experienced with people they feel close to in the <0,001

level (r=-0,120). No relationship was found between social area and gender and BMI. a positive relationship was found between environmental area and gender in the <0,01 level (r=0,036); a positive relationship was found between environmental area and perception of life quality in the <0,001 level (r=0,426); a positive relationship was found between environmental area and level of satisfaction in terms of health in the <0,001 level (r=0,350) and a negative relationship was found between environmental area and level of difficulties experienced with people they feel close to in the <0,001 level (r=-0,147). No relationship was found between environmental area and body mass index.

DISCUSSION AND RESULTS

In literature, the combination of the word quality and life has been defined as the existence of perfection and superiority. This point of view has also brought along an important question: "Is everyone's understanding of perfection and superiority the same? When you consider the processes which support a good quality life and your own beliefs, do you think that all of your family members will create the same list as you?" Your answer will most likely be "No." In the area of psychology, which attempts to identify the common parameters of a good quality life, important information has been reached with the studies of Abraham Maslow, Carl Rogers and Fritz Perls. In these studies, different points of view have been evaluated with different methods and it has been concluded that the understanding of a good quality life can be formulated as the multiplication of health and effort factors. It means how good we manage to be in physical, emotional, social. etc. vital points of view each (Zorba, 2015, 18).

The results of this study show that females and males are both quite satisfied about their health when their level of satisfaction in terms of health was analyzed. A significant difference was observed between females' and males' level of satisfaction in terms of health in the p<0,001 level. When the level of difficulties experienced with the people they feel close to was analyzed in terms of gender, it was seen that a majority of females and males answered as slight and reasonable. Significant differences were found between the females' and males' level of difficulties experienced with the people they feel close to in the p<0,001 level. When the physical area was analyzed, a statistically significant difference was found in the p<0,001

level in terms of gender and in the p<0,01 level in terms of environmental area. A significant difference in the p>0,05 level between psychological area and social area in terms of gender was not found. In our study, while statistical differences were found in the physical and environmental areas among the life quality sub-area in terms of gender, no statistically significant difference was found in social and psychological areas. In our study, while high scores were obtained in the females' favor in social and psychological sub-areas, the scores turned out to be high in favor males in physical and environmental sub-areas. A positive relationship was found between physical area and gender in the <0,001 level (r=0,232); a positive relationship was found between environmental area and gender in the <0,01 level (r=0,036), whereas no relationship was found between psychological area, and social area and gender.

In Dost's study dated 2007, the females' level of life satisfaction is significantly higher than the males' (Dost, 2007, 134). In Karagün's study dated 2016, it was considered that females' engaging in less physical activity compared to males might be negatively reflecting on the physical life quality scores and that as a result of males being strong and learning that they need to find solutions might be effective in feeling mentally better compared to women (Karagün, 2016, 55; Genç, 2011, 147).

Although there is a no significant differences between gender and life quality area scores, the physical and mental area scores are higher in males, whereas social, environmental and national environment area scores are higher in women. In WHO's research and in studies conducted on inpatients and health personnel in Manisa, the physical and mental area scores were found significantly higher in males. In other studies conducted with the use of different scales, it has been determined that the life quality of males is better as well (Avcı, 2004, 82). Our study is parallel to these studies.

The concept of life quality is the subjective evaluation of objective data. This concept embodies cultural values and the position of the individual (Güney, 2014, 16).

As a result, the life quality of males was found to be higher than the females. Positive relationship were found between perception of life quality and level of satisfaction in terms of health and physical area, social area, environmental area and psychological area. A negative significant relationship was found between level of difficulties experienced with people they

feel close to and physical area, social area, environmental area and psychological area. In summary, it can be stated that physical, mental and social situations which could be effective in the lives of individuals' influence individuals' lives.

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