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Quality of life and subjective well-being in undergraduate students

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Abstract

The study designed to investigate whether the quality of life and its four domains (physical health, psychological health, social relationships and environment) are significant predictors of subjective well-being and also to examine the quality of life in terms of gender, socio-economic level, the number of sibling, living environment, mother education level and father education level. The study was carried out with undergraduate students in German, French and English Language Teaching Departments and Primary Education Department. Subjective Well-Being Scale (Tuzgöl Dost, 2004) and WHOQOL-BREF that was adapted to Turkish by Eser, Fidaner, Fidaner, et al. (1999) were used to collect data. Data were analyzed by using t-test, One Way ANOVA and stepwise regression analysis. Results revealed that quality of life (overall) and psychological health, social relationships and environment domains of quality of life predicted subjective well-being positively whereas physical health domain did not predict subjective well-being. In addition to this, significant difference was found in quality of life scores in terms of socio-economic level.
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Keywords: Quality of life; subjective well-being; undergraduate student; psychological health

1. Introduction

In recent years, the quality of life has become an important issue in various fields of studies such as psychology, economics, medicine, sociology and so on (Costanza et al. 2007). It has been broadly and deliberately studied in clinical and health environment (Testa and Simonson, 1996). According to World Health Organization (WHO), quality of life is defined as "*an individuals' 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"* (WHOQOL Group, 1994; cited in Skevington, Lotfy and O'Connell, 2004). Costanza et al. (2007) considered quality of life based on hedonistic view meaning that people evaluate their quality of life according to how they perceive satisfaction or dissatisfaction in various life domains. Furthermore, quality of life includes and requires a person's cognitive processes (i.e. perceptions, thoughts, and feelings) about life conditions, and reactions to those conditions (Diener, 2006). Simply, interaction between stimuli and response play an important role to value of quality of life.

This perspective puts forward an idea in that psychological factors are crucial in life addressing a person's subjective assessment of life. This assessment may result subjective well being. Therefore, individual's perception

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of quality of life may affect subjective well-being indicating positive and negative evaluations of life. This evaluation of course must reflect cognitive assessments of life satisfaction, domain satisfaction, positive and negative emotions. Thus, subjective well-being can be considered as a frame for any appraisals that people make about their lives (Diener, 2006; Diener, Oishi and Lucas, 2003).

There have been studies examining subjective well being and quality of life independently (Diener, 1984; Diener, 2006; Diener, Suh and Oishi, 1997; Gill, 1995; Smith, Avis and Assmann, 1999). A few research focused on intersection between these two domains (Camfield and Skevington, 2008). This study designed to investigate whether the quality of life and its four domains (physical health, psychological health, social relationships and environment) are significant predictors of subjective well-being. In addition, quality of life was evaluated in terms of gender, socio-economic level, and the number of sibling, living environment, mother education level and father education level.

2. Method

2.1. Participants

The sample composed of 271 (205 female and 66 male) undergraduate students attending to Marmara University which is one of the public universities in Istanbul. 36% of these students were in English Language Teaching Department, 17 % of them were in German Language Teaching Department, 13 % of them were in French Language Teaching Department and 34 % of them were in Primary Education Department. Participants' ages ranged between 17 and 29 with a mean age of 20 and standard deviation of 2.46.

2.2. Instruments

Subjective Well-Being Scale (SWBS): Subjective well-being scale (Tuzgöl Dost, 2005) is a self-report measure designed to measure subjective well-being of university students. The scale consists of 46 items. The items were rated on a 5-point Likert type self-report scale anchored by "disagree=1" and "fully agree=5". There are 26 positive and 20 negative evaluative statements about life satisfaction, positive and negative emotionality. The highest score obtained from this scale is 230 whereas the lowest score is 46. Higher scores indicate higher degree of subjective well-being. The scale has demonstrated excellent internal consistency with a Cronbach α coefficient of .93.

World Health Organization Quality of Life Scale (WHOQOL-BREF): The WHOQOL-BREF is a shorter version of the original scale WHOQOL-100 which was developed by World Health Organization. It is a self-report 5-point Likert type scale that includes 26 items which measure four dimensions: Physical Health, Psychological Health, Social Relationships, and Environment. Besides, two items give out quality of life (overall) and general health score. This scale could be used both in healthy and sick populations. Adaptation of this scale was carried out by Fidaner, Elbi, Fidaner, Yalçin Eser, Eser & Göker (1999). Internal consistency with the Cronbach alpha coefficient for physical health domain was .76 in healthy population and .79 in sick population; for psychological health domain, the Cronbach alpha coefficient was .67 in healthy population and .63 in sick population; for social relationships domain, the Cronbach alpha coefficient was .74 in healthy population and .73 in sick population; for environment domain the Cronbach alpha coefficient was.56 in healthy population and .53 in sick population. Test re-test reliability coefficients of WHOQOL-BREF ranged from .51 and .81.

2.3. Procedure

Questionnaire packet which include personal information form, Subjective Well-Being Scale (SWBS) and World Health Organization Quality of Life Scale (WHOQOL-BREF) were administered to all 271 undergraduate students attending to English Language Teaching Department, German Language Teaching Department, French Language Teaching Department and Primary Education Department. The approximate duration for the completion of the instruments was about 25-30 minutes. After the students had completed the questionnaires, stepwise regression analysis, t-test and One Way ANOVA was conducted to analyze the data.

