Quality of Life: young people’s interpretation of the concept

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ABSTRACT
The purpose of this study was to examine how young individuals interpret the quality of life concept and to describe some aspects of health promotion. The present study was conducted in September 2001. One hundred and twenty-six young individuals (119 females and 7 males) answered the question «What does Quality of Life mean to you?» after visiting an adolescent health centre for young people in Sweden. The data collection consisted of written accounts (from 126 informants), which were transcribed and formed as a whole. The content analysis method was used when analysing the qualitative data. Farquhar’s taxonomy was used as a framework for organizing the different categories. Ten categories were presented under four main types: global definitions—well-being and happiness; focused definitions—love and development; combination definitions—respect and friendship and component definitions—education, occupation, economy and sense of security. The findings illustrate the most important perceptions of young people regarding the quality of life concept (see fig 1). Nurses can help these young individuals by providing support and guidance when they choose to discuss their problems, and by doing so, can help to prevent future health problems.

KEY WORDS: Young individuals, quality of life, interpretation, content analysis, health promotion.

Introduction
In nursing research, the concept Quality of Life (QoL) attracts considerable attention both as a concept and an entire field. QoL is connected to health and often includes physical and mental health status as well as the individuals’ own perceptions of their health (1,2,3,4). The QoL concept is also used when assessing the living conditions of an individual. The concept has become quite popular when describing individual needs, sense of well-being, self appreciation, freedom, meaningful relationships, standards and adaptation, i.e. it is applied when defining features of autonomy and a good life worth living (2,5).

Fundamental goals for the democratic rights of children and young adults include, a good environment, safety and well-being during childhood. The United Nations convention on the Rights of the Child has four main principles: all children’s right to life, health, schooling and development and care and protection (6). It is difficult to specify one particular area of interest for children’s and young adults’ QoL, since each area has a different significance during the various phases of childhood. Health promoting work among children and young adults is an important task for nurses, which often takes place within the school health care environment and at health care centres for children and young adults (7,8,9,10).

Owing to the urbanization of Sweden, previous social networks have not always been replaced by new ones when people relocate. The position of the family has weakened, which has affected both younger and older people. Youths seek out groups outside their family and recent studies indicates that teenage years are important for the future health of the individual (11,12). A general assumption is that many adult habits are established during the years of growing up and that it is better to try to prevent health damaging behaviour at an early age, rather than to force an individual to modify an already established behaviour later on (10,13).

The connection between socioeconomic conditions and health is obvious. Weakened family finances cause negative changes and play a critical role in how children react in relation to health and QoL. During the 1990s in Sweden, unemployment caused many problems for younger individuals and many experienced diverse reactions, such as stress, anxiety and depression when their parents were unemployed (14).

However, in Sweden, few studies have focused on the meaning of QoL for young individuals. It is therefore difficult to obtain a comprehensive picture of what QoL means to young people. Thus, the objective of the present study was to examine how young individuals interpret the quality of life concept in their lives and to describe some aspects of health promotion.

Method
All young individuals that visited an adolescent health centre for young people during a one-month period (September, 2001) were asked to evaluate their interaction with midwives, doctors, psychologists and counsellors. The data collection consisted of written accounts from young individuals. They were asked to reply to an open-ended question: «What does Quality of Life mean to you?» After the question, an explanation was given: «We would like you to describe, in a few words, what associations you have when you hear the concept quality of life». The written accounts were then transcribed verbatim.

In the first phase, the texts were read and reread, in order to form a general impression of the material in its entirety and to gain a sense of the whole. This qualitative section of the content analysis was aimed at finding patterns in the data, to provide the basis for an interpretative process. The written accounts formed a whole, which was then analysed with qualitative content analysis (15, 16). When the text had been read several times, the authors identified the patterns or codes that emerged from the text. As the analysis progressed, the codes were clustered through a process of comparison. In the second phase the clustered codes were condensed and similar codes were grouped into subcategories and broader categories.

After this, notes were made on some parts of the data that might correspond to more than one category (15,16). In the third phase, Farquhar’s (1995) taxonomy of quality of life was chosen as a conceptual framework for organi-
zing the categories (3). There are four types of definitions in Farquhar’s taxonomy: global (type I); component (type II); focused (type III); and combination (type IV). Most categories corresponded well to Farquhar’s taxonomy (3). Finally, some parts of the written texts were extracted, in order to illustrate how the young people interpreted the term quality of life.

