SENSE OF COHERENCE AND SUBJECTIVE WELL-BEING AMONG ADOLESCENTS – THE POTENTIAL IMPACT OF LIVING IN A DORMITORY COMPARED TO LIVING WITH FAMILY

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SUMMARY – The aim of the study was to analyze the relationship between the sense of coherence (SOC) and subjective well-being (SWB) as a health promoting resource among adolescents living with parents and those living in dormitories. There were 442 adolescent responders, yielding a response rate of 84.3%. The SOC was measured using the Orientation to Life Questionnaire, while SWB was obtained from the Personal Wellbeing Index. There were no significant differences between the group living with parents and the group living in dormitories in SOC (128.3 and 129.4, respectively; p=0.580) and SWB (78.0 and 78.9, respectively; p=0.537). A significant difference was found between the genders. Boys had a higher SOC, both those living with parents (131.7 and 124.9, respectively; p=0.014) and those living in dormitories (136.5 and 124.5, respectively; p=0.001), and a higher SWB when living in dormitories (83.4 and 75.8, respectively; p=0.001). Adolescents with better socioeconomic status had a significantly higher SWB if living with parents (76.7 and 85.5, respectively; p=0.003), whereas no difference was found in the dormitory group (78.5 vs. 83.4; p=0.241). The SOC was strongly and positively associated with SWB (correlation coefficient 0.63; p=0.001) and was a key predictor of adolescent SWB (R²=0.373). These findings may prove helpful in future planning and supportive work in schools and dormitories to improve student health.

Key words: Adolescence; Students; Sense of coherence; Subjective well-being

Introduction

The sense of coherence (SOC) construct is based on Antonovsky’s salutogenic theory1 and is oriented towards the causes of good health. According to the theory, persons with strong SOC solve problems in positive ways more easily and stay healthy due to evaluating life events as comprehensive, manageable, and meaningful.

Raising awareness of the necessity of a healthy lifestyle is important during adolescence2 because the SOC is developed through social roles and experiences in youth during their intense growth phase and is further characterized by a changing social context, growing demands at school, and fear of failure, which can be very stressful. How an adolescent overcomes this demanding period depends on many factors in their personal development, and also on their family and society3. For many adolescents, it is a transitional period leading to larger and unfamiliar environments, when commencing a new life in a dormitory and away from parents.

These changes require constant psychological adaptation and, in some students, exceed their capacity of coping with the situation4, and may affect their health and subjective well-being (SWB). Therefore,
finding balance for adolescents is necessary despite unfavorable circumstances, in order to maintain health and SWB that includes a person's physical and psychological state, as well as their social relationships, personal beliefs, and a degree of independence, all of which are rooted in a cultural, social, and environmental framework.4

According to salutogenesis, there are general resistance resources, i.e., knowledge, culture, life experience, socioeconomic status, and here SOC facilitates their efficient use.5 In a systematic review of the literature, SOC is strongly related to health and quality of life in all age groups, although fewer studies have been carried out on adolescents.7-9 To our knowledge, there are no studies focused on the link between SOC and SWB in the context of adolescent adapting to secondary education and living in a dormitory. Since SWB may drastically change upon commencing secondary school and life in a dormitory,10 the aim of this study was to collect data on SOC and SWB in adolescents upon commencing secondary school; to investigate difference in SOC, SWB and sociodemographic characteristics in adolescents with respect to life in a dormitory or at home; and to investigate the link between SOC and SWB controlling for sociodemographic variables.

Subjects and Methods

Design and population study

This cross-sectional study was conducted in the autumn 2016 on a sample of students commencing secondary education from six dormitories and seven schools in the City of Zagreb, Croatia. As it is the capital and education center with 15 dormitories, the City of Zagreb provides food and lodging for students during their study, and organizes educational work, cultural and other student activities for more than 30% of the total student population residing in dormitories in Croatia.

