



## A Comparative Study Quality of Life on Academic Staff Members of Iran and Turkey State Universities (Case Study Van And Urmia)

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### ABSTRACT

Quality of life refers to the convenience and satisfaction of individuals' living conditions. Most of the researches on the quality of life has been done in the medical, psychological, and social fields. Evaluation of the quality of life by university academic staff is the aim of this study. In this research, quality of life perceptions was tried to be measured with the application made in Urmia and Van Yuzuncu Yil universities. The main question of the research is to examine the status of quality of life and determine the age, marriage, etc. to compare contextual variables with quality of life. This research was carried out with the descriptive-analytical method and was performed with the survey method. As a data collection method, the World Health Organization's quality of life scale was used. The statistical population of this research is all academic staff of Van Yuzuncu Yil and Urmia universities. Its sampling is 335 academic staff, reached by stratified random sampling method, which is a proportional allocation type based on Cochran's formula. As a result of examining the quality of life and physical, social, environmental, mental, and general quality components among the academicians of Urmia and Van Yuzuncu Yil Universities, it was observed that the physical health status of the Urmia University faculty members had a higher average. When the social health status of the participants were compared, it was shown that the social health score averages of the faculty members of Van Yuzuncu Yil University were higher than the average scores of the faculty members of Urmia University. As a result of environmental health and public health analysis; the average of the faculty members of Van Yuzuncu Yil University is higher. In line with these results, it has been evaluated that factors such as economic benefits, environmental conditions, and social life increase the quality of life more. The study was completed by writing the conclusion part and making various suggestions.

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## 1. INTRODUCTION

Quality of life is people's perception and understanding of their self-situation and living conditions based on the culture and values in which they live.

Quality of life is a concept that expresses the degree of satisfaction and trust people feel from their life conditions, relationships and the environment in which they live (Nguyen, Do, Tran, Kim, & health, 2020). In this respect, the level of satisfaction for all living areas such as security, health, education, culture, family, economic security and housing determine the standard of life quality (Ramkissoon, 2023). The origin of the concept of quality of life dates back to Aristotle in 385 BC. At that time, while Aristotle thought that "good life" or "doing good things" meant happiness, also the concept of happiness in different people and health, was this discussed which makes a sick person happy. What makes a poor person happy is not the same as wealth. He clearly stated that happiness

not only has different meaning for different people, but also does not mean the same for an individual in different circumstances. But living happily on that time was considered equivalent to what is now called quality of life. Therefore, the term quality of life was not used until the twentieth century. Over time, researchers have realized that quality of life can be one of the most important outcomes in health assessments, as emphasized by the World Health Organization's definition of health. initially limited to health and mental illness. However, in the last two decades, this concept has been studied in many areas such as health, environment and psychology (Anbari, 2010). It also includes the resources that people have at a given time, as well as the places where they live and the physical, social, environmental and psychological conditions in which they are located. Factors such as rapid population growth, urbanization, industrialization, reduction of natural resources, environmental problems and technological developments and

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changes in life patterns are among the factors that determine this concept. (Erkul & Karakılıç, 2000).

The World Health Organization defines quality of life as a good life in social, mental and physical areas and defines it as follows: "Quality of life is a person's perception of his or her life situation within the framework of culture and value system. It has to do with one's goals, criteria, and concerns". According to this definition, quality of life; is intricately influenced by physical health, mental state, and degree of independence and has relationships with important aspects of the environment in which one lives (Gholami, Jahromi, Zarei, & Dehghan, 2013). In general, it can be said that there is no clear and uniform definition of quality of life. Although people instinctively understand its meaning easily, as stated, this concept is not the same for them. Like other variables, its measurement will require a comprehensive and specific definition, so an appropriate definition has always been tried to be provided. On the other hand, many seem to avoid definitions because of the lack of consensus. Among the criteria that are important in defining the quality of life, "well-being", "health status", "life satisfaction" and "hope" have an important place. According to the World Health Organization, quality of life is people's perception of their position in life in terms of the value system in which they live in terms of culture, their goals, expectations, standards and priorities. So it is a purely subjective matter, invisible to others and based on people's understanding of various aspects of life.

