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Research Article

HOW ARE QUALITY OF LIFE AND PREFERRED VALUES VIEWED BY HUNGARIAN ADULTS?

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ABSTRACT
The purpose of this study was to reveal the characteristics of quality of life, activities, and value systems of the adults participating in our survey. Within these factors, we paid special attention to psychosomatic values such as health, physical activity, free time, and to such activities as sports, trips, and walking. Our sample (N=142) was selected in Budapest and in eight cities/towns in Western Hungary and was asked to fill out a questionnaire with open and closed-ended questions. The middle-aged adults participating in the study (M=45.8 SD±8.810) seem to have a sufficient amount of free time, and only a third of them take part in no or very little physical activity on a regular basis. Personal relationships were the most important component of quality of life, followed by physical environment, meaning in life, and health satisfaction. They also unequivocally considered family as the most important among the value categories. In addition, they ranked health, love, and honour at the top of their scale. The least accepted or preferred values from the bottom of the ordinal scale were sports, career, and free time. As to the rank order of everyday activities, at the top of the scale we can find sleeping/relaxation, reading, TV/film. Society/friends, physical activities/games, computing/internet, trips/walking, and listening to music were considered less popular. In accordance with the literature, the values rank order of the adult population has revealed that sports and trips are significantly less preferred values and activity forms than passive relaxation, sleeping, reading, and watching TV.

Keywords: adults, value and activity system, health, physical activity

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INTRODUCTION

In most societies, individuals are investing more effort toward work than ever (Reich, 2001). As work demands more from the individual, tensions and conflicts between professional and personal lives generally increase (Dallimore and Mickel, 2006). Since organizations, employees, and families all benefit when individuals are able to achieve a balance toward a higher quality of life (Bailyn, Drago and Kochan, 2001; Friedman and Greenhaus, 2000), it is of great importance to specify the different parameters of quality of life in adulthood.

Quality of life is regarded as an evaluation of life based on the particular value system that a person holds about its meaning (Hyland, 1997). The term quality of life has had many critics because it has basically little meaning for a large number of adult and elderly people and so it is difficult to measure (Bergland and Narum, 2007). According to the literature, the most important categories when defining quality of life were family, home life, marriage, happiness, and health (Bergland and Narum, 2007; Farquhar, 1995). Dallimore and Mickel (2006) concluded that the definition of quality of life includes issues and matters that impact a person's perception of overall life quality. Both Atchley (1999) and Bergland and Narum (2007) proposed that desired experience, continuity of lifestyle, relationships, personal values, activities, and relationships were important features in their lives of adult and elderly individuals.

In societies where individual accomplishment is a strong value, there is likely to be a strong general connection between perceptions of control over goal attainment and feelings of life satisfaction (Bradley and Corwyn, 2004). Expectancy-value theories specify that when valued goals in life are viewed as worthwhile to achieve, they are likely to be pursued and, if attained, will lead to satisfaction (Carver and Scheier, 2001). When summarizing the literature, Bradley and Corwyn (2001) state that behavioral qualities like acting in a certain way in certain situations, may have different valences in different contexts, depending on foremost community values. Atchley (2000) provided an inventory of personal values consisting of the following factors: being accepted for oneself as one is and being self-reliant, having a comfortable place to live, being dependable and reliable, doing things for others, having close family ties, and being informed.

QUALITY OF LIFE AND VALUES IN HUNGARY

According to Andorka (2006) the values and value systems are the convictions and virtues that also manifest in our activities on the one hand, and on the other hand they are basic cultural principles reflecting what is considered eligible and essential by the society. Values are also defined in terms of perceptions of what is socially desirable and individuals evaluate their own and others' behaviour according to these values (Knoppers et. al., 2001). In a human society there are general values which allow for the functioning of the society and for social coexistence, and can be traced in each human culture. Rokeach (1973) for instance identified 18 values that serve as goals such as peace, beauty, equality, brotherhood, freedom, happiness, and 18 instrumental values such as ambition, courage, honesty, independence and obedience.

However, there are other values that are related to a more narrow society, to its approach, or possibly to the particular features of a religion. It is becoming more and more evident that the Hungarian system of values has lost its stability, and our current values keep changing, constantly restructuring (Magyari, 2004). It is thus not surprising that today there is not a single basic list of values which could reveal general concurrence (Mihály, 2001).

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A little more than twenty years ago Hankiss (1983) distinguished four types of value systems based on the Rokeach value survey, which are the following: traditional Christian, puritan-accumulative, consumer hedonist, and the labour movement values of the 19th and early 20th century. A decade later Füstös and Szakolczai (1994) presented that the Hungarian value system is highly individualised and intellectualised, furthermore, that intelligence, moral values, and material well-being show a growing tendency. Besides these, sociability and communal values, as well as the usefulness and the importance of work are of decreasing significance. The international values survey of 1991 indicates that material values are of considerable importance for Hungarians; besides these, intellectual values, freedom, responsibility, and individual initiative are of less significance (Andorka, 2006).

