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SELECTED DETERMINANTS OF YOUNG ADULTS' LIFE SATISFACTION IN POLAND DURING A PANDEMIC*

Introduction: The time of pandemic poses a considerable challenge for the people of the whole world. They are afflicted with physical and mental ailments affecting life satisfaction, which iscontingent upon multiple factors.

Research Aim: The objective of authors' own research was to adapt the Fear of COVID-19 Scale (FCV-19S) and, subsequently, to identify the selected determinants of life satisfaction – the state anxiety and the fear of COVID-19 – of the young Poles in the time of pandemic.

Method: During the lockdown in Poland (May and June), 236 individuals aged 19–35 were subjected to research. To this end, an online survey consisting of the three research tools of high psychometric properties was applied: the Fear of COVID-19 Scale (FCV-19S), the Satisfaction with Life Scale (SWLS) and the State-Trait Anxiety Inventory (STAI).

Results: The reliability and validity of the FCV-19S has been analysed in addition to the analysis of the correlations, variances and regression of the selected variables.

Conclusions: The obtained data prove that during the pandemic the young Poles feel greater life satisfaction both the higher the intensity of the fear of COVID-19 is and the lower the state anxiety is. It is highly likely that they appreciate different values from the ones preferred prior to the pandemic. With account taken of the period of the conducted studies, it may be assumed that the relationship with close relatives, with whom the young Poles were spending their time, or from whom they were forcibly isolated, was of no significance.

Keywords: life satisfaction, fear, pandemic.

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INTRODUCTION

Every human being feels an inherent need of giving the sense to his own life (Frankl, 1998), however, the difficult situations, let alone the critical ones, are conducive to the revision of someone's goals. Thus, it is so important to constantly monitor the assessment of the quality of life so as to address the current needs and provide appropriate support if necessary.

In the certain time perspective it is possible to establish, on the whole, the extent to which the human being experiences life satisfaction (Juczyński, 2001), which is being made conditional upon various factors, e.g. the quality of interpersonal relationships (Agryle, 2004; Pieh et al., 2020). Thus, it has been assumed that the pandemic situation, continuing throughout the year, has an impact on people's satisfaction with life, which is assessed based on individual criteria.

RESEARCH AIM

The objective of authors' own research was to adapt the Fear of COVID-19 Scale (FCV-19S) and, subsequently, to identify the selected determinants of life satisfaction – the state anxiety and the fear of COVID-19 – of the young Poles in the time of pandemic.

STATE OF KNOWLEDGE

The term "quality of life" is defined in various ways. Some researchers reflect it from the broader perspective, whereas others highlight its subjective aspects which are, among others, conditional upon social and cultural factors (Ventegodt et al., 2008). Undeniably, it is a complex theoretical construct that can be analysed in manifold perspectives of human functioning (Schoene et al., 2019). Despite the quality of life being construed as a cognitive aspect of someone's subjective well-being (Diener et al., 2003; Ogińska-Bulik, 2014), there is no single and universal definition of the quality of life, which, in turn, implies that its interpretation is contingent upon the assumed theoretical assumptions.

The quality of life is recognized in the medical dimension (Wołowicka and Jaracz, 1998). The quality of life hinges on health, it is connected with it and is made conditional upon it. Consequently, the healthy individual, feeling well in a mental and physical sense, experiences positive emotions, while the ill individual, suffering from diverse ailments, experiences negative emotions, including anxiety (de Walden-Gałuszko, 1997; Dziurowicz-Kozłowska, 2002). According to Hobfoll

(1998), the quality of life is lowered once the person loses the resource consisting in health. When the researchers correlate the quality of life with health, they most frequently depict an individual approach in which both the sense of well-being and satisfaction of the particular persons are brought to the fore (Bakas et al., 2012; Noro and Aro, 1996). Thus, of paramount importance is the assessment of the quality of life and its components, as performed by the persons concerned themselves, which means the ones involved in a difficult situation, e.g. pertaining to the pandemic. They perceive their life through the prism of the declared values, objectives and needs (Chwaszcz et al., 2020).

