

**Maria Kalinkova, Ľubomír Paska,  
Janka Kanasova**

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## Monitoring the quality of life of adolescents through questionnaires of SQUALA

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Tekst jest udostępniony do wykorzystania w ramach  
dozwolonego użytku.

Mária KALINKOVÁ\*

Ľubomír PAŠKA\*\*

Janka KANÁSOVÁ\*\*\*

## Monitoring the quality of life of adolescents through questionnaires of SQUALA

### Abstract

The article is part of a grant project KEGA no. 014UKF-4/2013, titled: “Improving the quality and level of health of adolescents by means of physical activity in primary and secondary schools”. It summarizes the opinions of the authors dealing with the issue of the quality of life of adolescents. In methodology we describe the SQUALA questionnaire as one of the possibilities of monitoring for the following indicators with respect to various aspects and areas of life.

**Keywords:** QOL – quality of life, adolescent, questionnaire SQUALA, WHO.

### Introduction

The term quality of life refers to an overall life satisfaction, general feeling of mental harmony, life satisfaction and personal well-being. It is connected with sophistication and integrity of man, with his education and intelligence, with health issues, the value system of an individual and the society. Quality of life can be researched from several perspectives – psychological, philosophical, biological, sociological, economic and political (Ondrejko, 2003).

“A number of definitions of the quality of life can be found in literature. However, there is none that could be accepted. On the most general level, quality of life is understood as a consequence of interactions among many different factors that often influence in an unfamiliar way human development at the level

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\* Department of Physical Education and Sport, Faculty of Education, CPU Nitra, Slovakia.

\*\* Department of Physical Education and Sport, Faculty of Education, CPU Nitra, Slovakia.

\*\*\* Department of Physical Education and Sport, Faculty of Education, CPU Nitra, Slovakia;  
jkanasova@ukf.sk.

of an individual and the whole society” (Hnilicová, 2005, p. 207). Quality of life by Liba (2005) expresses a positive evaluation pole, which creates a presumption of active development of their human potential, and also, according to Křivohlavý, (2001), determines the level of satisfaction with the achievement of human goals, determining the direction of his life. According to Mares (2005), it comprehensively covers mental state of an individual, his or her somatic health, the level of independence of close relatives, belief, faith, social relationships and respect for all the main features of the environment. Sejčová (2006), defines quality of life as perception of one’s own position in life in the context of the cultural and value systems with regard to environmental objectives, expectations, standards and concerns.

The term of adolescence is derived from the Latin word “adolescere”, which means grow up, mature and swell. This relatively long period is characterized by various developmental changes from physical, hormonal, emotional to the cognitive one. It is a period of transition from childhood to adulthood, when adolescents become sexually mature, decide on their future career path, experience their first intimate relationships, distract from parents directed more towards friends and at the end of this stage they become economically independent from their parents. It is a time when a young person begins to find his or her own identity. The term adolescence is often confused with the concept of adolescence, which is a very ambiguous term, as it also covers the period of puberty. The authors understand the adolescence as a rather broad definition of time (age: 14, 15–20, 22) and a particular specification of adolescence. Its top is bordered by sexual maturation (mostly at the age of 14–16) with the condition of psychological maturation of an individual and ends at the age of majority and legal responsibility, completion of education, early working life, marriage and founding a family of his/her own (20–22 yrs.).

The authors Mecek (2003) and Taxová (1987) understand adolescence as equally essential, in addition to biological criteria (end of somatic growth and sexual maturation) and achievement of psychological (achieving full autonomy), sociological (adoption of the role of social adaptation) and educational (achievement of a certain level of education to obtain professional qualifications) criteria. An individual becomes an adult when all these criteria have been met.

## **Problems**

We first meet the term “quality of life” in Greek philosophy, where the idea of happiness was based on a subjective feeling of well-being and the internal configuration of things. Democritus argued that happiness and contentment in life do not depend on our surroundings, but on how we understand it (Sýkorová, 2008).