A random sample of 249 students from six dormitories was selected, of which 210 students answered the questionnaire, yielding an overall response rate of 84.3%. Subsequently, students living at home with their parents were randomly selected and surveyed, mostly from schools attended by dormitory students.

A total of 260 students were invited to join the study, of which 232 students completed the questionnaire, yielding a response rate of 89.2%. Non-respondents were mainly due to some students absent from schools or dormitories when the questionnaire was handed out.

The study was approved by the Ministry of Education (602-01/16-01/00389) and School of Medicine Ethics Committee, University of Zagreb (641-01/16-02/01). Adolescents received an information letter explaining the purpose of the study, emphasizing that participation was voluntary and anonymous, and that the data collected would be used and published for scientific purposes. Written consent was requested from respondents. Based on the student place of residence, the sample was divided into two groups of those living with parents (n=232) and those living in dormitories (n=210). Table 1 shows a summary of the sociodemographic data on the two groups.

Variables

The SOC was measured using the Orientation to Life Questionnaire, which has been translated into more than 50 languages and used in more than a third of the world's nations, and also translated into Croatian.12 The students marked their response to each of 29 items on a 7-point scale with two anchoring responses, with total score ranging from 29 to 203. A higher score indicates a stronger SOC. The internal consistency of the scale is high with Cronbach's alpha ranging from 0.82 to 0.95, and internal consistency in the study revealing Cronbach's alpha 0.87. SWB was measured by the Personal Wellbeing Index (PWI).14 The questionnaire consists of seven items in which students evaluate their own satisfaction with some areas of their life on an 11-point rating scale ranging from 0 (not satisfied at all) to 10 (extremely satisfied). All values reported were converted into a standard 0-100 range by shifting the decimal point digit to the right. Cronbach's alpha ranging from 0.70 to 0.85 has been reported for the PWI scale. The internal consistency in the study showed Cronbach's alpha 0.86.

Statistical analysis

Cronbach's alpha was computed to estimate internal consistency of the instruments. Differences in sociodemographic characteristics of students between the groups were tested using the χ²-test. The normality of
distribution of the variables was tested by Kolmogorov-Smirnov test. All variables were normally distributed, with skewness <1.00. The values were expressed as mean (M) and standard deviation (SD); differences between the groups were also tested using the t-test. Correlation analysis was used to determine the questionnaire results. Hierarchical multiple regression was used to evaluate the association between the SOC and SWB. The values of p<0.05 were considered statistically significant. All analyses were performed using the IBM SPSS Statistics program for Windows, version 23.0 (IBM SPSS, NY, USA).

Results

Differences in the SOC and SWB between the study groups

The mean score on the SOC scale in the sample was 128.8±22.1 (M ± SD). There was no difference in the SOC with respect to accommodation (parents 128.3±20.9 and dormitory 129.4±23.4; p=0.580). There was a significant difference between genders in the total sample, with a stronger SOC among boys than girls (133.8±22.2 vs. 124.7±22.2; p=0.001). The overall SWB was 78.4±15.7. There was no statistical difference in the SWB with respect to accommodation (parents 78.0±15.4 and dormitory 78.9±16.1; p=0.537). There was a significant difference with respect to gender (p=0.001). Boys had a significantly higher SWB than girls (81.2±15.3 vs. 76.2±15.7).

Differences relating to the SOC and SWB between the groups in terms of sociodemographic characteristics

