

An Evaluation on the Quality of Life: The Case of University Students

Yaşam Kalitesi Üzerine Bir Değerlendirme: Üniversite Öğrencileri Örneği

Özkan AYDAR  
(Corresponding Author- Sorumlu Yazar)

Iğdır University, Department of Social
Work, Iğdır, Türkiye

Iğdır Üniversitesi, Sosyal Hizmet Bölümü,
Iğdır, Türkiye
ozkanaydar36@gmail.com



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Abstract

This study aims to assess the quality of life levels of university students. The research is a cross-sectional study, and the quantitative research method was used as the research design. The data of the study were collected using the World Health Organization Quality of Life-BREF (WHOQOL-BREF), developed by the World Health Organization, and a questionnaire containing demographic information. The study group consists of 415 students enrolled in associate, undergraduate, and postgraduate programs at Iğdır University. Descriptive statistics were used in the research, and since the data showed a normal distribution, parametric tests such as Pearson correlation analysis and regression analysis were applied. As a result of descriptive analyses, the average quality of life score of the students was found to be 3.04 (on a scale of 1 to 5). According to the results of the correlation analysis, a significant positive relationship was found between general quality of life and general health status with the quality of life sub-dimensions of social, psychological, environmental, and physical domains; and a significant negative relationship with the national domain. According to the results of the regression analysis, psychological and social domains positively affected general quality of life, while physical and psychological domains positively affected general health status. The results provide important insights for administrators regarding the nature, type, and scope of policies to be developed for improving the quality of life of university students.

Keywords: University Students, Quality of Life, WHOQOL-BREF

Öz

Bu çalışma üniversite öğrencilerinin yaşam kalitesi düzeylerini ölçmeyi amaçlamaktadır. Araştırma kesitsel bir çalışmadır ve araştırma deseni olarak nicel araştırma yöntemi kullanılmıştır. Çalışmanın verileri Dünya Sağlık Örgütü'nün geliştirdiği Dünya-Sağlık Örgütü Yaşam Kalitesi Ölçeği Kısaltılmış Versiyonu (WHOQOL-BREF) ve demografik bilgilerin yer aldığı soru formu kullanılarak elde edilmiştir. Çalışma grubunu Iğdır Üniversitesi'ne ön lisans, lisans ve lisansüstü düzeyinde devam eden 415 öğrenci oluşturmaktadır. Araştırmada betimsel istatistikler kullanılmış, veriler normal dağılım gösterdiği için parametrik testlerden Pearson korelasyon analizi ve regresyon analizi uygulanmıştır. Betimsel analizler neticesinde öğrencilerin yaşam kalitesi ortalamasının 3,04 (en düşük 1, en yüksek 5) olduğu tespit edilmiştir. Korelasyon analizi sonuçlarına göre genel yaşam kalitesi ve genel sağlık durumuyla yaşam kalitesi alt boyutlarından sosyal, psikolojik, çevresel ve fiziksel alan arasında pozitif yönlü anlamlı bir ilişki; ulusal alan ile negatif yönlü anlamlı bir ilişki olduğu anlaşılmıştır. Regresyon analizi sonuçlarına göre ise genel yaşam kalitesini psikolojik ve sosyal alan, genel sağlık durumunu ise fiziksel ve psikolojik alan pozitif yönde etkilediği görülmüştür. Sonuçlar, üniversite öğrencilerinin yaşam kalitesini yükseltmeye yönelik geliştirilecek politikaların niteliği, türü ve boyutu hakkında yönetimlere önemli bilgiler sunmaktadır.

Anahtar Kelimeler: Üniversite Öğrencileri, Yaşam Kalitesi, WHOQOL-BREF

Introduction

Quality of life is a multifaceted concept that has been the subject of many research problems from different angles. In the most general sense, the fact that there are different approaches to the definition of this concept, in which different dimensions related to the degree of well-being of the individual are handled together with the entire environment surrounding him as a whole, stems from the diversity of the fields of science in which it is used. The measurement of quality of life, which centers on the welfare level, health and general well-being of individuals and societies, and the understanding of the factors affecting it vary according to the method and purpose used, as well as the policies aimed at improving it.

