

**RESEARCH ARTICLE**

**EVALUATION OF THE QUALITY OF LIFE LEVELS OF  
UNDERGRADUATE AND ASSOCIATE DEGREE  
STUDENTS STUDYING IN HEALTH DEPARTMENTS**

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**Abstract**

Quality of life is at the forefront of the goals that all societies aim to achieve today. This is the main reason why measuring quality of life is a routine procedure in many studies. This study was carried out by undergraduate and associate degree students of health sciences; the aim of this study was to evaluate and compare the quality of life. The research was carried out on a total of 200 undergraduate and associate degree students studying in the health sciences departments of the same university in a one-year period. In order to obtain the demographic information of the students; the personal data collection form created by the researchers and the World Health Organization Quality of Life Scale-Short Form (WHOQOL-Bref) were applied by one to one interview technique. The voluntariness of the participants was taken as a basis in filling out the questionnaires. SPSS-22 program was used to evaluate the data in our study. By making descriptive statistics, two independent groups were compared between the groups. The mean age of the associate degree students participating in our study was  $20.6 \pm 1.26$ , and the undergraduate students were  $20.8 \pm 3.07$ . When the last question, the 27th environmental question, is included in the WHOQOL-Bref scale, which consists of four sub-parameters, the name of the scale is named WHOQOL-Bref-TR. In our study, which we evaluated with WHOQOL-Bref-TR, the scores of undergraduate students in the "psychological field" sub-category were found to be significantly higher ( $p < 0.05$ ) than associate degree students in comparisons made based on education level. In the comparison made according to genders, the difference in general health, psychological, and environmental dimensions was not significant ( $p > 0.05$ ). In conclusion; in all comparisons, the level of quality of life and problem solving abilities do not differ depending on gender. As the education level increases; the psychological state, which has an effect on the quality of life, increases positively. With the data obtained, suggestions were made to curriculum arrangements and university administrations in order to increase the quality of life of young adults.  
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**Keywords:** Quality of Life, Health Sciences, Undergraduate Student, Associate Student WHOQOL-BREF.

## **Introduction**

The common attitude adopted in health services recently; rather than the treatment of diseases, it is the protection and continuation of the current health and well-being. With this attitude, the treatment-oriented role of health circles; it has evolved into the idea of increasing the level of self-care and increasing the quality of life of the individual. It is important for public health to protect and maintain the health of every individual who makes up the society. As the values that increase the quality of life of the individual increase, we can talk about the increase in public health. In order to meet the basic life needs, the person must have the necessary self-care power. In other words, the self-care of the individual is directly related to the quality of life and therefore to human health [1].

There are many definitions in the literature on quality of life as a term. In general, quality of life is associated with positive terms such as health, happiness, wealth, and success. However, life satisfaction is a complex term that differs from person to person, such as being positive in terms of psychology and mood [2,3].

The World Health Organization (WHO) defined the quality of life in 1946; It is defined as “not only the absence of disease and infirmity, but also a state of complete mental, physical and social well-being [4]. Although there are many studies on quality of life in the field of health after this date, the concept of "quality of life" was first mentioned in the medical literature in 1960 in Long's article [5].

The WHOQOL-BREF-TR quality of life scale is a 26-question questionnaire developed by the World Health Organization. The validity of the scale in Turkey was provided by Eser et al. [6]. The scale has two forms, long and short. The long scale consists of 100 questions. The short scale, consisting of 26 questions, consists of four independent parts to measure the individual's psychological, environmental, social and physical well-being. Each section is scored separately, with the lowest 4 being the highest

20. High score is directly proportional to quality of life. The Turkish version of the short scale consists of 27 questions, and the last question measures environmental well-being. When the last question, the environment score, is included, the scale is called environment-TR [7,8]

Youth period is also one of the sensitive periods in terms of self-care competence. Because the individual in the youth period, by the society; It is not accepted as a child or an adult. During this period, social and spiritual differentiations occur in the individual. Individuals in the youth period try to adapt to the changes that occur both in their body and in their social environment [9,10].

In addition, the youth period coincides with university education. Young people who start their university education enter the process of getting used to a new environment. The changing social environment, staying away from the family, learning new and different information, and the effort to keep school success high are some of the situations that the individual in the youth period has to deal with. The effort to cope with all these different situations has a significant impact on the quality of life of the individual. In this context, these situations that affect the student's quality of life appear as an important issue that affects the young person's school success rate, the way they look at life and their level of enjoying life.