The results from the independent samples t-test showed that boys had a significantly higher SOC than girls, including those living with parents (131.7±20.5 and 124.9±20.8, respectively; p=0.014) and those living in dormitories (136.5±21.5 and 124.5±23.5, respectively; p<0.001). According to other qualitative variables, differences in the SOC were not statistically
Table 2. Differences in SOC according to sociodemographic characteristics of adolescents living with parents and those living in dormitories

|                      | Living with parents | Living in dormitories | \( p^* \) |
|----------------------|---------------------|-----------------------|--------|
| Gender:              |                     |                       |        |
| boys                 | 113                 | 131.7±20.5            | 0.014  |
| girls                | 119                 | 124.9±20.8            |        |
| School:              |                     |                       |        |
| grammar              | 42                  | 125.8±19.3            | 0.405  |
| vocational           | 190                 | 128.8±21.2            |        |
| Family structure:    |                     |                       |        |
| both parents         | 186                 | 129.8±21.3            | 0.223  |
| one parent           | 42                  | 124.9±18.8            |        |
| Siblings:            |                     |                       |        |
| one or more          | 212                 | 128.6±20.9            | 0.514  |
| no                   | 19                  | 125.3±21.5            |        |
| Socioeconomic status:|                     |                       |        |
| middle               | 199                 | 127.5±20.8            | 0.118  |
| high                 | 32                  | 133.7±21.0            |        |
| Place of origin:     |                     |                       |        |
| urban                | 187                 | 128.3±20.8            | 0.747  |
| rural                | 37                  | 129.5±22.9            |        |

SOC = sense of coherence; SD = standard deviation; *independent samples t-test

significant in either group (Table 2). In dormitories, males had a significantly higher SWB than females (83.4±13.4 and 75.8±17.0, respectively; \( p<0.001 \)). In addition, the SWB of adolescents with a better socioeconomic status was higher if they lived with parents than in those living in a dormitory (76.7±15.5 and 85.5±12.6, respectively; \( p=0.003 \)). Differences in the SWB were not significant with respect to other variables, either within the groups living with parents or in dormitories, or within both groups taken together (Table 3).

Correlations between the SOC, SWB and socioeconomic status

Pearson correlation coefficient is presented in Table 4. Positive, significant and strong correlations were found in the SOC and SWB between adolescents living with parents (correlation coefficient, 0.64; \( p<0.001 \)) and those living in dormitories (correlation coefficient, 0.63; \( p<0.001 \)), as well as positive, significant correlations between socioeconomic status and SWB in the group living with parents (correlation coefficient, 0.19; \( p=0.003 \)).

Association between the SOC and SWB

The analyses included all predictors individually, as well as associated double interactions. Table 5 shows the results of hierarchical multiple regression on the model that included predictors from the preceding analyses that stood out as significant in the contribution of predicting SWB variance in the student sample. Predictive success of the model provided direct explanation for about 44% of the SWB variance. All included predictors provided a significant, although minor contribution in explaining the SWB variance, except for the SOC, which, after having been introduced in the model in step 4, was singled out as the key adolescent SWB predictor at the beginning of their secondary education, explaining 37% of the variance.

Discussion

In adolescents, the SOC is closely related to the SWB. Despite the challenge of adjusting to a secondary school environment and dormitory life, the SOC and SWB in adolescents are at a satisfactory level. Stronger SOC and SWB are more common among
Table 3. Differences in SWB according to sociodemographic characteristics of adolescents living with parents and those living in dormitories