It is not possible to consider young people, and university students in particular, as a structure independent of the general welfare level of the society. The development levels of societies present a social reality in which different demographic layers are not independent of each other. Especially university students, who constitute an economically dependent layer, bear the traces of the socio-economic indicators of their families to a great extent. Lack of sufficient economic resources is an important factor affecting the quality of life of university students. In addition to the physical conditions determined by economic opportunities, social, psychological and environmental conditions are the main dimensions that determine the quality of life of university students. Positive quality of life indicators have a significant impact on academic success. In this respect, the WHOQOL-BREF scale developed by the World Health Organization (WHO), which includes quality of life parameters in a broad sense, was preferred in this study because it provides an important basis for understanding the quality of life levels of young people. Thus, by understanding the levels, interrelationships and effects of different dimensions related to the quality of life of university students, determinations will be made about their quality of life levels. In this context, it is thought that the study will contribute to the development of policies to improve the quality of life of university students based on the results obtained.

Conceptual Framework

Although quality of life is understood as the subjective or objective living situation of individuals and groups, it is a concept that covers a wide area and cannot be clearly defined. Various definitions can be made, especially due to the context of use. In the 1960s, when the public and governments started to show interest in the subject, economic indices were used as indicators of quality of life, while in the following years, the concept of quality of life spread to a wider area with social indicators.

Broad rather than narrow definitions of quality of life provide a more appropriate basis for the study. Noll and Zapf's definitions offer a very comprehensive definition as opposed to limited terms such as welfare and standard of living. Noll considers quality of life as a multidimensional concept that emphasizes better rather than more, including both tangible and intangible, objective and subjective, and individual and collective well-being components at the same time. Zapf similarly emphasizes its multidimensionality and considers social needs such as income, education, health, housing, work, family ties, social relations, and political participation, as well as individual needs such as hope, fear, happiness, loneliness, insecurity, and anxiety as components of quality of life (Gössweiner et al., 2002, pp. 1-2).

The WHOQOL Group's definition of quality of life emphasizes subjectivity as it evaluates the position of individuals in life in relation to the cultural context in which they are situated (The WHOQOL Group, 1996, p. 3). This definition is inclusive of different dimensions that can be used instead of quality of life, such as health status, lifestyle, life satisfaction, mental state and well-being. In this context, quality of life is considered a comprehensive and multidimensional concept related to individuals' psychological state and physical health, level of independence, social relations, and the impact levels of their relations with environmental factors (The WHOQOL Group, 1998, p. 1570).

The WHO initiative to assess quality of life stems from the need for a holistic approach based on a truly international or cross-cultural measure. For this reason, WHO has collaborated internationally for several years to develop a reliable and valid quality of life scale that can be applied across cultures. As a result of pilot applications and evaluations, a quality of life scale that combines different dimensions was developed.

The quality of life scale developed by WHO has six basic dimensions. These dimensions consist of physical domain, psychological domain, level of independence, social relations, environment and spirituality and individual beliefs under the name of religion (The WHOQOL Group, 1994, pp. 42-44).

The physical domain includes the negative physical sensations experienced by the person, the degree of these sensations and the extent to which they affect daily life. In addition, the physical domain consists of a set of content to determine the effects of factors such as the person's control over pain, ease or difficulty of coping, on quality of life.

The psychological domain is the domain in which the extent to which a person experiences positive emotion, such as peace, happiness, hope, joy and enjoyment, as well as his/her feelings about the future and his/her expectations for the future are examined. The psychological domain does not include negative emotions. Negative emotions are examined under

another domain.

The dimension on the level of independence covers the person's ability to move from one place to another, to move around at home and at work, and to access transportation services. In other words, the focus is on the general ability to get around without the need for other people or vehicles. Significant dependence on others for mobility negatively affects the level of quality of life.

The social relations dimension is related to the extent to which a person feels friendship, love and support in close relationships in his/her social life. In other words, it is a dimension that represents a person's ability to be physically and emotionally close.