Aristotle according to Šulganová (2009) described the feeling of happiness rather than their own good. Contentment and prosperity represented the term “eudaimonia”. Bliss defined as the highest good act performed by people who create presumption of moral perfection, which can be understood as the fulfillment and implementation of morality in every day life. The term “quality of life” is thus affected by its history and it is assumed that it was mentioned in the works of classical authors, although in rather different contexts than it is understood nowadays. Only in the last years of 20<sup>th</sup> century the quality of life gained political attention, making it the subject of study and scientific interest (Křížová, 2005). For the first time we met the concept of “quality of life” in the twenties of the 20<sup>th</sup> century, in reference to the terms of economic development of material support of social classes that came from a lower class (Hnilcová, 2005).

Works of Diener et al. (1997) and Pašková (2010) deal with the physical being and refer to the WHO concept that differentiate physical, mental and social well-being. According to Pašková (2010) physical activity at the level of an active sportsman (non-professional and semiprofessional) increases the frequency of experiencing positive emotions (joy, and especially physical freshness) and reduces the frequency of experiencing negative emotions. In general, there are approaches that connect the frequency of physical activities to the very experiencing of these activities (Motl, et al., 2001). 380 college students aged 17–23, studying at universities in Slovakia, stated that physical activity in minimal content increases the subjective well-being of adolescents as well as the satisfaction with themselves, contributes to experiencing more frequent positive emotions, increases the satisfaction of adolescents. They spend most of the time on physical activity, increase their physical fitness, body and appearance, which is an important part of self-image for this group.

Křivohlavý (2004) identifies three theories of understanding the subjective well-being based on life goals, the theory of satisfying one's life needs and the theory of biological foundations of well-being. Personal wellbeing is defined by the World Health Organization (WHO) as a characteristic of health with differentiation of physical, mental, social dimension and the ability to live the economically productive life. We include predictors and determinants of well-being: health state, objective indicators of activity, physical function, subjective assessment of overall health, socio-economic status, age, religious activities, ethnicity, retirement, widowhood, parenting, social support, life events, orphan, personality characteristics and self-esteem (Kebza, 2005). The quality and quantity of their development are closely linked to the well-being (Šolcová a Kebza, 2004).

We often meet with differentiation of adolescence in early, middle and later in the literature. The different phases are interlinked and interrelated, but they are special in some way. *The early phase* is dominated by pubescent, emotional and cognitive changes, adoption of new roles and adaptation to the new environment, associated with the transition from primary to secondary school. It is

a period full of surprises. *Middle adolescence* is characterized by an effort to differentiate oneself from one's surroundings (eg. in clothing, music) and by creating a specific lifestyle called youth culture. It is the time of finding one's own identity, uniqueness, authenticity, period of social moratorium; it means time for searching and experimenting in different areas. Adolescents change interpersonal relationships, especially mate (erotic relationships and friendships), changes occur in relation to authority. In *later adolescence* an individual is aware of the transition to adulthood, finishing school and finding employment. The feeling of membership, participation in something (social aspect of identity) is important. The expectations and goals for the future, identification of one's new roles, adulthood like independent living, parenting, etc., are also important (Macek, 2003). In his publication, the abovementioned author presents several classical concepts of adolescence, which differ not only chronologically, but also have different characteristics, properties and characteristics of adolescence, which are at the center of its attention: adolescence as a storm and conflict, the theory which represents the traditional view of this age period full of contradictions and turbulences and stresses the complexity and conflict of this period, adolescence as a time to do developmental tasks, adolescence as a process of learning and adopting new roles, adolescence as a conceptualization of one's own living space, adolescence as creating one's own development.

