

## QUALITY OF LIFE OF UNIVERSITY STUDENTS FROM HEALTH STATUS AND SPORT PARTICIPATION POINT OF VIEW

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### ABSTRACT

The quality of life is an outcome of mutual effect of social, health, economical and environmental conditions concerning humans and social development. On one side represents objective conditions for good life and on the other side its subjective experience. For our investigation we chose the assessment of 23 quality of life factors importance by SQUALA – standardized questionnaire. 247 university students (64.8 % of men and 35.2 % of women) with different health status (74.5 % healthy and 25.5 % with some health impairment) participated in our research. Results have been differentiated by health status sport participation. Psychological, social and emotional and even physical quality of life indicators concerning to external and internal facts of everyday reality significantly assumed higher level quality of life for the healthy group of students with elite level of sport participation.

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**Key words:** quality of life factors, satisfaction/dissatisfaction, university students, health, sport participation

### INTRODUCTION

Quality of life is a multidimensional concept that can be defined and measured in many different ways. There are four fundamental components of quality of life: life satisfaction, self-esteem, health and functioning (Andrews, Withney, 1976; Walker, Rosser, 1993). Health and functioning have been among the most commonly measured domains in quality of life research in the medical area and are strongly related to measures of self-rated health (Vaez, Kristenson, Laflamme, 2003). While global self-related health is recognize as a concept that refers to individual responses to physical, mental and social effects of illness on daily living. Quality of life is a boarder measure that captures the extent to which personal satisfaction with overall life circumstance is achieved no depend of age (Nemcek, 2011). So far, health-related quality of life and health-status research has paid very limited attention to students in general, and to university students in particular. By contrast, high-school and university students' health behaviors e.g. drinking, smoking and eating habits have been quite extensively documented (Ashton, Kamalie, 1995; Webb et al., 1998; Steptoe, Wardle, 2001; Vaez, Laflamme, 2002). In our article we tried to extend and specify the knowledge about different quality of life factors and its satisfaction in university students' life and compare the differences in satisfaction between selected groups from sport participation and health status point of view.

### METHODS

247 university students participated in our research. The sample was selected from two different universities: Faculty of Physical Education and Sport, Comenius University (59.1 %) and City University (40,9 %) both situated in Bratislava. The sample was assessed from two different perspectives: sport participation and health status (table 1).

Table 1 Sample representation from sport participation and health status perspectives (%)

Sport	Elite athletes	Recreational athletes	Sedentary
	36.4	45.3	18.2
Health status	Healthy		With health problems
	74.5		25.5

Empirical data were obtained by second part of standardized questionnaire SQUALA (assessment scale of satisfaction). It is a general questionnaire about the quality of life meant for information acquirement from intact population as well as from people with different kind of disability, mostly mental. The questionnaire assesses subjective views of life situations where an individual is assessing his/her satisfaction or dissatisfaction with different areas of his/her own life. Subjective QUALITY of Life Analysis – SQUALA (Zannotti, Pringuey, 1992; Dragomerická et al., 2006) includes 23 areas relating to external and internal realities of everyday life. In each factor of five-grade assessing scale, the respondents evaluated subjective satisfaction of each area and so specified how they are satisfied / dissatisfied with the particular quality of life factor (QLF). Value 1 meant the highest satisfaction and value 5 meant absolute dissatisfaction with particular factor in their life. We considered values 1 – 2 a positive assessment, value 3 neutral and values 4 – 5 a negative assessment. For statistical evaluation of achieved data, we used the average value of responses, and for statistical significance of differences between groups, we used Chi-square (evaluation of qualitative values) at 1%, 5% and 10% level of statistical significance.

For more clear results interpretation we included different QLF obtained in S.QUA.LA into the different QOL domains relating to WHO categorizations (Dragomirecká, Bartoňová, 2006) as follows:

- 1. Physical health and level of independence** (physical independency, sleep, take care of oneself, sexual life, relaxation in leisure time, study and food).
- 2. Mental health and spirituality** (mental well-being, love, faith (religion), justice, beauty and art and truth).
- 3. Social relationships** (family relationships and other people relationships).
- 4. Environment** (living environment, politics, free time activities, PA participation in leisure, safety, freedom and money).

### RESULTS AND DISCUSSION

Subjective assessment of the satisfaction with *health* didn't show statistical differences between the groups of active (neither recreational nor elite level) versus sedentary students (tab. 2) but in the figure 1 we can see, that sedentary students are the most dissatisfied with their health comparing their active colleagues.