For this reason, our research was carried out in order to reveal the factors that affect the self-care levels and healthy lifestyle behaviors that affect the quality of life of the students studying at vocational and higher schools in the field of health, and to put forward suggestions that will contribute to the improvement of the quality of life of the students.

## **Materials and Methods**

Our study was carried out cross-sectional on the students of the associate degree program with a 2-year education period and the undergraduate program students with a 4-year education period. A total of 200 students, 100 from each, were selected by simple random sampling method

from the students studying at the aforementioned universities. Data collection was carried out through a questionnaire study conducted by face-to-face interviews with the students included in the study.

Consisting of 27 questions as a data collection tool, its validity and reliability in our country was determined by Eser et al. WHO Quality of Life Questionnaire Abbreviated Version, WHOQOL-BREF [6,7] was used. WHOQOL-Bref; It is a scale consisting of 4 sub-parameters. Each sub-section of this scale (spiritual/physical/social relations and environment) out of a total of 26 questions is evaluated over a maximum of 20 or 100 points [6]. WHO scoring recommendation was used for scoring the data obtained from the scale [11]. SPSS-22 program was used for statistical analysis.

After the descriptive statistics (frequency, mean, standard deviation) of the socio-demographic data obtained and the scale scores and sub-dimension scores were made, two independent groups were compared by looking at their normal distribution conformity.

**Results**

A total of 200 students, 100 of whom were associate degree and 100 undergraduate students, were included in our study. The students in our research; the sociodemographic data obtained from gender, university of education and age distribution are shown in Table 1. Accordingly, 87% of the associate degree students with an average age of 20.6 are female and 13% are male. All undergraduate students with an average age of 20.8 are female students.

**Table 1: Sociodemographic data**

<b>Educational status</b>	<b>Sex</b>	<b>Age-Standard Deviation (SD)</b>
Associate degree	87 female/13 male	20.6 ± 1.26
Undergraduate	100 female/0 male	20.8 ± 3.07

The WHOQOL-Bref-TR scale was applied to the participants in our study. WHOQOL-Bref, which consists of four sub-parameters, consists of 26 questions, when the 27th question for environmental assessment is added; it is called WHOQOL-Bref-TR. From the data obtained from the scale, the quality of life of the participants; the data we compared according to education level are given in (Table 2).

In order to determine whether the mean scores of the students' quality of life levels differ

according to education, t-test analysis was used between independent groups. When the data in are examined, the difference between undergraduate and associate degree students was found to be significant in the psychological state sub-category, which is one of the sub-parameters of quality of life according to the educational status of the students. Accordingly, for the psychological sub-dimension, the scores of undergraduate students were found to be significantly higher than those of associate degree students.

**Table 2: WHOQOL-BREF-TR (Comparison of sub-dimensions by Educational Status)**

	<b>Associate degree</b>	<b>Undergraduate</b>	<b>P</b>
GHS	65.12 ± 17.07	61.63 ± 16.31	0.229
PHS	71.96 ± 13.99	69.79 ± 14.52	0.306

PS	61.50 ± 13.99	65.71 ± 15.41	0.014
SR	60.92 ± 18.45	61.58 ± 17.28	0.821
E	63.28 ± 14.35	64.16 ± 13.74	0.964

*GHS: General Health Status, PHS: Physical Health Status, PS: Psychological Status, SR: Social Relationships, E: Environment.*

Comparison of WHOQOL-Bref-TR scale values by gender is shown in Table 3. Accordingly, in the comparison of the sub-dimension parameters of the WHOQOL-BREF-TR scale according to

the gender of the students, it was found that there was no significant difference between the genders in terms of quality of life levels.

**Table 3: WHOQOL-BREF-TR (Comparison of sub-dimensions by gender)**

	Male	Female	p
GHS	67.31 ± 16.57	63.10 ± 16.76	0.469
PHS	75.27 ± 15.39	70.57 ± 14.18	0.45
PS	67.95 ± 13.22	63.30 ± 14.92	0.386
SR	59.62 ± 29.43	61.36 ± 16.86	0.986
E	65.63 ± 17.95	63.59 ± 13.75	0.811

*GHS: General Health Status, PHS: Physical Health Status, PS: Psychological Status, SR: Social Relationships, E: Environment*

## Discussion

The findings of our study, which compared the parameters affecting the quality of life, especially the general and physical health status and psychological resilience of students studying in health departments, were evaluated. Considering the socio-demographic characteristics of the students included in our study, the majority of the students who prefer health departments are female students. The mean age in both groups is similar.