Based on the definition of the concept of quality of life, this study is going to address different dimensions of quality of life and to examine the quality of life of academic staff of Urmia and Van Yüzüncü Yıl Universities. It is hoped that different perspectives will be created for future studies in the light of the findings to be reached at the point of measuring the quality of life of the employees of the two universities in question. The results of the research can be extended to include all academic staff of universities in West Azerbaijan and Van. In this study, Urmia and Van Yüzüncü Yıl Universities can be considered as a case study, as they create classroom-distance spaces and cause a different quality of life (urban and rural areas) between different parts of the cities, like most universities in two cities and two countries.

## 2. LITERATURE REVIEW

### 2.1. *Quality of Life Concept*

Liu (1976) defined quality of life as a new term for the old concept of material and psychological well-being in the environment in which people live. Fels and Perry (1995) provide a more specific definition of quality of life. They defined quality of life as a combination of living conditions and satisfaction based on a scale of importance. (Sirgy, Efraty, Siegel, & Lee, 2001).

Foo (2000) considered quality of life as individuals' overall satisfaction with life. Bowling and Winderson (2001) defined quality of life in terms of a missing object or the absence of one thing over the other. According to Kamp et al. (2003), the concept of quality of life was born from a health-related thought and there is no single opinion about the reason.

A conceptual and operational definition of quality of life has been proposed by Church (2004), who defines quality of life as a measure of an individual's ability to act physically, emotionally, and socially in an environment with diverse

expectations. This definition describes the relationship between quality of life and objective and subjective criteria, domains and goals. (Najafi, Ahdnejad, & Daviran, 2015).

In Paul's view, quality of life is defined as an indicator of the extent to which the psychological and material needs of society are met. In this context, rural quality of life is defined in terms of the conditions and living conditions of rural families (Dasgupta, Pan, Paul, Bandyopadhyay, & Mandal, 2018).

Quality of life is a complex, multidimensional and relative concept that is influenced by time, space and individual and social values used for different purposes in different studies. Many researchers have attempted to define it highlighting different aspects of it. Castanza (2007) defines quality of life as the degree to which human needs are met and people's perception of mental well-being. On the other hand, Senlaire (2009) defines quality of life as "the relationship between people's perceptions and experiences in the area they live in". Pearl (2011) also defined quality of life as "measuring the objective and subjective characteristics of life".

The term quality of life is an assessment of the all-encompassing experiences of human life through a particular situation in which individual or collective life priorities and priorities that can be addressed are expressed (Higgins & Campanera, 2011). Thus, in the definitions of different quality of life studies, approaches such as general feeling of happiness, a positive social relationship and expression of individual abilities are seen (Massoth & Tesfazghi, 2006).

Most researchers and experts in the field; They state that quality of life has physical, social, psychological, environmental and economic dimensions. In the physical dimension, questions about the physical dimensions of the human body such as strength, energy, daily activities and self-care, and the symptoms of illness such as pain are interpreted and evaluated. The sense of being better in the social dimension explains the quality of people's relationships with family, friends, colleagues and society. The psychological dimension measures most of the psychological symptoms, such as anxiety, depression, fear, and relative deprivation. In the environmental dimension, the quality of life of the environment in which the individual lives is analyzed, while in the economic dimension, components such as income satisfaction, job type or job satisfaction are evaluated (Ghafari & Omid, 2009).

Quality of life of urban neighborhoods related to quality of life, such as (Mittal, Chadchan, & Mishra, 2020), urban quality of life (Das, 2008), (Pacione, 2003), (Schneider, 1975), (de Hollander & Staatsen, 2003), quality of the working environment (Johar & Sirgy, 1991), (Sirgy et al., 2001), quality of life and transportation (Wey & Huang, 2018) Studies have been conducted to measure different aspects of quality of life.