By assessment of domain *physical health and level of independence* we found out that sedentary students are significantly more dissatisfied in four key domains (physical independency, take care of oneself, free time activities and sport participation) comparing actively living university students of both levels (elite, recreational).

Assessment of domain *psychological health and spirituality* didn't showed statistical significance in the key QLF "mental well-being" between assessed groups of university students, but average value of answers in this factor showing the less dissatisfaction in sedentary living students. Other two factors (love and justice) showed significant differences in satisfaction when again sedentary students

are the most dissatisfied comparing active. On the other side sedentary living students are significantly more satisfied with QLF "religion" and "food" than elite athletes.

Domain *social relationships* registered significant differences in two QLF satisfaction (family relationships and sexual life) between elite and sedentary students, when with both factors sedentary students were more dissatisfied in their life.

In the last domain *environment* we registered in three (safety, freedom, and money) from four QLF statistical significant differences, when with "safety" and "freedom" are significantly more dissatisfied sedentary students but on the other hand with "money" are the most satisfied inactive students, then recreational students and elite athletes are the most dissatisfied with this QLF.

Table 2 Statistical evaluation of QLF satisfaction according to sport participation

QLF satisfaction with	ELITE vs. RECRE- ATIONAL		ELITE vs. SEDENTARY		RECREATIONAL vs. SED- ENTARY	
	Chi-sq.	Sign.	Chi-sq.	Sign.	Chi-sq.	Sign.
Health	0.643		5.011		5.289	
Physical independency	0.727		<b>15.57*</b>	p<0.05	<b>10.95*</b>	p<0.05
Mental well-being	5.398		1.857		1.873	
Living environment	4.909		3.136		0.977	
Sleep	<b>13.99**</b>	p<0.01	1.817		5.992	
Family relationships	3.762		<b>11.65*</b>	p<0.05	4.746	
Other people relationships	1.873		2.614		1.443	
Take care of oneself	2.951		<b>10.32*</b>	p<0.05	<b>10.59*</b>	p<0.05
Love	1.222		<b>10.46*</b>	p<0.05	<b>9.513*</b>	p<0.05
Sexual life	5.664		<b>12.76*</b>	p<0.05	<b>18.05**</b>	p<0.01
Politics	1.074		3.679		5.641	
Faith (religion)	1.672		<b>11.52*</b>	p<0.05	<b>10.60*</b>	p<0.05
Relaxation in leisure time	1.472		2.900		4.137	
Free time activities	5.038		<b>33.71**</b>	p<0.01	<b>21.90**</b>	p<0.01
PA participation in leisure	<b>18.54**</b>	p<0.01	<b>56.22**</b>	p<0.01	<b>39.68**</b>	p<0.01
Safety	0.643		<b>27.60**</b>	p<0.01	<b>32.08**</b>	p<0.01
Work / study	4.247		6.325		4.478	
Justice	3.625		<b>21.24**</b>	p<0.01	<b>12.07*</b>	p<0.05
Freedom	<b>8.803(*)</b>	p<0.10	<b>38.63**</b>	p<0.01	<b>22.15**</b>	p<0.01
Beauty and art	5.439		3.799		0.518	
Truth	3.758		<b>41.15**</b>	p<0.01	<b>31.06**</b>	p<0.01
Money	<b>12.24*</b>	p<0.05	<b>37.71**</b>	p<0.01	<b>18.46**</b>	p<0.01
Food	4.680		<b>10.66*</b>	p<0.05	4.676	

Results evaluation from sport participation point of view show, that sedentary students have the lowest level of their quality of life when in 65 % presented the highest dissatisfaction in assessed QLF and only in four QLF (17 %) showed the highest satisfaction from evaluated groups of students. On the other side the highest level of quality of life presented recreational athletes (as well as elite athletes) when only in 5 % of assessed QLF presented the highest dissatisfaction and in 39 % presented the highest satisfaction among three evaluate groups of students. Similarly elite athletes from universities showed the highest satisfaction with QLF in 48 %, but also in 30 % QLF presented the higher dissatisfaction.

Results from health status point of view unambiguously are presenting the higher level quality of life in healthy university students comparing their colleagues with health problem, when in 20 QLF (87 %) presented students with health problem higher dissatisfaction comparing healthy students who were more dissatisfied only in one QLF (sexual life) in their life (figure 2). The same subjective satisfaction presented students in two QLF (family relationships and safety).

Subjective assessment of the satisfaction with *health* showed significant differences (p<0.01) between the groups of healthy versus students with different health problems, when healthy students are much more satisfied with their health comparing their colleagues with health problems.