Based on Fiske's (2004) approach, it can be said that the structure of human values primarily considers biological needs, interpersonal coordination, and communal well-being. It is worth mentioning the works of Schwartz (1992), who emphasized safety, power, performance, hedonism, stimulation, self-governance, universality, goodwill, tradition, and conformity when presenting the structure of universal values.

OBJECTIVES OF THE SURVEY

Lawton et al. (2001) conclude that poor health and distress leads people to discount the value of life, and also that not only do people decrement the worth of their own lives, but they also increment its value in terms of non health-related positive features. Regular exercise and health-conscious behavior is not wide-spread among the Hungarian population (Olvasztóné, Huszár and Konczos, 2007), although by now it has been proved that the individual can control their state of health by their way of life and regular system of activities (Prohaska et al., 2006; Sato, Demura, Murase and Kobayashi, 2005). Surveys on the quality of life and its correlations with the social structure, as well as on health-culture related attitudes mostly focus on the young, and the number of multifold empirical studies aiming at the adult population is rather low in Hungary (Uvacsek, 2003).

Quality of life includes states of being (satisfaction and balance, physical and mental health, and well-being), having resources (time, money), and doing activities (work, recreation and leisure, service). Due to the fact that quality of life is viewed as a measure of how the individual's value system compares to the assessment of life (Hyland, 1997), our objective is to reveal the characteristics of quality of life and the activity and value systems of the adults participating in our survey. Within these issues we paid close attention to psychosomatic values such as health, sport, free time, and to activities such as sports activities and trips, hiking, and walking. Furthermore, the survey wishes to reveal the differences between the values and types of activities of the adult population with regard to gender, age group, place of residence, level of education, and frequency of doing sports.

METHODOLOGY

Sampling

We collected a sampling in Budapest and in eight cities in Western Hungary. The purposeful sample consists of 142 adults with no competitive sport background and with no known serious medical condition. Of the sample, 54.2% are women and 44.8% are men, 45.8% are 45 years old or younger and 54.2% are older than 45 (M=45.8, SD±8.810). 53.5% of the sample lives in Budapest and 46.5% outside of Budapest, while 45.1% have a higher education degree (college or university) and 54.9% completed secondary education. 59.9% of the adults do physical activity at least twice a week for at least 30 minutes on a regular basis and 40.1% do it less than twice or do not do sports at all.

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Data collection

In this study we applied questionnaires. The questionnaire consists of open- and closed-ended questions, which covered the demographic characteristics, quality of life and value systems, habits, as well as health-conscious activities. The questionnaires were filled out by adults who were not involved in professional sports, and who were willing to participate in public areas such as shopping centers and food stores. The data collection was administered during weekends by the authors of the paper.

The participants were asked to answer the open-ended question according to their best knowledge and also to rank the value and activity categories indicated on the questionnaire. For the quality of life categories, participants were requested to rate their perceived quality of life status (1-5) on 6 categories (personal relationships, satisfaction with physical environment, meaning in life, health satisfaction, opportunities for leisure, and adequate financial resources). The categories were assorted based on the guidance of literature and on our pre-study (Huszár and Bognár, 2007) (Tables 1 and 2).

Data analysis

To study the quality of life and personal value systems, as well as the everyday habit-like activity forms, we applied open-ended questions, rating scales (1-5) and rank order. In the latter the latter part of the survey respondents were asked to rank the listed values in order of importance, with 1 indicating the most important in both cases, 8 or 13 indicating the least important values in everyday activities.

In accordance with international literature, the rank order was regarded as an interval scale, and thus the comparison of the sub-samples was carried out by T-test or variance analysis as applicable. In addition, comprehension is facilitated by the aid of mean, standard deviation, minimum-maximum, and summative rank order. The answers for the open-ended questions were coded, categorized, and grouped, and then nonparametric statistics were used for statistical calculations. SPSS 14.0 for Windows statistical program was used for statistical measurements.

RESULTS

Free time, physical activities, and quality of life

To present the findings we begin with some of the basic parameters such as amount of free time and amount and types of physical activity. First, it is interesting to see how much free time adults have per day: 12.9% reported less than an hour, 59.3% said between one and three hours, and 27.8% put more than three hours a day. Also, 23.9% said that they rarely or never do physical activity. In addition, 38.0% of participants stated that they are engaged in some kind of regular physical activities at least three times a week and 38.1% mentioned that they are regularly doing physical activities but less than twice a week. These activities tend to be walking, hiking (17.6%), ball games (soccer, basketball, handball, and volleyball) (16.0%), water sports (swimming, water aerobics, etc.) (15.1%), gymnastics-related activities (aerobics, calisthenics, etc.) (13.4%), running, jogging (12.6%), bicycling (7.6%), body building/gym workout and racquet sport (5.0-5.0%), dancing (4.2), and other sport activities (3.5%).