The studies on the effects of COVID-19 in diverse spheres of human functioning have been carried out throughout the whole world for a year. It turns out that physical consequences are accompanied by other consequences, including economic, social and mental ones. Human beings are afflicted with, among others, the intensified fear, sadness, helplessness, which all remain in the feedback loop with the physical symptoms of the disease (Ahorsu et al., 2020; Bao et al., 2020; Brooks et al., 2020; Dsouza et al., 2020; Gunawan et al., 2020; Patra et al., 2020; Wang et al., 2020). These negative emotions are displayed for several reasons. People are afraid of the following: being infected with the virus, the course of the disease and its effects (including pain), social repercussions (e.g. the rupture of the bond with close relatives against the backdrop of loneliness and solitude when isolated), professional repercussions (loss of job), economic repercussions (destitution). This condition deteriorates when the persons are themselves afflicted with the disease or, quite frequently, when their close relatives suffer from it, hence experiencing stressful emotions and, in the case of the severe course of the disease, experiencing their death too. These experiences become traumatic. The negative experiences are, in turn, related to other phenomena: the abuse of psychoactive substances or suicides, especially during the quarantine, as isolation considerably exacerbates negative well-being, lowers the mood and reduces life satisfaction (Alyami et al., 2020). All of that requires changes in the present lifestyle (Casagrande et al., 2020), alas, in the less favourable direction. It means that the stronger somebody feels the fear of coronavirus, the worse his/her assessment of the quality of life is (Kharshiing et al., 2020). The fear of health triggers defence mechanisms, which may result in, among others, the consumption of psychoactive substances but also in the undertaking of the preventive measures, for instance, isolation from people, at which point the likelihood of the viral infection is reduced (Baray et al., 2009). Nonetheless, the identification with both the family and local community members plays a significant role in social distancing (Kharshiing et al., 2020).

RESEARCH METHOD AND SAMPLE CHARACTERISTICS

The battery of tools was employed as part of research and it comprised, apart from the respondents' particulars, the following:

The Fear of COVID-19 Scale (FCV-19S) by Ahorsu et al. (2020), which consists of seven items rated on a 5-point Likert scale (1 – *strongly disagree* to 5 – *strongly agree*). The total result is represented by the sum of scores indicating the fear intensity. The reliability coefficient is high and it amounts to 0.82.

Satisfaction with Life Scale (SWLS) by Diener et al. (1985), as adapted by Juczyński (2001), which consists of five items rated on a 7-point Likert scale (1 – *strongly disagree* to 7 – *strongly agree*). The total result is represented by the sum of scores and it can be converted into standardised units. The reliability coefficient of the Polish version is high and it amounts to 0.81.

State-Trait Anxiety Inventory (STAI) by Spielberger et al. (1970), as adapted by Wrześniewski et al. (2002), which consists of two scales, 20 questions each. The X-1 scale, measuring the state anxiety, has solely been applied with account taken of the nature of the conducted research. The items are assessed on a 4-point Likert scale (1 – *strongly no* to 4 – *strongly yes*). After the appropriate conversions the obtained results are summed up. The reliability coefficient is higher than 0.76 (in all the age groups).

There were 236 individuals aged 19–35 ($M_{age}=24.13; SD=4.52$) who participated in research, among whom there were 170 females (72%) and 66 males (28%). The largest group was represented by the village inhabitants (41.1%). 30.5% of the respondents lived in the big cities, whereas 28.4% of them – in the small cities.

STATISTICAL DATA ANALYSIS PROCEDURE

The studies were carried out with the use of a properly prepared survey questionnaire in the Google form. The link to the questionnaire was sent to randomly selected students from several Polish universities, including Maria Curie-Skłodowska University in Lublin, the University of Rzeszów, the Pedagogical University of Kraków, the University of Social and Natural Sciences in Lublin, and the University of Technology and Humanities in Radom.