In four (physical independency, sleep, study and food) from seven QLF were presented statistical differences in satisfaction between healthy students and students with health problems in domain *physical health and level of independence*, where healthy students were much more satisfied with it. As well as health, physical health and level of independency, *mental well-being* showed significantly higher satisfaction in healthy students comparing those with health problems. With *social relationships* are also more satisfied in life healthy students, mostly other people relationships (p<0.05). We didn't find statistical significance in satisfaction with sport participation between healthy students and students with health problems, maybe because those with different health problems have to exercise health-related exercises related to their impairment, that's why they are as satisfied with PA participation as their healthy colleagues.

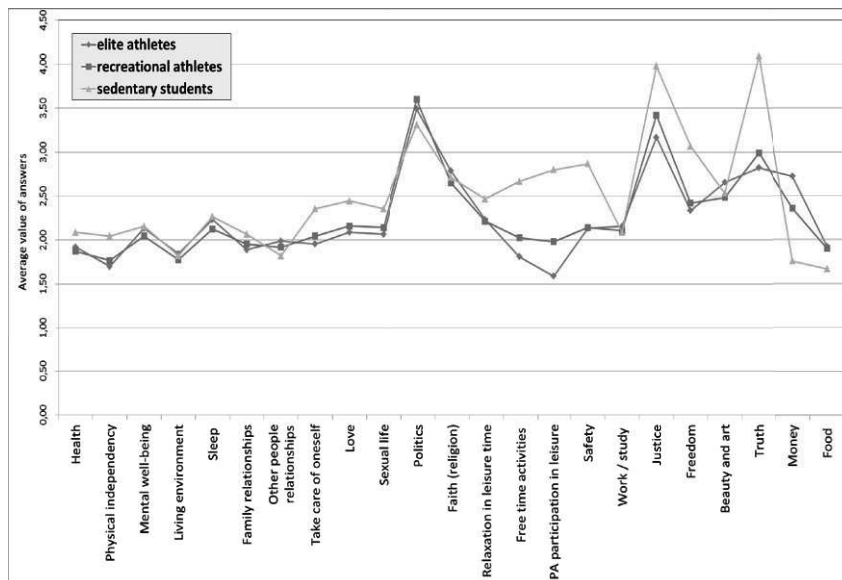


Figure 1 Comparison of QLF satisfaction according to PA and sport participation

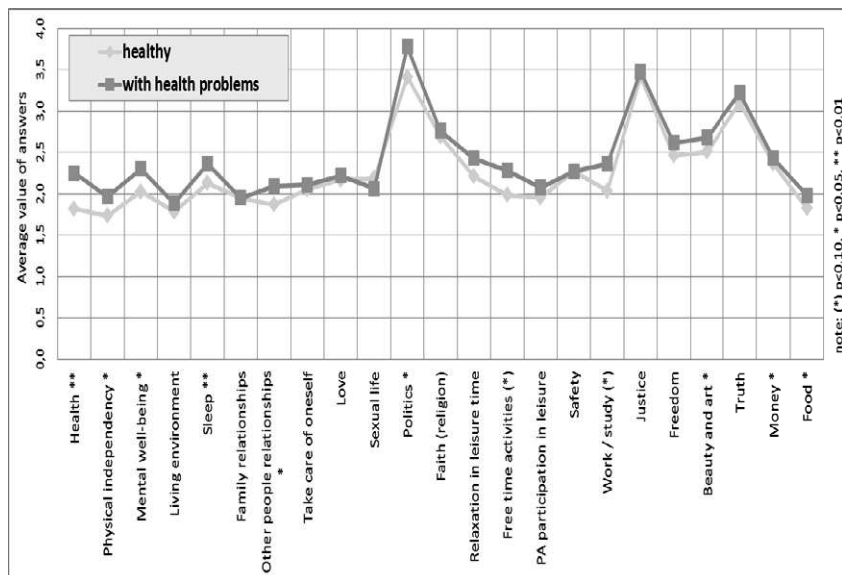


Figure 2 Comparison of QLF satisfaction according to health status

**CONCLUSION**

In general, university students presented the highest dissatisfaction with: politics, justice and truth and the highest satisfaction were presented in physical independency, living environment and food.

The highest dissatisfaction with life appeared in students with sedentary life style and those with health problems comparing their colleagues who are participating in sport (no matter at which level) and who are subjectively presenting good health status.

Therefore we recommend to all young adults, they should be aware that regular participation in physical activity (equally at recreational level and competitive level) positively influences their health as well as very significantly increases their quality of life in general.

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