The environmental dimension is more related to the level of financial resources to meet needs. It includes the degree of satisfaction with what the individual can or cannot afford that will affect his/her quality of life.

The personal beliefs dimension examines how individuals' personal beliefs affect quality of life. It refers to personal and spiritual beliefs that do not conform to different religious beliefs and a distinct religious orientation, such as using it as a tool to help cope with problems, providing a sense of relief by attributing meaning to problems (The WHOQOL Group, 1994, p. 44; The WHOQOL Group, 1998, p. 1584).

The dimensions of the quality of life scale developed by WHO can be considered to have a significant level of representativeness as they are inclusive and based on much data experienced through cross-cultural pilot applications. As quality of life is a broader concept than living standards, it encompasses all factors that affect what is valued in life and goes beyond the material dimension.

For individuals, resources are thought of as tools that can be transformed into well-being in different ways. Individuals with a greater capacity to enjoy life or a higher ability to succeed in valued life domains may be better off even if they have fewer economic resources. Second, many resources are not marketed, and even if they are, prices differ across individuals, making comparisons of real incomes across people problematic. Finally, many determinants of human welfare are related to individuals' living conditions, which cannot be defined as resources that can be put a price on, even if people make choices between them. These arguments alone are enough to show that resources are an inadequate indicator for measuring quality of life. Which measure to use instead depends on the philosophical perspective adopted (Stiglitz et al., 2009, pp. 56-57). Considering these arguments, we can say that the WHOQOL-BREF (WHO Quality of Life Questionnaire Abbreviated Version) scale goes beyond measurements based on economic resources and is a measurement tool sensitive to many different dimensions.

It is unquestionably accepted that the university age, which is the main problem of our study, coincides with an extremely important period in terms of the development of societies. The university period in particular, and the youth period in general, is a critical stage in which individuals construct their identities, acquire various skills and shape their future.

Experiences and opportunities during youth not only affect the quality of life of individuals but also determine their future. Therefore, when we consider society as a whole, the importance of the quality of life of young people is very important for the welfare of individuals as well as the future of societies. University life is an important period in which young people shape their academic, social and personal development. In this period, students' quality of life can affect their academic success and determine their overall well-being.

The quality of life of university students is a broad concept that includes students' experiences in various areas such as physical health, psychological well-being, academic achievement, social relationships, financial status and personal development. Sirgy et al. define university quality of life in terms of a student's overall feelings of satisfaction with life at university (Sirgy et al., 2007, p. 347). This concept includes many elements such as students' studying, social interaction, leisure activities and general lifestyles. Students with a high quality of life are more likely to cope better with stress, build healthier relationships, and generally have a more satisfying university experience.

In the literature, we can mention some studies conducted in Turkey to measure the quality of life of university students using the WHO Quality of Life Scale (WHOQOL). Akyüz et al. (2017, pp. 253-262) examined the relationship between quality of life and happiness level in their study on 439 college students. Another study using the quality of life scale is Burdurlu et al. (2020, pp. 91-95) on 281 students attending a faculty of dentistry in Turkey. Likewise, Toker and Kalıpçı (2021, pp. 405-430) conducted a study on 621 people to evaluate the quality of life of vocational school students. When we look at some international studies in the literature, Galgam et al. (2025, pp. 1-16) conducted a cross-sectional study to measure quality of life involving 349 African medical and health sciences students from various disciplines at the International African University. Achangwa et al. (2022, pp. 1-10) measured the quality of life levels of 261 foreign students from different disciplines in South Korea and investigated the impact of different fields on quality of life. Ducinskiene et al. (2003, pp. 76-81) analyzed the relationship between different domains by determining the quality of life levels of university students in a comparative study on 919 students studying at three different universities in Lithuania

Methods

The aim of this study is to evaluate the quality of life levels of university students and the effect of the areas that make up the quality of life on the quality of life. Questionnaire method was used as the data collection tool of the study. The questionnaire consists of two main parts. The first part includes questions to determine the socio-demographic characteristics of university students. In the second part, WHOQOL-BREF, which consists of questions developed by WHO, was used to measure the quality of life levels of university students. Ethical approval for the study was obtained from Iğdır University Scientific Research and Publication Ethics Committee on 14.12.2023, No: 2023/23. The study was conducted on a completely voluntary basis with the consent of all participants. The most important limitation of the study is that it is cross-sectional.