|                        | Living with parents | Living in dormitories | p*                      |
|------------------------|---------------------|-----------------------|-------------------------|
|                        | n       | SWB mean ± SD | p*       | n       | SWB mean ± SD | p*         |
| Gender:                |          |                |          |          |                |            |
| boys                   | 113     | 79.4±16.5     | 0.157    | 86      | 83.4±13.4     | <0.001     |
| girls                  | 119     | 76.6±14.2     |          | 124     | 75.8±17.0     |            |
| School:                |          |                |          |          |                |            |
| grammar                | 42      | 76.8±15.4     | 0.576    | 47      | 76.8±15.7     | 0.311      |
| vocational             | 190     | 78.2±15.4     |          | 163     | 79.5±16.2     |            |
| Family structure:      |          |                |          |          |                |            |
| both parents           | 186     | 78.6±14.9     | 0.199    | 180     | 79.7±15.1     | 0.386      |
| one parent             | 42      | 75.2±17.0     |          | 28      | 77.0±16.6     |            |
| Siblings:              |          |                |          |          |                |            |
| one or more            | 212     | 77.8±15.4     | 0.755    | 198     | 79.3±15.3     | 0.187      |
| no                     | 19      | 79.0±16.1     |          | 12      | 72.9±25.7     |            |
| Socioeconomic status:  |          |                |          |          |                |            |
| middle                 | 199     | 76.7±15.5     | 0.003    | 194     | 78.5±16.3     | 0.241      |
| high                   | 32      | 85.5±12.6     |          | 16      | 83.4±17.9     |            |
| Place of origin:       |          |                |          |          |                |            |
| urban                  | 187     | 77.5±15.4     | 0.126    | 74      | 77.6±17.2     | 0.229      |
| rural                  | 37      | 81.6±12.8     |          | 128     | 80.4±15.1     |            |

SWB = subjective well-being; SD = standard deviation; *independent samples t-test

Table 4. Correlations between SOC, SWB and socioeconomic status

|                        | Living with parents | Living in dormitories |                   |
|------------------------|---------------------|-----------------------|-------------------|
|                        | SOC         | SWB       | Socioeconomic status | SOC       | SWB       | Socioeconomic status |
| SOC                    | -          | 0.64*     | 0.10               | -         | 0.63*     | 0.03                |
| SWB                    | -          | -         | 0.19*              | -         | -         | 0.08                |
| Socioeconomic status   | -          | -         | -                  | -         | -         | -                   |

SOC = sense of coherence; SWB = subjective well-being; *p<0.05

boys than girls. When controlling for gender, place of origin, and socioeconomic status, the SOC explained 37% of the variance in SWB.

The mean scores on the SOC are comparable to previous findings, although most authors used a shorter scale format. In a systematic review of the literature, Eriksson and Lindström found that population distribution of the SOC-29 showed a range of the means from 100.50 to 164.50 points. Our results were within these margins. In our study, the mean SWB result in adolescents was 78.4 points. The SWB results for all examined variables exceeded 70 points, indicating that students have a normal level of wellbeing.

A dormitory is a place where students experience mental, physical, emotional, and social growth. Living in dormitories may lead to various experiences, so it is important to investigate whether recent adaptation has an effect on the SOC and SWB. Previous studies were not focused on the SOC and SWB in younger adolescents living in dormitories. Due to the lack of similar studies, our results are only comparable with previous findings among adolescents at a university, which showed no difference in the SOC or well-being in terms of dormitory life. Although commencing life in a dormitory may cause a lot of stress in adolescents due to separation and homesick-
ness, there are obviously many positive aspects to living in dormitories, such as belonging to a large 'sibling' group, a sense of righteousness and clear rules, constant care and planned activities, especially sports. This may account for higher SOC and SWB scores in boys living in dormitories because they are more engaged in sports activities, which is known to be related to a higher SOC, positive life changing effects, and health. In addition, some adolescents go through more stressful experiences at home with parents, hence leaving home to live in a dormitory may in fact become a source of relief.

Most previous studies have confirmed that boys have a significantly higher SOC or SWB score than girls, which is consistent with the results of this study; however, not all studies identified gender difference. Boys had higher life satisfaction than girls across nearly all measured ages, with the exception of the old-