The authors made notes on rigour interpretation (17) by documenting how comparisons were made during the different steps of the analysis process. They discussed the different steps and design of the categories throughout the entire analysis process. All authors were fully aware of the process of documentation. A consensus was reached between the authors (17) before the categories were organized in accordance with Farquhar’s taxonomy (3).

The study was approved by the Local Ethics Committee at Karolinska Hospital, Sweden.

Findings

Participants

The gender of the 126 individuals who answered the question was (95%) female (n=119) and (5%) male (n=7). The age distribution among the young females was 14% (n=17) 15–17 years; 33% (n=41) 17–18 years; 22% (n=28) 19–20 years; 21% (n=26) 21–22 years; 5% (n=7) 23–24 years and among the young men 2% (n=3) 19–20 years and 3% (n=4) 21–22 years. The findings from the content analysis of the data are labelled under ten categories: well-being, happiness, love, development, respect, friendship, education, occupation, economy, and sense of security. Figure 1 illustrates how the ten categories correspond to Farquhar’s taxonomy and classification. Quotations are presented from the descriptions of QoL in order to exemplify the young persons’ understanding of the concept.

Global definitions

Well-being

The young individuals described well-being as an important element of the QoL concept. They explained that the most important factor connected with health was based on physical well-being, which they achieved through sport and physical exercise. They explained that a sense of well-being, keeping fit, avoiding illness and being satisfied with oneself and one’s body were all important aspects. They also described how good mental health was an important part of their general well-being. Feeling good about oneself and being free from stress were extremely important for mental health. They explained that well-being meant not having too much responsibility or being under too much pressure, they wanted life to be ‘uncomplicated and natural’. The young persons also explained that their sense of well-being was sometimes affected in a positive way, for example, when they were surrounded by people they cared for and liked. Therefore, feeling well was not only a question of mental or emotional balance it was influenced by other factors. They also emphasised that ‘you cannot get very far without good health’. The young people described the meaning of well-being as:

- "Taking care of yourself and feeling pleased with life."

Happiness

Happiness meant feeling well for the young individuals. Feeling happy was described as waking up with a smile and having the ability to appreciate the small things in life. One important aspect was ‘just being able to enjoy life’ which created a feeling of happiness and everything felt a lot easier. They said that when they were able to share their own feelings of joy and happiness this made other people happy too. When this happened, they felt a surge of emotion, which made them feel even better. Life was full of ups and downs and some days were great while others were not so great, however the young people were basically quite happy. The young people described the meaning of happiness as:

- "Everything that has a meaning and that makes you happy, makes the quality of life better each day."
- "... a true sense of happiness must be a pleasure for all senses"

Focused definitions

Love

Love was one of the most important themes associated with QoL. The young individuals explained that a person has to give love in order to receive it and felt that you had to like yourself first in order to love someone else. It was also important to show love, appreciation and concern for family and friends. Their experience of love and having parents, siblings, friends or a partner who cared for them was very important. Real love meant having a life companion to share their feelings and thoughts with and living with that person on equal terms. They also described love in terms of ‘not only a feeling’ because it entailed responsibility and commitment. True love also meant helping others in need and to love other people just as they were. Love was much more than sex for these young people. They described the meaning of love as:

- "Filling a space in other people’s lives"
- "Being loved gives you more self-esteem – to feel valuable, to love yourself"

Development

The young individuals described the importance of setting goals in life and achieving them, in order to grow as a person. They believed that you must take chances in life and have the courage to accept a challenge when it comes your way. They characterized personal growth as something that required mental, emotional and spiritual development which led
to good self esteem. Good and bad experiences were important in making you a stronger and more secure person – in control of your own life. They also felt that you had to be able to say no when something felt wrong. The young individuals expressed the meaning of development as:

«Being able to follow one’s dreams.»

Combination definitions Respect
The young individuals emphasized that having compassion for others was central in life. They explained that respect meant just being yourself, and not playing different roles when meeting others. It was also important to treat others as you wished to be treated yourself. They wanted people to listen to what they had to say, without being worried about negative consequences, such as bullying. To be honest to oneself and others was crucial and they wished to be open minded and free from prejudice when it came to other people. They described this as showing compassion for others who were in trouble and the will to help. The young individuals expressed the meaning of respect as:

«Respect, tenderness, love for all humans on this earth.»

Friendship
The young people explained that close, well established relationships with family and friends were as important as love. They said that close relationships were necessary for a good life and a meaningful existence. Friends were people who you could be yourself with and it was important that they listened to you when you needed them. It was more important to have one really good friend that you could trust than many friends. The young individuals described the meaning of friendship as:

«You do not necessarily have to have many friends, as long as you have a few good ones that you can talk to.»