Hypotheses of the Study

The hypotheses of the research were formed as follows by making use of the literature (Toker & Kalıpçı, 2021, pp. 412-413).

H1: There is a significant and positive relationship between students' general quality of life levels and physical domain (H1a), psychological domain (H1b), social domain (H1c), environmental domain (H1d), and national domain (H1e).

H2: There is a significant and positive relationship between students' general health status levels and physical domain (H2a), psychological domain (H2b), social domain (H2c), environmental domain (H2d), and national domain (H2e).

H3: Physical domain (H3a), psychological domain (H3b), social domain (H3c), environmental domain (H3d), and national domain (H3e) positively affect students' overall quality of life.

H4: Physical domain (H4a), psychological domain (H4b), social domain (H4c), environmental domain (H4d), and national domain (H4e) positively affect students' general health status levels.

Population and Sample

The population of the study consists of students attending Iğdır University in the 2023-2024 academic year. The number of students enrolled at Iğdır University is 14297. Of this number, 7194 are female and 7103 are male students. The sample size was calculated as 375 with a 5% margin of error and 95% confidence level. The questionnaire was applied to 435 students, taking into account incomplete and incorrect answers. After the removal of incomplete and incorrect questionnaires, the data of 415 students were analyzed.

Participant Profile

In the study, 57.3% of the participants were female and 42.7% were male. 41.2% of the participants were between the ages of 17-20, 52.3% were between the ages of 21-24, and 6.5% were 25 years and older. Regarding the marital status of the participants, 94.2% of the participants have never been married, 2.9% live as if they were married, and the remaining 2.9% are either married, divorced, divorced or separated. In the distribution of the participants according to the type of settlement, 33% of the participants live in the city center, 34.9% in the district center, and 32% in villages and towns. While 93.3% of the participants were not working, 6.7% were employed. 31.3% of the participants spend 0-1499 TL, 32.3% 1500-2499 TL, 14.9% 2500-3499 TL, 8.2% 3500-4499 TL, 13.3% 4500 TL and above. Finally, when the education levels of the participants are examined, it is seen that 28.2% of them have an associate's degree, 68.7% have a bachelor's degree and 3.1% have a postgraduate degree.

Table 1.

Socio-demographic profile of students

	Variable	Number	%
Gender	Male	174	42.2
	Woman	238	57.8
Age	17-20	171	41.2
	21-24	217	52.3
	25-28	19	4.6
	29+	8	1.9
Education	Associate Degree	117	28.2

	Licence	285	68.7
	Master's Degree and Above	13	3.1
Expenditure	0-1499	130	31.3
	1500-2499	134	32.3
	2500-3499	62	14.9
	3500-4499	34	8.2
	4500+	55	13.3
Settlement Type	City Center	137	33.0
	District Center	145	34.9
	Village-Town	133	32.0
Marital Status	Unmarried	391	94.2
	Lives Like Married	12	2.9
	Married	5	1.2
	Divorced	2	.5
	Separated	3	.7
	Wife Deceased	2	.5
Employment Status	Working	28	6.7
	Not working	387	93.3

Data Collection Tool

WHOQOL-BREF was used as a data collection tool in the study. The quality of life scale has five basic dimensions: physical dimension, psychological dimension, social dimension, environmental dimension and national dimension. The physical dimension consists of seven questions, the psychological dimension 6, the social dimension 3, the environmental dimension 8 and the national dimension 1 question. In addition, the total number of questions is 27, including one question on the general quality of life and general health status. The answers in the scale are formed as a 5-point Likert scale. The reliability coefficients of the scale are between 0.66 and 0.80 for each of the four domain scores. Cronbach's alpha value is 0.80 for the physical domain, 0.76 for the psychological domain, 0.66 for the social domain and 0.80 for the environmental domain. Since the national domain consists of one question, there is no reliability coefficient. The scale was translated into Turkish and validity and reliability tests were conducted. As a result of the tests, Cronbach's alpha value was 0.83 for the physical domain, 0.66 for the psychological domain, 0.53 for the social domain and 0.73 for the environmental domain (Eser et al., 1999, p. 36).