Quality of life is understood differently in different parts of life. Studies on the quality of life in adolescents agree that the personal satisfaction of basic needs depends on macrosystem changes. Nevertheless, there are common factors that determine satisfaction with life and they are essential for a happy and fulfilling life. These include health, work, meeting the needs and so on. When comparing the sexes, the level of personal well-being differs only in relation to health and physical problems when girls feel worse than boys (Macek, 2003). The research on adolescents 14–16 years old focused on the areas of: ownership affairs, health, and health status, life goals, relationships with family and friends, a feeling of security, activities outside one's home and feelings of happiness. The results showed the importance of health and relationships with family and friends. The quality of life was influenced by activity outside one's home and property affairs in lesser proportion.

Quality of life in relation to health is understood as the overall physical, mental, spiritual and social status through which an individual achieves optimal quality of life (Křivohlavý, 2001). Quality of life (QOL) is defined by Hartl and Hartlova (2000) as an expression of the sense of life of happiness or by Sláma (2005) as subjective global assessment of his own life as multifaceted quality of life, which includes the area of physical, functional fitness, psycho-socio-emotional area, social, existential and spiritual area.

The relationship between the quality of life and health was identified by World Health Organization (WHO) in 1993 as the perception of each person's

own life in the context of the culture and value systems with regard to their own life expectations, objectives, standards and concerns. This concept is influenced by the mental state of a person and by physical health, level of independence and its relationship to essential features of the environment (Liba, 2005).

Many international researchers point out the fact that in adolescence the level of subjective well-being is declining, although there is still a positive feeling, but on the other hand in many other studies, for example according to Groba (1998) and Džuka (1993), decrease was not indicated (In Macek, 2003). According to Conger and Elder (1994, in Macek, 2003) the impact of changes in macro-system on the quality of life in adolescence is especially apparent when it hits their daily lives and meeting basic personal needs. When comparing both genders, the level of personal well-being differs only in relation to health and physical problems when girls feel worse than boys (in Sýkorová, 2008).

## Methods

According to Dragomirecká (1997), measuring the quality of life should be conducted thoughtfully and should be made with clear goal whether it will address objective or subjective data, whether quality of life will equate with contentment, comfort, or be as complex variable or whether it will measure the absence of side effects of symptoms, dissatisfaction or you can find positive signs of quality. Whether the quality of life expresses one or the aggregate values or is expressed by profile (in Ocetková, 2007).

Křivohlavý (2002) presents three methods for measuring quality of life. He divides them according to whether the evaluator is a third person or the person itself, resp. whether it is a mixed evaluation method.

Mares (2006) believes in splitting methods for measuring the quality of life of adults but also children and adolescents in terms of their form to the quantitative (questionnaires, assessment scales), qualitative (drawing, interview, etc.) and mixed methods. The methods are further classified in terms of usability for *generic* (generic regardless of health or disease, the type of disease), *specific* (applicable in one context, for example methods evaluating QOL in children with asthma, cancer patients etc.), or mixed (generic approach is added to a special module that evaluates specific problems related to a particular disease or its absence).

Ocetková (2007) recommends determining the quality of life by the questionnaire method. The introduction of the questionnaire suggests finding the basic information about the respondent, such as age, gender, level of sport activity, how many times a week he/she does a sport activity. Next, it is explained how individual parts of the questionnaire SQUALA are assessed by respondents, which determines the importance that people attach to certain areas of life,

which they consider important. Then, the extent to which these areas are satisfactory for them is assessed.

SQUALA contains two items. The first line defines areas from objective side “*how important is... to you...*” and the second from the subjective view “*how are you satisfied with...*”. Both items are assessed by a 5-point scale (1 very important, 2 important, 3 something between, 4 unimportant, 5 completely unimportant) and (1 very satisfied, 2 satisfied, 3 something between, 4 dissatisfied, 5 very dissatisfied), depending on what importance is attributed to each side.