### 2.2 *Quality of Life Theories*

#### 2.2.1 *Parsons' Social Action Theory*

Parsons (Parsons, 1960) states that the social action system consists of four sub-systems: Behavioral organism system, Personality system, Culture system, Social system. According to Parsons, social actions occur in the environment. The first environment is the physical environment. The physical environment is the objective and extra-mind reality with which human beings relate. Another setting for action is ultimate reality, which does not exist in the real world but appears symbolically and more in the form of thoughts, ideas and ideals. There are endpoints and patterns that describe the normal and

abnormal behavior of the player. According to Parsons' theory, the subject was a creative being with the power of will and choice, but under the control of the system of social determinism in choosing the ways and means of achieving the goals. In fact, society and the cultural system determine which one is true and which one is false. In his sociological analysis, Parsons placed less emphasis on social action at the micro level and essentially turned the entire social system into the center of systematic sociology (Ormerod, 2020).

### 2.2.2 Theories of the School of Contradiction

The contradiction school sees the quality of life as a result of the social, economic and cultural structures of the class society. Unlike functionalists, who see society as the basis of social agreement and balance, this school sees society as a site of contradictions and struggles, and in their analysis they discuss fundamental issues such as relations of domination (power, exploitation, control), division of labor, unequal distribution of economic opportunities, and fundamental changes and transformations.

Although the conflict approach does not explicitly address the quality of life, it accepts the quality of life as a result of the social, economic and cultural structures of class societies. Thus, in class societies, influential and authoritative groups dictatorially impose their interests, wills and ideas on subgroups. This, in turn, not only divides society into upper and lower groups, but also creates and intensifies class inequalities and the alienation of the lower classes, especially the economic and cultural poverty that leads to the underdevelopment of hidden human abilities in classes. Influential groups; It also exposes society to class conflict, dissatisfaction, and the emergence of a certain type of quality of life. (Healey, 2020)

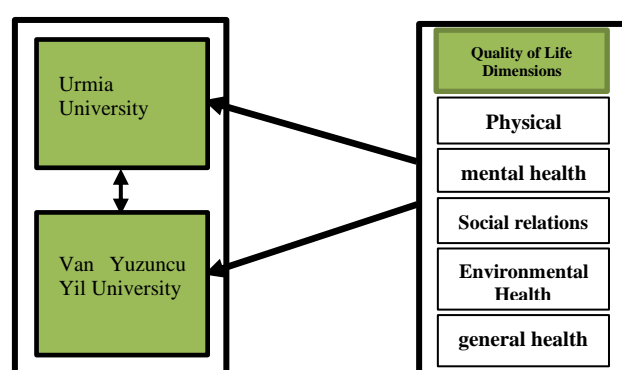
### 2.2.3 Simmel's Theory

Simmel's views do not specifically address quality of life. However, in his works, he put forward concepts that can be used to explain the issue of quality of life. These concepts mostly explain the third type of satisfaction (ie, satisfaction with being). In his article titled "The City and the Metropolis", Simmel discusses the conditions under which human relations have declined. In his analysis, he pays attention to the loss of emotional and intimate relationships and the dominance of accounting relationships. The close and sincere relationships he mentions are the kind of relationships that can be seen in society. On the contrary, the relations that he sees manifested and reflected in the metropolis are types of social relations. For Simmel, the metropolis is the seat of the mind (Donald, 2018). Thus, from Simmel's point of view, there are two kinds of judgments about quality of life. The first is that the metropolis is the place for rationality and not for sentimentality and emotional relations. Accordingly, rational and calculating behavior affects the quality of life of the person. This provides a higher quality of life experience by valuing one's quality of life. The second one is a decreasing feature in the metropolis according to Simmel (1950). This is paying attention to people's feelings and especially their emotional relationships. As a result, this aspect has negative effects on quality of life (Mele, 2023).

## 3. METHODOLOGY

Philosophy, psychology, biology, medicine, sociology, etc. to formulate the theoretical framework of research. After examining different approaches and theories, considering that

the quality of life category is a multidimensional concept, it can be said that each person has a biological, social and psychological nature that is in constant interaction with his environment. Quality of life results from the complexity of a person's interaction with the environment. Dimensions of quality of life are the same for everyone, regardless of people's abilities or disabilities. Although the basic dimensions of quality of life are the same for everyone, the quality of life varies in different individuals to varying degrees (Auh, 2005). Therefore, the theoretical framework of the research was formulated in a combined manner. Sociological theories, which are the main focus of the theoretical framework, were created by emphasizing Parsons (1960)'s theory of social action. The important point is to selectively extract the necessary and desired variables from psychological, social, biological, medical and especially sociological theories to explain the research topic and the dependent variable. This case is prepared, adjusted and compiled as an integrated theoretical framework in Figure 1.