Data Analysis

The data obtained through the questionnaire study were analyzed with SPSS 23 and AMOS 21 programs. In order to test the reliability of the scale, Cronbach's alpha was applied because it includes less subjective judgments than other reliability determination methods, is objective and widely used (Yang & Green, 2009, pp. 377-378). Confirmatory factor analysis was performed to test the compatibility of the obtained data with the factors in the Quality of Life Scale and the widely accepted fit indices CMIN/DF, RMSEA, RMR, CFI, GFI values were used in the evaluation of the models (Hooper, Coughlan, & Mullen, 2008, p. 54-55). The confirmatory factor analysis fit indices of the scale (CMIN/DF= 2.891, RMSEA= .068; RMR= .079; CFI= .85; GFI =.87) were found to be within acceptable limits. Then, a normality test was applied to the data and skewness and kurtosis values were checked. The skewness and kurtosis values of the data were found to be -0.74 and 0.120. Since the skewness and kurtosis values in a data set are between (-1.5 and +1.5), it can be accepted that the data are normally distributed (Tabachnick & Fidell, 2013). In the study, skewness and kurtosis values were found to be normally distributed and suitable for parametric tests.

In the analysis of the data, descriptive statistics were obtained by calculating the means and standard deviations of quality of life and all dimensions. In line with the hypotheses obtained from the literature, Pearson correlation analysis was performed to determine the relationship between general quality of life and general health levels with all sub-dimensions and regression analysis was performed to determine the level of effect.

Results

The Cronbach alpha value of the Quality of Life scale was found to be 0.889, which is in the high confidence interval.

Reliability values for quality of life sub-dimensions were calculated in the range of 0.587-0.810. Table 2 shows the calculated means, standard deviations and reliability values of quality of life and its sub-dimensions. It was found that the mean of the students' overall quality of life was 3.04, the highest mean was 3.34 in the physical domain, 3.19 in the social domain, 3.06 in the psychological domain, 2.80 in the environmental domain and 2.78 in the national domain, respectively.

Table 2.

Quality of Life Values

Scales	Number of Articles	Mean.SD	Cronbach Alpha
Quality of Life	25	3.04±0.60	0.889
Physical Space	7	3.34±0.72	0.736
Psychological Space	6	3.06±0.81	0.810
Social Space	3	3.19±0.95	0.587
Environmental Space	8	2.80±0.70	0.776
National Area	1	2.78±1.08	-

Pearson Correlation analysis was applied to test the hypotheses related to H1 and H2. According to the results of the correlation analysis shown in Table 3, it was determined that there was a significant positive relationship ($r=0.384$; $p<.01$) between general quality of life and physical space. Hypothesis H1a is accepted. There is a significant positive correlation between general quality of life and psychological domain ($r=0.534$; $p<.01$). Hypothesis H1b is accepted. There is a significant positive correlation between the general quality of life and social domain ($r=0.283$; $p<.01$). Hypothesis H1c is accepted. There is a significant and positive relationship ($r=0.564$; $p<.01$) between general quality of life and the environmental domain. Hypothesis H1d is accepted. There is a significant negative relationship between general quality of life and national domain ($r=-0.138$; $p<.01$). Hypothesis H1e is rejected.

According to the results of the correlation analysis conducted to test the hypotheses related to H2, there is a significant and positive relationship ($r=0.513$; $p<.01$) between general health status and physical space. Hypothesis H2a is accepted. There is a significant and positive relationship between general health status and psychological domain ($r=0.530$; $p<.01$). H2b hypothesis is accepted. There is a significant and positive relationship between general health status and social domain ($r=0.283$; $p<.01$). H2c hypothesis is accepted. There is a significant and positive relationship between general health status and environmental domain ($r=0.444$; $p<.01$). H2d hypothesis is accepted. There is a significant but negative relationship between general health status and national domain ($r= -0.126$; $p<.01$). Hypothesis H2e is rejected.