The analyses of the gathered data were performed with the IBM SPSS Statistics software Version 26. In the first place, the basic descriptive statistics was calculated. Next, the calculations concerned the reliability and the discrimination index of the FCV-19S in the group of young adults. Also, the analysis of the correlation of the FCV-19S with other tools was conducted, in addition to the analysis of variances. Finally, the regression of the analysed variables was subjected to the analysis.

RESULTS

Descriptive statistics

In the group of young adults the average score of FCV-19S amounted to 15.06 (SD = 5.61). It points to a low intensity of the fear of coronavirus in the studied group (Table 1). The average scores pertaining to life satisfaction are moderate (M = 20.18; SD = 6.24), whereas the average scores of the state anxiety are at the high level (M = 41.94; SD = 11.74).

Table 1.

Descriptive statistics of the distribution of variables

	N	Min	Max	М	SD	Skewness		Kurtosis	
Variable						Statistics	Standard error	Statistics	Standard error
FCV-19S	236	7	35	15.06	5.61	0.698	0.158	0.364	0.316
SWLS	236	5	35	20.18	6.24	-0.137	0.158	-0.180	0.316
STAI	236	20	72	41.94	11.74	0.312	0.158	-0.620	0.316

N – number of persons, *M* – mean; *SD* – standard deviation; *Min* – minimum; *Max* – maximum

The data presented in Table 1 indicate that both skewness and kurtosis fall within the range of <-1; 1> with reference to all the analysed scales, which means that the scores do not deviate from the normal distribution. Given the above, the r-Pearson coefficient was employed to study the correlations between the variables.

The analysis with the use of t-Student test for the independent samples has revealed that the assessment of the FCV-19S is statistically significantly differentiated depending on whether it concerns females or males, t(234) = 2.72, d Cohen = 0.36, p = 0.007. The average level of fear of COVID-19 among females (M = 15.67; SD = 5.40) is statistically significantly higher compared to males (M = 13.48; SD = 5.86). Also, with reference to sex, the state anxiety (STAI) is statistically significantly differentiated among females and males, t(234) = 2.75, d Cohen = 0.36, p = 0.006. The average state anxiety among females amounts to 43.24 (SD = 11.74), and is significantly higher compared to males, among whom it amounts to 38.62 (SD = 11.16). As for life satisfaction (SWLS), and its reference to the differences between males and females, a statistically significant difference does not exist (p > 0.05). From the data presented herein it may be inferred that the size of the effect in both cases is between the low and average (cf. Bedyńska and Cypryńska, 2013, p. 178; Cohen, 1992).

Questionnaire's reliability

The reliability of the FCV-19S has been established employing Cronbach's alpha. In accordance with the data contained in Table 2, the Cronbach's alpha equalled to 0.86. It is indicative of the high internal consistency of the FCV-19S in the analysed age group (cf. Bedyńska and Cypryńska, 2013, p. 278; Brzeziński, 2006, p. 506; Field, 2009, p. 681).

Table 2.	
FCV-19S reliability analysis in the group of you	ung adults

Item number	М	SD	Scale mean if item deleted	Scale variance if item deleted	Cronbach's alpha if item deleted	N
FCV1	2.36	1.190	12.69	22.758	0.839	236
FCV2	2.82	1.256	12.24	22.650	0.846	236
FCV3	1.67	0.928	13.39	24.767	0.842	236
FVC4	2.01	1.046	13.05	23.142	0.829	236
FCV5	2.92	1.335	12.14	22.390	0.853	236
FCV6	1.48	0.746	13.58	26.237	0.848	236
FCV7	1.79	0.984	13.27	23.611	0.830	236
General coefficient					0.861	

The discrimination index of the FCV-19S was subsequently subjected to the analysis and it was calculated as a correlation of the scale's individual items with its general score. Based on the data contained in Table 3 it may be deduced that the sixth item ("I cannot sleep because I'm worrying about getting coronavirus-19") obtained the lowest correlation coefficient with the general score (r = 0.690; p < 0.001). In the remaining cases, the coefficients' values range from 0.725 to 0.802, which confirms high discrimination index of the scale (cf. Brzeziński, 2006, p. 513).