Table 5. Results of hierarchical regression analyses with SWB as the criterion variable

| Subjective well-being | B (SE B) | β  | p    | F change (p) | Δ R² |
|-----------------------|----------|----|------|--------------|------|
| **Step 1**            |          |    |      |              |      |
| Constant              | 76.40 (0.98) |    | 0.18 | 13.72 (0.000) | 0.031 |
| Gender                | 5.53 (1.49)  | 0.18 | 0.000 |              |      |
| **Step 2**            |          |    |      |              |      |
| Constant              | 78.42 (1.33) |    | 0.17 | 0.000        |      |
| Gender                | 5.65 (1.49)  | 0.17 | 0.001 |              |      |
| Place of origin       | -3.37 (1.51) | -0.11 | 0.026 | 4.97 (0.026) | 0.011 |
| **Step 3**            |          |    |      |              |      |
| Constant              | 78.07 (1.33) |    | 0.14 | 8.66 (0.003) | 0.019 |
| Gender                | 5.16 (1.48)  | 0.14 | 0.002 |              |      |
| Place of origin       | -3.71 (1.50) | -0.12 | 0.014 |              |      |
| Socioeconomic status  | 6.92 (2.35)   | 0.14 | 0.003 |              |      |
| **Step 4**            |          |    |      |              |      |
| Constant              | 22.70 (3.48) |    | 0.63 | 277.90 (0.000) | 0.373 |
| Gender                | 1.02 (1.18)   | 0.63 | 0.000 |              |      |
| Place of origin       | -2.34 (1.17)  | -0.07 | 0.046 |              |      |
| Socioeconomic status  | 5.77 (1.83)   | -0.07 | 0.014 |              |      |
| SOC                   | 0.44 (0.03)   | -0.07 | 0.000 |              |      |
| **Step 5**            |          |    |      |              |      |
| Constant              | 22.02 (3.49) |    | 0.12 | 0.044        |      |
| Gender                | 3.79 (1.88)   | 0.12 | 0.014 |              |      |
| Place of origin       | -0.47 (1.53)  | -0.02 | 0.762 |              |      |
| Socioeconomic status  | 5.91 (1.82)   | -0.02 | 0.001 |              |      |
| SOC                   | 0.43 (0.03)   | -0.02 | 0.000 |              |      |
| Gender x place of origin | -4.44 (2.36) | -0.13 | 0.060 | 3.56 (0.060) | 0.005 |
| **Step 6**            |          |    |      |              |      |
| Constant              | 30.64 (5.06) |    | 0.15 | 0.014        |      |
| Gender                | 4.73 (1.91)   | 0.15 | 0.014 |              |      |
| Place of origin       | 0.016 (1.54)  | 0.014| 0.992 |              |      |
| Socioeconomic status  | 5.75 (1.82)   | 0.14 | 0.002 |              |      |
| SOC                   | 0.37 (0.04)   | 0.14 | 0.000 |              |      |
| Gender x place of origin | -5.76 (2.41) | -0.17 | 0.017 |              |      |
| SOC x place of origin  | 0.12 (0.05)   | -0.17 | 0.020 | 5.49 (0.020) | 0.007 |

Gender: girls = 0, boys = 1; place of origin: rural = 0, urban = 1; socioeconomic status: 0 = middle, 1 = high; SWB = subjective well-being; SOC = sense of coherence.
est age group, gender seems to be an important correlate since gender differences in well-being start to increase during adolescence due to psychological and biological hormonal changes, and this aspect may be reflected in the results of our study.

Previous studies have shown a correlation between socioeconomic status and quality of life, something similar to the results of our study. Namely, adolescents with higher socioeconomic status and living with parents had a significantly better SWB than those of average socioeconomic status. In the group of adolescents living in dormitories, no such difference was identified. The assumption may be that a dormitory environment encourages equality in the community, thus making socioeconomic differences less noticeable. In addition, the results of our study showed a lower positive correlation between socioeconomic status and SWB, whereas no such correlation was identified in students living in dormitories. The positive correlation between the SOC and SWB found in our study extends the knowledge from previous findings identifying a link between adolescent SOC and life satisfaction.

The results also showed the SOC to be an important salutary resource that predicts well-being reliably. Further efforts should be made in promoting resources that strengthen the SOC and contribute to SWB.