Table 3.

Pearson Correlation Analysis Results

		Overall Quality of Life	General Health	Physical Area	Psychological Area	Environmental Area	Social Area	National Area
Overall Quality of Life	r	1	.406**	.384**	.534**	.564**	.283**	-.138**
	p		.000	.000	.000	.000	.000	.005
General Health	r		1	.513**	.530**	.444**	.283**	-.126*
	p			.000	.000	.000	.000	.010
Physical Area	r			1	.586**	.609**	.434**	-.188**
	p				.000	.000	.000	.000
Psychological Area	r				1	.598**	.468**	-.206**
	p					.000	.000	.000
Environmental Area	r					1	.499**	-.171**
	p						.000	.000
Social Area	r						1	-.196**
	p							.000
National Area	r							1
	p							

A simple linear regression analysis was conducted to reveal how quality of life sub-dimensions affect overall quality of life. Overall quality of life was taken as the dependent variable and social, psychological, physical, environmental and national

domains were taken as independent variables. The results of the analysis in Table 4 show that psychological and social domains have a positive effect on overall quality of life. Quality of life sub-dimensions explain 38% of the change in overall quality of life Adjusted $R^2=0.383$; $p<.0001$). Among the quality of life sub-dimensions, the social domain has the highest positive effect on overall quality of life ($\beta=0.420$; $t=7.692$; $p<.0001$), and the psychological domain has the second highest positive effect on overall quality of life ($\beta=0.336$; $t=6.362$; $p<.0001$). According to these results, hypotheses H3b and H3c were accepted. Physical domain ($\beta=-0.042$; $t=-0.804$; $p>.05$), environmental domain ($\beta=-0.069$; $t=-1.477$; $p>.05$), and national domain ($\beta= -0.018$; $t=-0.452$; $p>.05$) have no statistically significant relationship with overall quality of life. Therefore, hypotheses H3a, H3d, and H3e are rejected.

Table 4.*Regression results: Overall Quality of Life*

	Std. Deviation	Beta	t	Sig.
(Fixed)	.262		-.361	.719
Physical Area	.078	-.042	-.804	.422
Psychological Area	.068	.336	6.362	.000
Social Area	.081	.420	7.692	.000
Environmental Area	.053	-.069	-1.477	.141
National Area	.039	-.018	-.452	.651

Dependent variable: Overall Quality of Life

The other simple linear regression analysis was conducted to reveal how quality of life sub-dimensions affect general health status. General health status was taken as the dependent variable and physical, psychological, social, environmental and national domains were taken as independent variables. According to the results of the analysis in Table 5, it is understood that the physical domain and the psychological domain positively affect general health status. Quality of life sub-dimensions explain 35% of the change in general health status (Adjusted $R^2=0.348$; $p<.0001$). Among the quality of life sub-dimensions, the psychological domain positively affects the general health status at the highest level ($\beta=0.326$; $t=5.993$; $p<.0001$) and the physical domain positively affects the general health status at the second level ($\beta=0.280$; $t=5.176$; $p<.0001$). According to these results, hypotheses H4b and H4a are accepted. Social domain ($\beta= 0.099$; $t=1.764$; $p>.05$), environmental domain ($\beta= -0.040$; $t=-0.830$; $p>.05$) and national domain ($\beta=0.003$ $t=0.073$; $p>.05$) have no statistically significant relationship on general health status. Therefore, hypotheses H4c, H4d and H4e are rejected.