Table 3. *Discrimination index of the FCV-19S*

Item number	<i>r</i> -Pearson
FCV1	0.758
FCV2	0.737
FCV3	0.725
FCV4	0.802
FCV5	0.725
FCV6	0.690
FCV7	0.799

External validity

The results of the FCV-19S were also correlated with SWLS, STAI and other social and demographic variables. The analysis has indicated a positive correlation of the fear of coronavirus with the state anxiety (r = 0.403; p < 0.001). While with reference to life satisfaction, its general score does not statistically significantly correlate with the fear of COVID-19 (Table 4).

Table 4. Results of the correlation of FCV-19S with other variables

Variable	1	2	3	4	5	6
FCV-19S	-					
SWLS	-0.032	-				
STAI	0.403**	-0.497**	-			
Sex	-0.175**	0.055	-0.177**	-		
Age	0.121	0.171**	-0.077	0.164*	-	
Place of residence	-0.123	-0.012	-0.003	0.157*	-0.009	_

^{*}p < 0.05; **p < 0.01

It has also been established that there is a statistically significant negative correlation of the FCV-19S with the sex (r = -0.175; p = 0.007). As for the remaining variables, i.e. the age and the place of residence, a statistically significant correlation with the analysed state anxiety does not exist.

Regression analysis

The stepwise regression analysis was performed employing such predictors as the fear of COVID-19, state anxiety and social and demographic variables, with life satisfaction as the dependent variable. In Table 5, the results of this regression are reflected.

Table 5.
Stepwise regression results – dependent variable life satisfaction (SWLS)

Index of independent variable	Life satisfaction (SWLS) $R = 0.53$; $R^2 = 0.28$; $cR^2 = 0.28$; $F(2.233) = 45.54$					
•	β	В	t	Р		
STAI	-0.58	-0.31	-9.53	0.000*		
FCV-19S	0.20	0.22	3.30	0.001*		

p < 0.05

On the basis of the regression coefficients it has been concluded that both predictors are statistically significant. The standardized beta coefficient indicates that the higher the STAI, the lower the SWLS (beta = -0.58; p < 0.001). Whereas in the case of the other predictor, the standardized beta shows that the higher the FCV-19S, the higher the SWLS (beta = -0.20; p = 0.001). The proposed model turned out to be suitably matched to the data F(2.233) = 45.54; p < 0.001, and it accounts for 28% of the variance of the dependent variable ($R^2 = 0.28$). The social and demographic variables (sex, place of residence, age) did not enter the model on account of its statistical insignificance.

DISCUSSION

It turns out that age and sex are not the factors influencing the quality of life assessed by the studied individuals, which corresponds with the findings of the research conducted during the pandemic by Kharshiing et al. (2020). Nonetheless, both the state anxiety and the fear of COVID-19 are the predictors of life satisfaction of the research participants - the Polish people aged 19-35, however, they still condition it differently. It has confirmed the supposition that the state anxiety lowers their satisfaction from life. Similar conclusions have been drawn by, among others, Patra et al. (2020) conducting studies in India. At the same time, Chanduszko-Salska and Chodkiewicz (2010) have not discovered any statistically significant correlations between the fear and life satisfaction of the Polish people, however, according to them, the research results pertaining to psychosocial functioning of the infected persons are not unequivocal, which stems from their triggering the defence mechanisms. Furthermore, the pandemic situation itself was a very important factor that has contributed to authors' own study, including the lockdown, which has considerably hindered the satisfaction of even the most fundamental physiological needs, the need for security and the need for social contacts.