**Fig. 1.** Analytical Research Model

There is a significant difference between the quality of life perceptions (physical, mental, social relations, environmental and general health) of the faculty members of the two universities.

The World Health Organization Quality of Life Scale (WHOQOL-BREF) measures the dimensions of physical, mental health, social relationships, environmental status and general health quality and consists of 26 questions. For each question, there is a number between 1 and 5 according to the Likert scale.

The main body of this research is the sum of the faculty members of Urmia and Van Yuzuncu Yil Universities. In this context, a stratified random sampling method with appropriate allocation was used. First, the sample size was calculated according to the William Cochran method.

**Table 1.** Population of the Two Universities and Number of Samples Reached

	Population (N)	Number of Samples (N)
Van Yuzuncu Yil University	1631	213
University of Urmia	122	933
Total	335	2564

## 4. RESEARCH RESULTS

The gender findings in the two universities revealed that the gender of the statistical sample at Van Yuzuncu Yil

University was 72% male and 27.7% female, and that 44.1% of the respondents in Urmia University were male and 55.9% were female. shows occur. While examining the academic title, a total of 14.4% (49) of the participants work as research assistants, of which 4.7% belong to Urmia University and 9.7% belong to Van Yuzuncu Yil University. A total of 36.2% (123) of the participants hold the title of faculty members, 12.9% of whom work at Urmia University and 23.2% at Van Yuzuncu Yil University. 22.1% (75) of the participants have the title of associate professor. 9.1% of them work at Urmia University and 12.9% at Van Yuzuncu Yil University. In addition, 18.8% (64) of the participants have the title of professor. 7.4% of them work at Urmia University and 11.5% at Van Yuzuncu Yil University. Among the total statistical sample, 20.6% (70) of the participants were single, 78.2% (266) were married and 1.2% were divorced. In addition, 59.4% (158) of married people work at Van Yuzuncu Yil University and 40.6% (108) work at Urmia University. When examining the current health status of the participants, it was concluded that 19% (64) of the sample had a certain chronic disease. 12.5% of these results belong to Van Yuzuncu Yil University and 6.5% belong to Urmia University. Finally, 81% of the participants did not have any health problems. (Table 2)

**Table 2.** Distribution of the frequency of the variables according to the universities

N Distribution		University		Total
		Van	Urmia	
Gender	Male	154	56	210
	Woman	59	71	130
Academic rank	Research Assistant	33	16	49
	Teaching Assistant	18	11	29
	Dr. Instructor member	79	44	123
	Associate Professor Doctor	44	31	75
	professor Doctor	39	25	64
	Single	52	18	70
Civil Status	Married	158	108	266
	Divorced	3	1	4
Do you currently have a chronic illness?	Yes	42	22	64
	No	170	103	273
Age		211	127	338

In this section, research hypotheses are explained based on the normality test (K-S) of the observations.

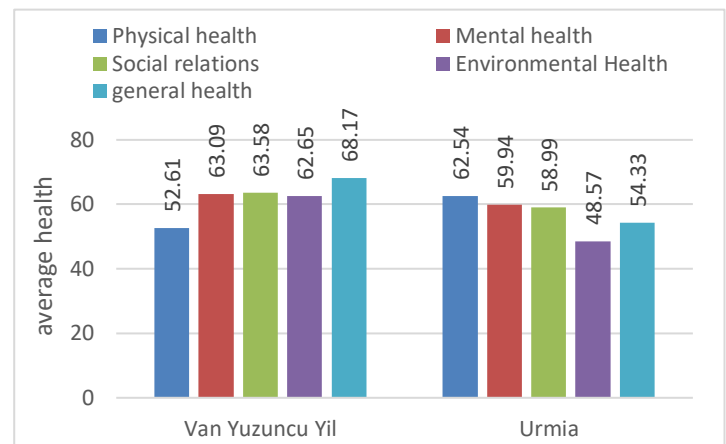
**Table 3.** Normal distribution table of observations based on K-S test