Table 5.*Regression Analysis Results: General Health Status*

	Std. Deviation	Beta	t	Sig.
(Fixed)	.313		-1.081	.280
Physical Area	.093	.280	5.176	.000
Psychological Area	.082	.326	5.993	.000
Social Area	.097	.099	1.764	.079
Environmental Area	.064	-.040	-.830	.407
National Area	.046	.003	.073	.942

Dependent variable: General Health Status

Discussion and Conclusion

Quality of life dimensions can be read as important indicators of an individual's well-being. It is an effective tool to be utilized in providing important references for developing policies to improve the individual and the environment surrounding him/her. As the subjects of education, which is one of the important institutional extensions of the social structure, the use of the data obtained on the quality of life levels of university students can provide significant benefits in order to improve the well-being of young people. In particular, the quality of life scale developed by WHO, based on international cooperation,

offers a holistic approach. In this sense, this study aims to examine the quality of life levels of university students, the relationship between quality of life and quality of life sub-fields and the effects of these sub-fields on quality of life.

The study was conducted on 415 students attending Iğdır University. According to the data obtained from the study, the overall quality of life average of university students is 3.04. Among the sub-dimensions of quality of life, the physical domain has the highest average of 3.34; the social domain 3.19; the psychological domain 3.06; the environmental domain 2.80 and the national domain average is 2.78. When compared with the quality of life studies conducted for university students, it is seen that the results are close. Toker et al. (2021), in their study on vocational college students, found that the mean of quality of life was 3.29; the psychological domain had the highest mean and the national domain had the lowest mean. In a study conducted on medical students (Obad et al., 2021), it was found that the psychological mean was the highest among the quality of life sub-dimensions of the students, followed by environmental, physical and social means, respectively. Similarly, Malibary et al. (2019), in their study examining the quality of life of medical students, found that the environmental domain was the highest, followed by the psychological domain, the social domain, and finally the physical domain; Henning et al. (2012), in another study on medical students, found the social domain with the highest mean, followed by environmental, psychological, and physical domain averages. Achangwa et al. (2022), in their study on international students, found that the mean of the social relations domain was significantly higher than the other domains.

Among the four main hypotheses in the study, in hypotheses H1 and H2, the relationship between the level of general quality of life and general health status and environmental, social, psychological, physical and national space was tested by Pearson correlation analysis. In hypotheses H3 and H4, the effect of environmental, social, psychological, physical and national space on the level of general quality of life and general health status was tested by regression analysis.

According to the results of correlation analysis, there is a positive and significant relationship between general quality of life and general health status and physical, psychological, social, and environmental domains, and a negative and significant relationship with the national domain. Regression analysis results showed that psychological and social domains had a positive effect on general quality of life, while there was no statistically significant relationship between physical, environmental and national domains. It is understood that physical and psychological domains have a positive effect on general health status, while there is no statistically significant relationship with the effect of social, environmental and national domains. Krageloh et al. (2011), in their study on medical students, found that almost all items had a significant relationship with general quality of life and general health. Ilić et al. (2019), in their study with medical students, found that all averages of WHOQOL-BREF domain scores were strongly correlated with the averages of general quality of life and general health status. Andre et al. (2017), in their study with dental students, found that the correlations between domain scores varied but were statistically significant.

In many studies conducted on university students, it has been found that there are strong relationships between general quality of life and general health status and quality of life sub-dimensions. This study also shows similarities with the results of some of the studies mentioned above in terms of its results.

It is possible to say that the data on the degree of WHOQOL-BREF sub-dimensions are variables that significantly affect the quality of life levels of university students. Policies to be developed to improve all these sub-dimensions will increase the quality of life levels of university students. For example, the implementation of plans such as environmental arrangements, adequate facilities and easy transportation in the physical field; the prevalence of individual support services in the psychological field; the diversity of socialization environments and cultural activities in the social field; and the provision of accessible and accessible health services in the field of health will have a significant positive impact on the quality of life levels of university students. In this respect, the data obtained from the study will form an important basis for university administrations to develop their policies. Considering the importance of young people, especially educated young people, for the future of societies, such improvements will also contribute significantly to social development.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Iğdır University Scientific Research and Publication Ethics Committee (Date: December 14, 2023, No: 2023/23).

Informed Consent: The study was conducted on a completely voluntary basis with the consent of all participants.

Peer-review: Externally peer-reviewed.

Conflict of Interest: The author has no conflicts of interest to declare.

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Use of Artificial Intelligence: The author has stated that he has made the necessary corrections using only a supporting software during the language translation process.

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