In the authors' own study it has been established that the higher the fear of COV-ID-19, as experienced by research participants, the higher their satisfaction from life. Kharshiing et al. (2020) pointed out a statistically significant weak and negative correlation between the coronavirus and life satisfaction. The fear of being infected with COVID-19 may trigger uncertainty and disorientation in people (Limcaoco et al., 2020; Wang et al., 2020), which inhibits the enjoyment of life satisfaction. The obtained result may be explained in such a way that once young people experience a great fear of coronavirus, various psychological mechanisms are released, influencing the assessment of life satisfaction (Steuden and Okła, 2007). Research findings prove that people's optimism, concerning the belief that they are less susceptible to the disease than others, plays a pivotal role in the assessment of life satisfaction (Helweg-Larsen and Shepperd, 2001; Laumas and Singh, 2020). The difficult situation

provokes some of the people to introduce positive changes in their lives. To provide an example, lots of Chinese people have started leading much more healthy lifestyle during the pandemic, e.g. working out or winding down, which may enhance their well-being and the quality of life assessment (Zhang and Ma, 2020).

Another explanation consists in the revision of life goals during the quarantine. Some of the human beings could have appreciated the contact with other people while staying with the closest persons, whereas others, when being separated from them. As Pieh et al. (2020) claim, the quality of the relationships with other people contributes to better assessment of the quality of life of people in the times of pandemic. Additionally, the group identity, which is of the paramount importance among the family members during the lockdown, represents an essential factor affecting the life quality (Kharshiing et al., 2020). People who are forced to the lockdown have considerably much more possibilities and the time to support one another (Lau et al., 2005; 2006). After the outbreak of the pandemic, approximately 64% of the Chinese research participants reported that they have received stronger support on the part of friends and family members, while 58% have strengthened their family ties (Zhang and Ma, 2020).

CONCLUSIONS

The quality of life can be assessed from various perspectives and with account taken of individual criteria. Nevertheless, from the viewpoint of particular persons, it is the well-being that is the most important, and that is made conditional upon diverse factors. The pandemic constitutes a particularly difficult situation for the Poles and all the other inhabitants of the Earth, the economic, social, physical and mental consequences of which are very serious and long-term. Thus, it is extremely crucial to constantly monitor people's life satisfaction in order to implement supportive and preventive measures, suppressing the secondary implications of COV-ID-19. The arrangement of the appropriate activities can allow for the identification of life satisfaction determinants, especially of the young people who enter into life with new social and professional roles. These are they who have to respond to new and tough challenges connected with: taking up the first job – including the remote one in the event that the companies are closed, job dismissals due to the lockdown, the necessity to repay mortgage loans, their own infection with COVID-19, the necessity to take care of young children or to become pregnant and give birth during the pandemic, distance learning without the possibility of the direct contact with other people, etc. Therefore, it is so important to establish the extent to which the fear of coronavirus and the state anxiety connected with the pandemic and lockdown affect the life satisfaction of the young Poles. The authors' own research is considered as the very first step towards the in-depth diagnosis of the young adults.

STUDY LIMITATIONS

While undertaking the analysis of the obtained research results, as presented in the article, it is worth highlighting its limitations. One limitation pertains to the conduct of research with the use of Google form, which translates into the choice of research participants. Moreover, in the future it is worth carrying out the study employing other psychological and sociological tools on the representative sample as well as the comparative studies with account taken of age or cultural differences.