	Physical health	Mental health	Social relations	Environmental Health	general health
Test Statistic	.095	.098	.119	.085	.182
Asymp. Sig. (2-tailed)	.000 <sup>c</sup>	.000 <sup>c</sup>	.000 <sup>c</sup>	.000 <sup>c</sup>	.000 <sup>c</sup>

Information in Table 3 Physical, mental, etc. shows that the health dimensions are at 5% error level due to their significant dimensions. Therefore, it can be said that the distribution of the observations does not conform to the normal distribution. Therefore, non-parametric statistical methods are used to test research hypotheses ( $P < 0.05$ ).

**Table 4.** Results of Mann-Whitney-U Test on Comparison of Participants' Conditions in Five Dimensions of Health

Criterion	Group	N	Ort.	Sıra Ort.	Std. Sapma	Mann-Whitney U	Z	p
Physical health	Van	213	52.61	145.21	10.58	8338.5	5.78	0.000
	Urmia	127	62.54	208.34	16.48			
Mental health	Van	213	62.95	175.00	10.94	12058	-1.48	0.130
	Urmia	127	59.94	158.9	17.16			
Social relations	Van	213	63.42	177.66	16.56	11676	-2.003	0.045
	Urmia	127	58.98	155.94	18.91			
Environmental Health	Van	213	62.72	201.86	13.03	6845	-7.63	0.000
	Urmia	127	48.57	117.9	16.96			
General health	Van	213	68.30	196.37	16.12	8037	-6.44	0.000
	Urmia	127	54.33	127.28	21.55			



**Fig. 2.** Comparison of the Health Status of the Participants

In the examination of the different aspects of the quality of life of the academic staff of the two universities, according to the results of the Mann-Whitney U test, it was seen that the level of physical health between the two universities was significant, therefore this level was higher in Urmia University than in Yuzuncu Yil University. ( $U=8338.5$ ;  $p<0.05$ ) It was observed that the level of mental health was not significant, so this level was the same in Urmia University and Yuzuncu Yil University. ( $U=12058$ ;  $p>0.05$ ) It was observed that the level of social health was not significant, so this level was the same in Urmia University and Yuzuncu Yil University. ( $U=11676$ ;  $p>0.05$ ) It was observed that the level of environmental health was significant, so this level was higher for the academic staff of Van Yuzuncu Yil University in this health dimension.

( $U=6845$ ;  $p<0.05$ ) and General health level were found to be significant, so this level was found to be higher than the academic staff of Van Yuzuncu Yil University in this health dimension. ( $U=8037$ ;  $p<0.05$ )

## 5. CONCLUSION AND DISCUSSIONS

The purpose of this research was to investigate the dimensions of quality of life based on WHOQOL-BREF measures. It was observed that the level of physical health was different between the professors of two universities, comparing the level of mental health between the test groups did not show any difference. The social health status of the participants showed that the social health scores have a significant difference. It is believed that this situation is related to social life, places of interest and centers and activities of groups in the cities of Urmia and Van. It is thought that this situation will be related to the fact that there are more social life, places to visit and activity centers in the city of Van compared to the city of Urmia. In the analysis of health dimensions of environmental health and public health, a significant difference was found between the examinees, which can be explained by the climate, natural wealth and better urbanization of the cities where the academic staff live. In line with these results, it can be assessed that there are more factors such as economic benefit, social life, social relations and bonds, environmental conditions and social support from the political activists of the two countries, which increase/decrease the quality of life of academics in these two cities. Therefore, we hope that more research will be done among scholars of universities in different countries on different dimensions of quality of life according to different theories. It is considered that this study, which analyzes the quality of life perceptions of academic staff of both universities, will contribute to the literature in several aspects. The results obtained from two universities provide the opportunity to compare and evaluate the quality of life perceptions of academic staff in Turkey and Iran.

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