Although there was no statistically significant difference in the comparison of the quality of life of the students included in our study by gender, it was observed that female students lagged behind male students in the dimensions of psychological, general health, physical health and environment, apart from the social domain. While female students had an average of 61.36 ± 16.86 in the field of social relations, male students scored 59.62 ± 29.43. On the other hand, while the social area has the lowest average among the sub-dimensions of quality of life; physical health area was determined as the dimension with the highest average. When we

look at the literature, in a study conducted with the quality of life assessment scale on university students in parallel with our study, it was determined that the highest score among the sub-dimensions was the physical area sub-dimension, and the lowest sub-dimension score average was the social area sub-dimension [12]. Similarly, in the quality of life evaluation study conducted on health department students in 2020, they determined that the students had the highest mean score from the physical domain sub-dimension, and the lowest sub-dimension score average was stated as the psychological domain dimension [13]. In the study of Heidari et al. on students studying health education, it was determined that, unlike our study, the mean of the physical space dimension had the lowest sub-dimension score [14].

Associate degree students' scores in general health, physical health, psychological, social relations and environmental sub-dimensions were calculated as 65.12 ± 17.07, 71.96 ± 13.99, 61.50 ± 13.99, 60.92 ± 18.45, 63.28 ± 14.35, respectively. For undergraduate students, it was evaluated as 61.63 ± 16.31, 69.79 ± 14.52, 65.71 ± 15.41, 61.58 ± 17.28, 64.16 ± 13.74,

respectively. With these averages, it can be said that the Quality of Life (QL) of both associate and undergraduate students is at a medium level (50%-75%). With these results, our study is similar to the literature. In a study conducted in 2012 in which the quality of life of undergraduate students was evaluated, similar to our study, students' QOL scale scores were found to be moderate in all sub-dimensions [15].

The difference between associate and undergraduate students is significant when we compare the quality of life of the students in our study according to their education level ( $p < 0.05$ ). Accordingly, it was determined that associate degree students had higher quality of life assessment scores than undergraduate students (Table 2). While the mean score of associate degree students was  $65.12 \pm 17.07$  in General Health Status (GHS), which is one of the sub-dimensions that affect the high quality of life scores of associate degree students, undergraduate students got  $61.63 \pm 16.31$  points.

In the sub-dimensions of physical health, associate degree students got  $71.96 \pm 13.99$  points, while undergraduate students got  $69.79 \pm 14.52$  points. Undergraduate students scored higher in other sub-dimensions, although it was not significant.

These results suggest that associate degree students are engaged in activities that increase their life satisfaction. For example, in a study conducted within the scope of a project, it was determined that physical activity increased the participants' level of satisfaction with life and thus the perception of quality of life, when comparing the results of individuals included in the physical activity program before and after starting the program [16].

In another study, it was revealed that by keeping the digital addictions of university students at a reasonable level, the internet can have a positive effect on the development of certain skills such as interpersonal problem solving and improving the quality of life [17]. In the future, we recommend that such studies and the universe of our study be expanded with different parameters, and studies that will increase the quality of life of young adults.

## **Conclusion and Recommendations**

The quality of life of university students is one of the most important factors that increase the future success and life satisfaction of young people. In this period, the young individual trying to cope with a new environment and multiple problems; the more the mental state, physical health and environmental relations are sufficient, the more the pleasure he gets from life and therefore the benefit that the society will receive from this young person will also increase. In this respect, activities that will increase the quality of life of young people should be taken into consideration while making university administrations and curriculum arrangements. It is possible to prepare healthier individuals with simple but effective methods such as improving the environment in which the young person lives, incorporating the individual into sports programs, and offering social activities at a price within the reach of young people or free of charge. In addition, the physical and psychological health of the young person should be protected with regular and free health screenings. Psychological counseling and guidance services that young individuals can always consult should be provided by university administrations.

With the help of universities and relevant ministries, young individuals should be constantly monitored and quality of life assessments should be made at regular intervals when necessary. Some studies have shown that moderate use of the Internet contributes positively to the personal problem-solving abilities of young people. With the applications to be made over the internet, which is one of the high interests of the youth, the personal problem solving abilities of the youth and therefore their quality of life can be increased. In addition, there are studies showing that there is a direct correlation between physical activity and quality of life. In this context, young people should be encouraged to do sports with regulations that will increase their daily activities and sports.

In this way, the proportion of healthy and healthy young people who look to the future with confidence and enjoy life will be increased.

Thus, it will contribute to the training of individuals who are useful to the society.

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