REFERENCES

- Agryle, M. (2004). Psychologia szczęścia (transl. N. Oparska). Astrum.
- Ahorsu, D.K., Lin, C.-Y., Imani, V., Saffari, M., Griffiths, M.D., Pakpour, A.H. (2020). The Fear of COVID-19 Scale: Development and Initial Validation. *International. Journal of Mental Health and Addiction*, 1–9. https://doi.org/10.1007/s11469-020-00270-8
- Alyami, M., Albuquerque, J.V.D., Krägeloh, C.U., Alyami, H., Henning, M.A. (2020). *Effects of Fear of COVID-19 on Mental Well-Being and Quality of Life: A Path Analysis* [preprint]. In review. https://doi.org/10.21203/rs.3.rs-59161/v1
- Bakas, T., McLennon, S.M., Carpenter, J.S., Buelow, J.M., Otte, J.L., Hanna, K.M., Ellett, M.L., Hadler, K.A., Welch, J.L. (2012). Systematic Review of Health-Related Quality of Life Models. *Health and Quality of Life Outcomes*, *10*(1), 134, 1–12. https://doi.org/10.1186/1477-7525-10-134
- Bao, Y., Sun, Y., Meng, S., Shi, J., Lu, L. (2020). 2019-nCoV Epidemic: Address Mental Health Care to Empower Society. *The Lancet*, 395(10224), e37–e38. https://doi.org/10.1016/S0140-6736(20)30309-3
- Baray, G., Postmes, T., Jetten, J. (2009). When I Equals We: Exploring the Relation Between Social and Personal Identity of Extreme Right-Wing Political Party Members. *British Journal of Social Psychology*, 48(4), 625–647. https://doi.org/10.1348/014466608X389582
- Bedyńska, S., Cypryńska, M. (Eds.). (2013). Statystyczny drogowskaz 1. Praktyczne wprowadzenie do wnioskowania statystycznego. Sedno.
- Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N., Rubin, G.J. (2020). The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence. *The Lancet*, 395(10227), 912–920. https://doi.org/10.1016/S0140-6736(20)30460-8
- Brzeziński, J. (2006). Metodologia badań psychologicznych. PWN.
- Casagrande, M., Favieri, F., Tambelli, R., Forte, G. (2020). The Enemy Who Sealed the World: Effects Quarantine Due to the COVID-19 on Sleep Quality, Anxiety, and Psychological Distress in the Italian Population. *Sleep Medicine*, 75, 12–20. https://doi.org/10.1016/j.sleep.2020.05.011

- Chanduszko-Salska, J., Chodkiewicz, J. (2010). Zadowolenie z życia a poczucie własnej skuteczności, wsparcie społeczne oraz stan zdrowia u kobiet z nadwagą i otyłością. *Endokrynologia, Otyłość i Zaburzenia Przemiany Materii*, 6(4), 171–178.
- Chwaszcz, J., Palacz-Chrisidis, A., Wiechetek, M., Bartczuk, R.P., Niewiadomska, I., Wośko, P., Sławska, P. (2020). *Quality of Life and Its Factors in the COVID19 Pandemic Situation. Results of Stage 1 Studies During the Pandemic Growth Period* [preprint]. PsyArXiv. https://doi.org/10.31234/osf.io/ryv8g
- Cohen, J. (1992). A Power Primer. *Psychological Bulletin*, *112*(1), 155–159. https://doi.org/10.1037/0033-2909.112.1.155
- de Walden-Gałuszko, K. (1997). Ocena jakości życia uwarunkowana stanem zdrowia. In J.W. Meyza (Ed.), *Jakość życia w chorobie nowotworowej: Wybrane zagadnienia* (pp. 77–82). Centrum Onkologii Instytutu im. Marii Skłodowskiej-Curie.
- Diener, E., Emmons, R.A., Larsen, R.J., Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13
- Diener, E., Oishi, S., Lucas, R.E. (2003). Personality, Culture, and Subjective Well-Being: Emotional and Cognitive Evaluations of Life. *Annual Review of Psychology*, *54*, 403–425. https://doi.org/10.1146/annurev.psych.54.101601.145056
- Dsouza, D.D., Quadros, S., Hyderabadwala, Z.J., Mamun, M.A. (2020). Aggregated COVID-19 Suicide Incidences in India: Fear of COVID-19 Infection is the Prominent Causative Factor. *Psychiatry Research*, *290*, 113145. https://doi.org/10.1016/j. psychres.2020.113145
- Dziurowicz-Kozłowska, A. (2002). Wokół pojęcia jakości życia. *Psychologia Jakości Życia*, 1(2), 77–99.
- Field, A.P. (2009). Discovering Statistics Using SPSS: And Sex, Drugs and Rock 'n' Roll. SAGE Publications.
- Frankl, V.E. (1998). Homo patiens (transl. Z. Jaroszewski, R. Czernecki). Pax.
- Gunawan, J., Juthamanee, S., Aungsuroch, Y. (2020). Current Mental Health Issues in the Era of Covid-19. *Asian Journal of Psychiatry*, *51*, 102103. https://doi.org/10.1016/j.ajp.2020.102103
- Helweg-Larsen, M., Shepperd, J.A. (2001). Do Moderators of the Optimistic Bias Affect Personal or Target Risk Estimates? A Review of the Literature. *Personality and Social Psychology Review*, 5(1), 74–95. https://doi.org/10.1207/S15327957P-SPR0501_5
- Hobfoll, S.E. (1998). Stress, Culture, and Community: The Psychology and Philosophy of Stress. Plenum Press.
- Juczyński, Z. (2001). *Narzędzia pomiaru w promocji i psychologii zdrowia*. Pracownia Testów Psychologicznych.
- Kharshiing, K.D., Kashyap, D., Gupta, K., Khursheed, M., Shahnawaz, M.G., Khan, N.H., Uniyal, R., Rehman, U. (2020). Quality of Life in the COVID-19 Pandemic in India: Exploring the Role of Individual and Group Variables. *Community Mental Health Journal*, *57*, 70–78. https://doi.org/10.1007/s10597-020-00712-6