When asked to recall their school years, 83.5% of the sample remembered that they did not like being physically active altogether, and only 16.5% liked it (Chi^2=51.557, $p<0.0001$). For those who did not like physical activity, 52.4% said they do not know the reason for it, 20.6% mentioned they had a different leisure-time preference, and 19.0% pointed out that they were

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unskillful and did not want to be engaged in something they were not good at (8.0% mentioned other) (Chi^2=91.111, p<0.0001).

Participants were also asked to rate (1-5) their quality of life on the following items: personal relationships (4.04±0.98), satisfaction with physical environment (3.61±1.04), meaning in life (3.23±1.10), health satisfaction (3.17±0.93), opportunities for leisure (2.97±0.85), and adequate financial resources (2.39±1.06).

These answers showed no significant differences when compared and contrasted with gender and sporting habits. However, younger participants regarded meaning in life lower (F=6.335, p=0.029) and opportunities for leisure higher (F=7.126, p=0.007) than older participants. Also, younger adults rated competition and challenge (F=4.928, p=0.02) and effort and will (F=4.989, p=0.041) higher on the quality of life list than older participants. Adults living in Budapest rated opportunities for leisure higher than older ones (F=7.018, p=0.032). Participants with a higher level of education are more often engaged in regular physical activities (F=3.918, p=0.045), and rated personal relationships (F=9.583, p=0.038), health satisfaction (F=5.893, p=0.008), and opportunities for leisure (F=8.381, p=0.005) higher than individuals with only secondary degrees.

Values and activities of adult population

Next, let us focus on the proportions of values and the order of importance. In this paper these are based on the mean, the standard deviation, the minimum-maximum values, and the rank order of the activities and values preferred by the adults (Tables 1 and 2). In order to study the preferred value system, the participants were asked to rank the listed value categories from 1-13 in the order of importance according to their own wisdom and judgment.

As to the whole of the sample, the minimum and the maximum results reveal that all items but housing, sport, and peace ranked first and last as well. Based on Table 1**,** it can be stated that the adults participating in the sample unequivocally considered family (2.82±2.72) as the most important among the listed value categories. In addition, they ranked health (4.06±2.91), love (4.33±3.23) and honour (5.05±2.40) at the top of their values scale. The least accepted, or preferred values from the bottom of the ordinal scale were sports (11.23±2.68), career (10.39±2.64), and free time (10.18±2.94).

As to the rank order of everyday activities, at the top of the rank consisting of eight categories we can find sleeping/relaxation (3.60±2.23), reading (3.67±2.13) and TV/film (4.21±2.33) (Table 2). However, the least popular - computing/internet (5.56±2.21), excursions, hiking, walking (5.17±2.19) and listening to music (4.85±2.03) do not show considerably lower mean results. It is worth mentioning that in the middle of the rank we can find society/friends (4.32±2.21), and physical activities/games (4.70±2.29).

Table 1. *Preferred values in rank order*

	Money	Family	Friendship	Honour	Career	Health	Love	Happiness	Housing	Peace	Knowledge	Sport	Free time
Mean	7.88	2.82	6.22	5.05	10.39	4.06	4.33	5.63	7.56	7.03	8.18	11.23	10.18
Standard Deviation	2.868	2.722	2.941	2.407	2.646	2.912	3.234	3.105	2.547	2.775	2.386	2.688	2.942
Minimum	1	1	1	1	2	1	1	1	2	2	1	2	1
Maximum	13	13	13	11	13	13	13	13	13	13	13	13	13
Rank order	9	1	6	4	12	2	3	5	8	7	10	13	11

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Table 2. *Preferred activities in rank order*

	TV, film	Reading	Listening to music	Physical activity, games	Sleeping, resting, relaxation	Computing, internet	Excursion, walk, hike	Being with friends
Mean	4.21	3.67	4.85	4.70	3.60	5.56	5.17	4.32
Standard Deviation	2.331	2.135	2.036	2.294	2.230	2.213	2.190	2.218
Minimum	1	1	1	1	1	1	1	1
Maximum	8	8	8	8	8	8	8	8
Rank order	3	2	6	5	1	8	7	4