Items of the SQUALA questionnaire are divided into eight areas:

1. area of physical well-being – health, sleep, solution of everyday activities, do not have problems;
2. area of psychosocial well-being – family, personal relationships, intimate relationships, hobbies, safety;
3. area of spiritual well-being – justice, freedom, beauty and art, truth;
4. area of material well-being – money, good food;
5. education – to be educated, to go to school;
6. leisure time – possibility to spend your free time, have plenty of things to do for fun;
7. appearance and ownership of things – look good, to dress nicely, have things that I like;
8. orientation to the future – to have children and jobs in the future that will entertain me (Ocetková, 2007).

“The questionnaire was modified for the needs of the research project KEGA014UKF-4/2013, based on the studies dealing with the quality of life (Dragomirecká et al., 1995; Pašková, 2010; Ocetková, 2007; Zannotti a Pringue, 1992)”.

When processing data of the SQUALA questionnaire, we recommend using basic descriptive statistics (number, mean, standard deviation, mathematical difference). Differences between subjective and objective understanding of the quality of life for dependent groups are to be assessed by the Wilcoxon test, the differences between independent groups in turn, by the Mann-Whitney U test. When determining causality between variables of frequency of physical activity and quality of life use the Spearman correlation coefficient (Hendl, 2004). We also assess the statistical significance of differences and relations to evaluate the significance level  $p < 0.01$  to  $p < 0.20$ . We recommend realizing implemented statistical data with the use of the MS Excel and SPSS statistical programs.

## Conclusion

We would like to contribute to the issue of the impact of sports activity (its frequency, as well as subjective experiencing) on the quality of life and extend

the findings on a group of young adolescents from secondary schools in our work. Currently, the issue related to the quality of life of a person engaged quite a number of writers, but relatively very small number of studies of QOL is solved in relation to teenage years. Published studies cannot be generalized to the whole population, because they are characterized by high limitations. For this reason, it is necessary to attract the attention of experts to the issue of quality of life in this important developmental period of the individual and thus help to improve the conditions that would increase QOL. Quality of life has been studied within a number of scientific disciplines, such as psychology, sociology, ecology, political science, economics and so on in recent years. In the field of psychology, the researchers dealt mainly with QOL during adulthood in the past, slightly forgetting the population of children, adolescents and seniors. Only in the past few years, scientists became more interested in the problems of adolescence. For this reason, we decided to focus the attention of our research on the quality of life in adolescents. The period of adolescence is characterized by various developmental changes of physical, hormonal, emotional to the cognitive nature. It is a period of transition from childhood to adulthood, when adolescents become sexually mature, make decisions about their future career path, experience their first intimate relationships, distract from parents direct their attention to mates and, at the end of this stage, become economically independent of their parents. But it is also the period when young people begin to find their own identity. For all of those characteristics, it is very interesting to see how adolescents themselves perceive their quality of life during this transitional period. The society itself should ensure such conditions that would contribute to improving the quality of life of adolescents. It is necessary to know how adolescents are experiencing these changes, how it affects their lives, which factors in their lives have the greatest impact on quality of life and what conditions lead to improve their quality of life.

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## **Monitorowanie jakości życia dorastającej młodzieży przy użyciu ankiet SQUALA**

### **Streszczenie**

Artykuł ten jest częścią objętego grantem projektu KEGA no 014UKF-4/2013, zatytułowanego „Poprawa jakości i poziomu zdrowia dorastającej młodzieży poprzez aktywność fizyczną w szkołach podstawowych i ponadpodstawowych”. Podsumowano w nim opinie autorów zajmujących się zagadnieniem jakości życia dorastającej młodzieży. W metodologii omówiono kwestionariusz ankiety SQUALA jako jedną z możliwości monitorowania składników związanych z tym tematem wskaźników, w odniesieniu do różnych aspektów i dziedzin życia.

**Słowa kluczowe:** QOL – jakość życia (Quality of Life); dorastająca młodzież, kwestionariusz SQUALA, WHO – Światowa Organizacja Zdrowia (World Health Organization).