Component definitions Education
The young people said that an adequate education would provide them with a reasonable standard of life. They were aware that a university education or other advantages could improve their lives but their main concern was to become independent and take responsibility for their own lives. A ‘good’ education could be just about anything, as long as one was happy. They expected studies to be stimulating and felt that nothing would stand in the way of their goals. The young individuals described the meaning of education as:

«Having time for both leisure activities and school work.»

Occupation
The young individuals described a meaningful occupation as something that was fun or interesting, and enjoyable and challenging. A meaningful occupation meant doing something that was important to yourself and to others. They said that both work and spare time has to be meaningful in order to have a good life. Spending free time doing something that they enjoyed was very important. The young individuals expressed the meaning of an occupation as:

«Finding a job that is challenging and never dull.»

Economy
The young people felt that money was an influential part of everyday life and important for a good life. They explained that no one would choose to live on a low income, as this would not be enough for their most basic needs. Financial security meant being independent from others. The young individuals expressed the meaning of financial security as:

«Having a moderate amount of money since everything in life costs money.»

Sense of security
Having a basic sense of security in everyday life was crucial. Knowing that they had a roof over their heads and food on the table created a feeling of security, as they felt that other problems would sort themselves out. Knowing that someone was always there for them and ready to listen also provided security. This ‘someone’ might be a caring family member who listened and gave support when it was difficult to make important decisions. Feeling secure could mean many different things, such as having a sense of inner peace and confidence. They described security as having the freedom to make their own choices when making decisions about their career, relationships or finding a place to live. Knowing they would get help if they became ill or needed hospital treatment was also important. They also implied that feeling secure meant ‘the absence of war’. The young individuals described the meaning of security as:

«Waking up every morning and feeling pleased with life and not worrying.»

Discussion
The purpose of this study was to identify how young individuals interpret the quality of life concept in their lives and to describe some aspects of health promotion. However, the concept quality of life (QoL) has become so widespread that it is often used as a cliche nowadays. It is frequently used both in research and in everyday language within health and social care. In order to illuminate the young individuals’ descriptions and interpretations of the QoL concept, Farquhar’s taxonomy has been used and the ten main categories have been placed under four main types (3).

According to this study, it is important to gain a deeper understanding of the term QoL and how this affects young people’s lives. Because there is no consensus when it comes to the exact meaning of the concept, a taxonomy of QoL definitions was used to «organize existing definitions into a framework, in order to identify common elements in definitions and highlight factors influencing definitions» (Farquhar 1995 p 503). However, we were unable to find any studies in the Nordic countries that described what QoL really represents for young individuals in this age group.

In Sweden, most visitors to adolescent health centres are females aged 13–22 years. Young adults can also seek advice from the school health services or their local health centres. This particular study focused on describing what QoL meant to the young people; it did not focus on describing the care and service at the adolescent health centre. In this study, the informants were classified into three age groups; a) adolescents ≥ 13–17 years of age, b) late adolescents ≥ 16–23 years of age which overlaps age with c) young adults ≥ 18–30 years.

It was difficult for us to find other studies to compare our findings with, as most studies have focused on questionnaires completed by younger children in schools. Very few studies have been made among young adults in the same age group as the participants in this study. One Scandinavian study by Berntsson et al (2001) scrutinized children (2–17 years) and their perceptions on health, welfare and experienced QoL from 1984 to 1996 (18). The findings showed that in some of these age groups in Sweden, the children experienced a decrease in QoL (18, 19). However, most of these children were younger and not identical with the informants in this study. Nevertheless, support from family members was important...
for children in Berntsson’s study, as it was for the young individu-
als in the present study (7, 18, 19). According to Huebner et al (20) little research is available on how children and adolescents have described perceptions of QoL. Especially on how they estimate satisfaction with family, school and friends, which is important at an early age. Another study by Edwards et al (21) found that when you separate the meaning of family and/or friends, the young persons friends/peers were considered more important than family.

Although support from one’s family was also meaningful in this study, the young people expected help and understanding from family members. However, friends were considered more important as they were involved in their everyday lives and could relate to them and support them in an entirely different way than family. This study found that love and friendship was an important part of life. Nevertheless, the young persons in this study did not mean sexual life. They explained that love and companionship between friends was more important than sex. Real friendship was having a close friend to talk to and to be treated with respect by all their friends. These findings correspond to Edwards’ et al study (21).