Having presented the preferred values and activities, we continue with the comparison of the sub-samples with regard to gender, age, place of residence, education, and sporting habits. It can be stated that concerning the preferred values, two-two categories revealed significant differences with regard to gender, residence, and sporting habits, and one-one category with regard to age and education. A significantly higher proportion of women consider love more important than men (F=5.249, p=0.024), on the other hand men considered health more valuable than women (F=4.533, p=0.035). A significantly higher proportion of the people above 45 years of age considered honour more important than their younger counterparts (F=5.563, p=0.020). Residents of Budapest emphasize friendship (F=5.929, p=0.016) and peace (F=3.952, p=0.049) more than those living outside the capital city. It is worth mentioning that those having completed a university or college degree consider money more important than those having completed only secondary education (F=4.638, p=0.033). In addition, those who do sports more than twice a week consider honour a less significant value (F=5.753, p=0.018), but free time a more important one (F=47.376, p=0.000) than those who do less sports or do no sports at all.

There are no significant differences concerning the preferred activities with regard to age, gender, or place of residence, however, those having completed secondary education listen to music (F=9.407, p=0.003) and go on excursions and trips (F=7.590, p=0.007) more than those having completed a university or a college degree. Furthermore, those who do exercise less than twice a week watch more television and films (F=4.699, p=0.032).

CONCLUSIONS

The objective of our paper was to find out how adults in Hungary view quality of life and which values and activities they prefer most. Based on the existing literature it can be stated that there are various Hungarian empirical studies concerning their value systems and everyday activities, however there is little available literature concerning how these are related to adult quality of life (Huszár and Bognár, 2006; Köte, 1998; Meleg, 2000). In our study we planned to provide this information by combining these elements. When presenting the findings we also had a look at the differences of the various groups with regard to gender, age, residence, education, and sport habit.

Unexpectedly, adults in this study, according to their own statements, do have a significant amount of free time, and most of them are actually engaged in regular physical activities. In comparing this information with research on adults (Huszár and Bognár, 2006), this does not seem to be a regular trend in Hungary. Therefore, we are somewhat unconvinced about these data and believe it would be important to make it more objective. Hence, we need to actually measure the amount and level of physical activities of the adult population, for without this piece, the adults might have stated what they would like to do as opposed to the actual case.

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Researchers believe that quality of life is a multidimensional construct and include all physical, psychological, and social domains (Haywood, Garratt and Fitzpatrick, 2005). That is why it was interesting to find out what segments of quality of life our sample believes is an important part of their beliefs and values. It is understandable that personal relations received the highest rating and adequate financial resources the lowest because of the difficult financial situation of the country. It seems that personal relations can still be considered high level, especially when compared to satisfaction with physical environment, meaning in life, health satisfaction, opportunities for leisure, and adequate financial resources. These latter elements of quality of life appear as low-rated ones in this sample, and so quality of life for these individuals seems to be a quite foreign concept for these respondents.

In accordance with the literature referred to above, studying the values rank order of the adult population has revealed that sports and hiking/trips are significantly less preferred values and activity forms than passive relaxation, sleeping, reading, and watching TV (Pikó, 2007). However, our study cannot confirm the findings of the international value survey of 1991, according to which material values are of crucial importance for Hungarians (Andorka, 2006). Based on the present findings, it can be said that material values are present, though not accentuated, in the middle part of the rank order (e.g., money, housing). On the contrary, concerning the rank order of the values, we can confirm that the accentuation of family, health, and love for adults participating in the survey reveals the presence, on the one hand, of morals and self-development (Bábosik, 2004), and on the other, pro-social and personal (Nagy, 2000) values. Corresponding with research, it is evident that physical activity is not a significant factor in the daily lives of adults, while physical inactivity (sleeping/relaxation, reading, and watching TV/films) are present at the top of the rank order (Merrill and Verbrugge, 1999). In order to motivate the adult population to appreciate both quality of life and pro-social and personal values and activities, we need to reveal their positive values as well as accentuate their priority and improve the situation of these activities (Penney, 2006).

Based on the literature, it can be stated that values can influence our thoughts and activities, and thus our attitude towards health only if these evolve into an appropriate value system (Pál, Császár, Huszár and Bognár, 2005; Spirduso, Francis and MacRae, 2005). The confirmation of this idea can be traced throughout this study.

Taking into consideration the above, it seems that with regard to adults, sports, trips, and walking are significant factors when defining health as a value. Based on the present survey, the beneficial effect of the most important factors is, in general, interrelated with several categories, such as gender, age, residence, education, and sporting habits. Based on the above, motivation for health thus must be attained in a differentiated way. If health-promoting programs designed for adults are built on these values, we could expect greater efficiency (Chenoweth, 2007; McKenzie and Smeltzer, 1997). Creating a life-long demand for sports could greatly improve the health-care figures of the society. There would be a decrease in disease caused by stress and a passive lifestyle, as well as a decrease in motor disorders and the slowing down of the aging process (Vuori, 2004).

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