The value of this study lies in investigating the correlation of the SOC and SWB in adolescents as current topics of promotional health factors. In Croatia, salutogenesis is an unexplored topic, primarily because of the predominant pathogenesis. Furthermore, as far as we know, this is the first study dealing with this specific topic of dormitory life for adolescents in the period of transition from elementary to secondary schooling. The results are an important indicator to all those involved in organizing and running dormitories, primarily adolescents and parents, but also dormitory staff and various dormitory programs.

Given that effective health-promotion is multifaceted, it is important to implement promotion programs in different areas of adolescent life, primarily schools, families, health services, while keeping in mind that dormitories are places that offer realizing salutogenic activities, especially in the female population. Moreover, the strength of the present study is a representative sample of two groups with similar sociodemographic characteristics such as age, gender, place of residence, school type, siblings, etc. Furthermore, the strength of the study is the use of the original version of the SOC questionnaire, which conforms to methodological considerations for the future from the recently published systematic review.

However, the study had some limitations, primarily its cross-sectional design. The plan is to repeat the measurement in order to identify the SOC and SWB differences in adolescents at the beginning and the end of secondary schooling, as well as age factor. In addition, all results were based on self-reports and therefore subjected to a potential self-reporting bias. Accordingly, the procedure with strictly anonymous responses may compensate for such bias. The sample size was limited due to the time factor. Nonetheless, our sample included 42% of the total dormitory population in the City of Zagreb. Another achievement was the fact that the number of students was not smaller than in other relevant studies.

Future research should examine the correlation between the SOC and SWB in terms of gender differences and identify salutary resources from which girls would benefit in the promotion of health, as well as adolescents in general.

All this suggests that it is necessary to create and strengthen the salutogenic environment in schools and dormitories, especially among girls.

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Sažetak

OSJEĆAJ KOHERENTNOSTI I KVALITETA ŽIVOTA ADOLESCENATA – ULOGA BORAVKA U UČENIČKOM DOMU U ODNOSU NA ŽIVOT S OBITELJI

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Cilj rada bio je istražiti odnos između osjećaja koherentnosti (sense of coherence, SOC) i kvalitete života (subjective well-being, SWB) u adolescenata na početku srednjoškolskoga obrazovanja s obzirom na boravak u učeničkim domovima. Studija je uključila 442 adolescente (stopa odaziva 84,3%). SOC je mjeren Upitnikom životne orijentacije, a SWB Indeksom osobne dobrobiti. Nije utvrđena statistički značajna razlika između adolescenata koji borave u učeničkim domovima u odnosu na one koji žive s roditeljima u vrijednostima SOC (128,3 prema 129,4; p=0,580) i SWB (78,0 prema 78,9; p=0,537). Utvrđena je statistički značajna razlika s obzirom na spol. Dječaci su postizali više vrijednosti SOC bez obzira jesu li živjeli s roditeljima (131,7 prema 124,9; p=0,014) ili u domovima (136,5 prema 124,5; p=0,001) i bolju kvalitetu života ako su živjeeli u domovima (83,4 prema 75,8; p=0,001). Adolescenti boljeg socioekonomskog statusa su imali statistički značajno višu razinu SWB u odnosu na one prosječnog statusa ako su živjeli s roditeljima (76,7 prema 85,5; p=0,003), dok u učeničkom domu ta razlika nije utvrđena (78,5 prema 83,4; p=0,241). Zabilježena je pozitivna povezanost SOC i SWB (koeficijent korelacije 0,63; p=0,001). Utvrđen je značajan doprinos SOC u objašnjavanju individualnih razlika u pogledu kvalitete života adolescenata (R^2=0,373). Rezultati daju važnu informaciju svim dionicima koji se brinu o zdravlju adolescenata u obrazovnim ustanovama o tome da je ubuduće neophodno provoditi više salutarnih intervencija, osobito u radu s učenicama.

Ključne riječi: Adolescencija; Učenici; Osjećaj koherentnosti; Kvaliteta života