3. Results

First, in order to determine the effects of general health and quality of life (overall) and its four domains (physical health, psychological health, social relationships and environment) on subjective well-being, stepwise regression analysis was performed using SPSS. The results are shown in Table 1and in Table 2.

Table 1. Stepwise Regression Analysis for General Health and Quality of Life (Overall) Predicting Subjective Well-Being

Model	Variable	B	Standard Error B	β	t	p
1	Constant	111.357	6.189		17.99	.001
	General Health and Quality of Life	9.203	.896	.531	10.28	.001

R^2 = **.28**

As seen in Table 1, general health and quality of life (overall) predicted subjective well-being positively (β= .53 *t*(269) = 17.991, p < .001). General health and quality of life accounted for 28% of the variance in subjective well-being.

Table 2.Stepwise Regression Analysis for Variables Predicting Subjective Well-Being

Model	Quality of Life Domains	B	Standard Error B	β	t	p
1	Constant	63.188	8.102		7.80	.001
	Psychological Health	5.132	.373	.643	13.77	.001
2	Constant	44.023	8.323		5.29	.001
	Psychological Health	4.161	.389	.521	10.69	.001
	Environment	1.491	.256	.284	5.83	.001
3	Constant	40.184	8.355		4.81	.001
	Psychological Health	3.801	.408	.476	9.32	.001
	Environment	1.446	.253	.276	5.71	.001
	Social Relationships	1.284	.482	.126	2.67	.001

R^2 for Model 1= **.41**
R^2 for Model 2= **.48**
R^2 for overall=**.49**

Table 2 shows that psychological health (β= .64 *t*(269) = 13.769, p < .001) environment (β= .28 *t*(269) = 5.831, p < .001) and social relationships (β= .13 *t*(269) = 2.665, p < .001) domains of quality of life predicted subjective well-being whereas physical health was not found to be a significant predictor of subjective well-being. Psychological health domain was the strongest predictor of subjective well-being as it was found to account for 41% of variance in subjective well-being. Psychological health and environment domains together explained 48% of the variance in subjective well-being. So, environment dimension explained %6 additional variance in subjective well-being. Psychological health, environment and social relationships domains overall accounted for 49% of the variance in subjective well-being.

Second, in order to determine whether there were significant differences in quality of life scores in terms of gender, socio-economic level, the number of sibling, living environment, mother education level and father education level, One Way ANOVA was conducted. Results revealed that no significant differences were found in quality of life scores in terms of gender, the number of sibling, living environment mother education level and father education level. Significant difference was found only in terms of socio-economic level. The results of the quality of life scores by socio-economic level are presented in Table 3.

Table 3. One Way ANOVA Results of the Quality of Life Scores by Socio-economic Level

Score	Socio-economic level	N	$\bar{X}$	SD	Source of Variance	Sum of Squares	df	Mean Square	F	p
Quality of Life	Low	13	5.6154	1.93815	Between Groups	45.318	2	22.66	12.96	.001
	Average	243	6.7490	1.26244	Within Groups	468.497	268	1.75		
	High	15	8.1333	1.64172	Total	513.815	270			
	Total	271	6.7712	1.37950						

Results indicated that significant difference was found in quality of life mean scores of low, average and high socio-economic level [(F (2,268)=12.962, p<0.001]. Scheffe test was conducted in order to identify among which groups significant differences existed. Results are shown in Table 4.

Table 4.Scheffe Test Results for the Quality of Life Scale by Socio-economic Level

(I)Socio-economic level	(J)Socio-economic level	Mean Difference (I-J)	Std. Error	p
low	average	-1.13359*	.37638	.012
	high	-2.51795**	.50101	.001
average	low	1.13359*	.37638	.012
	high	-1.38436**	.35176	.001
high	low	2.51795**	.50101	.001
	average	1.38436**	.35176	.001

*p<.01 **p<.001

As seen in Table 2, Scheffe test results indicated that significant difference existed between high and low socio-economic levels in favor of high socio-economic level and between high and average socio-economic levels in favor of high socio-economic level. In addition to this, there was a significant difference between low and average socio-economic levels in favor of average socio-economic level.

4. Conclusion and Discussion

The study investigated the effect of quality of life and its four domains on subjective well-being and also examined the quality of life in terms of various demographic variables. Results revealed that general health and quality of life affected subjective well-being. In detail, while psychological health, social relationships and environment significantly predicted subjective well-being, physical health did not predict subjective well-being.

This mainly suggests that individual's psycho-social environment potentially important for his psychological happiness. On the other hand, it is a kind of surprise to see no correlation between physical health and subjective well being. This could be due to the fact that the study sample consists of relatively young participants ranged from 17 years old to 29 years old. These participants were likely to have no physical health problems. Therefore, they may underestimate the importance of physical health in life.

Additionally, socio-economic level was found a significant demographic factor for quality of life in the research sample. Quality of life scores of individual's with high in socio-economic level seemed to be higher than the individual's with average and low socio-economic levels. This shows that the individuals' with high socio-economic level appeared to be more satisfied with their life than those with average and low socio-economic levels. This was not consistent with the previous finding (Tang, 2007). This should be derived from relative regional or country based description of socio-economic level. That is to say, participants considered and perceived their socio-economic levels under the threshold of income. Thus, this became a fundamental reference point for evaluation of quality of life.

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