The young individuals said independence was important, yet this could only be achieved when one had a reasonable income. At the present time in Sweden, many young adults are unemployed and many of them still live with their parents. This is probably the case with the young adults in this study. The labour market for young individuals is uncertain and only 47% in the age group of 16–24 years were employed in the late 90s. In many cases, the young people are only employed on a temporary basis. However, even those who have completed university studies are not guaranteed work (22). This is a troubling situation for the young, particularly when they are in the process of becoming independent from the family and cannot support themselves. Unemployment tends to cause psychological problems (e.g. depression and drug use). Social changes cause stress and for some, the consequences are extremely challenging. Eckersley et al, has described some of these problems in a study with young Australians (11, 23). Similar findings have been published in a national report (23, 24). It is obvious that not belonging to a group can cause unhealthy behaviour and the effects of not having social relationships and a good environment can diminish the young people’s QoL (20).

In Sweden, a minimum income has been set for families and individuals and when a person does not have an income, society is supposed to take care of their basic needs. However, this minimum income is often not enough for many families, especially those with teenagers and young adults, as their requirements entail higher costs. When parents are unemployed, they find it difficult to find the money for computers, sports equipment etc, which young people need if they are to have the same opportunities as others of the same age. Some of the young people in the present study were able to relate to this situation. Several of these problems have been illustrated in national studies (7, 14, 19).

The young individuals expressed mental well-being as being significant for QoL and to be free from stress was important for good health. Psychosomatic problems have increased in society, and an increase in stress or a decrease in a person’s ability to cope with stress is becoming more common, this is also the case for young individuals (11, 19). Taking risks is a part of life when young and most young people test their limits in one way or another, especially those in vulnerable groups. Many said ‘life would be boring without taking some risks’. It is important that professionals working with young people become more aware of this, i.e. welfare officers, teachers and especially nurses whose goal is to promote health in schools and adolescent health centres.

For the young people in this study, being happy was a crucial ingredient for quality of life. Recurring themes that emerged from the young individuals’ accounts were: a good life and a feeling of well-being and love, i.e. general norms for a good life. These can be considered as basic needs for all people, in order for life to feel rich and meaningful. Happiness in itself cannot be considered a goal for young people today but QoL can. The concept of QoL can include words such as faith, joy and curiosity, which are necessary for creating a person’s enthusiasm for life. The concept was described by Allardt (25) as an individual’s subjective experience and feelings of well-being. Other international studies have also described well-being during the life span (26). According to Kelley & Stack well-being among adolescents has been generally described with the terms happiness and life satisfaction but it involves much more than this (27). The World Health Organization (WHO) has declared that children all over the world should have a minimal sense of well-being (6).

The young people in this study felt satisfied with life and this is in line with another study by Edwards et al. (21). However, the researchers of the present study felt that there was a shortage of appropriate methods for measuring QoL among young adults (12–18 years). Therefore, the present study was performed in order to develop a theory on what QoL meant to adolescents. The theory can be used to form a questionnaire, which can help measure QoL among adolescents (21, 28).

The findings of this study have provided information on how young individuals in Sweden, interpreted the concept of QoL. It is important that nurses become aware that life for young people is becoming increasingly challenging and stressful, which has negative effects on children and young adults. Adolescence is often a difficult time for young individuals and an important phase in life. Searching for a unique identity is one of the problems that adolescents face when developing as individuals. In order to help with the different problems raised by young individuals; nurses and other health care staff need to gain a deeper understanding of the young persons’ everyday lives and specific needs and become aware that vulnerable groups may expose themselves to risks. Nurses can help by providing support, guidance and information when these young people seek help.

**Methodological considerations and limitations of the study**

There is a shortage of information on how young individuals interpret the concept QoL in Sweden, and this makes research difficult, especially comparative research with other age groups. This study was based on written accounts from young individuals in response to specific questions at an adolescent health centre. The method was chosen in order to capture the largest possible number of explanations regarding young individuals’ understanding of the concept QoL. Sometimes, the descriptions were very brief and this led to difficulties when categorising and organising the concept QoL according to Farquhar’s taxonomy (3). A deeper understanding of the concept QoL from the young persons’ perspective could have been reached, if we had interviewed the young people individually.
However, if we had taken this approach it would only have been possible to focus on a limited number of young people. Another aspect that must be considered is the fact that the majority of visitors to adolescent health centres for young people in Sweden are female. Therefore, the results of the present study mainly reflect young women’s understanding of the QoL concept.

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References