- Lau, J.T.F., Yang, X., Tsui, H.Y., Kim, J.H. (2005). Impacts of SARS on Health-Seeking Behaviors in General Population in Hong Kong. *Preventive Medicine*, 41(2), 454–462. https://doi.org/10.1016/j.ypmed.2004.11.023
- Lau, J.T.F., Yang, X., Tsui, H., Pang, E., Wing, Y. (2006). Positive Mental Health-Related Impacts of the SARS Epidemic on the General Public in Hong Kong and Their Associations with Other Negative Impacts. *Journal of Infection*, *53*(2), 114–124. https://doi.org/10.1016/j.jinf.2005.10.019
- Laumas, A., Singh, S. (2020, May 12). *A Behavioral Cheatsheet to India's COVID-19 Response*. CNBCTV18.Com. Retrieved 15 May 2020 from: https://www.cnbctv18.com/views/a-behavioral-cheatsheet-to-indias-covid-19-response-5895041.htm
- Limcaoco, R.S.G., Mateos, E.M., Fernandez, J.M., Roncero, C. (2020). Anxiety, Worry And Perceived Stress in the World Due to the COVID-19 Pandemic, March 2020. Preliminary Results. *MedRxiv*, 1–11. https://doi.org/10.1101/2020.04.03.20043992
- Noro, A., Aro, S. (1996). Health-Related Quality of Life Among the Least Dependent Institutional Elderly Compared with the Non-Institutional Elderly Population. Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation, 5(3), 355–366. https://doi.org/10.1007/BF00433920
- Ogińska-Bulik, N. (2014). Satisfaction with Life and Posttraumatic Growth in Persons after Myocardial Infarction. *Health Psychology Report*, *2*(2), 105–114. https://doi.org/10.5114/hpr.2014.43917
- Patra, R.C., Kanungo, B., Bawa, P. (2020). Mental Health, Sleep Quality and Quality of Life in Individuals with and Without Multiple Health Conditions During Home Quarantine in India Due to the COVID-19 Pandemic: A Cross-Sectional Study. *F1000Research*, 9, 709–718. https://doi.org/10.12688/f1000research.24321.1
- Pieh, C., O'Rourke, T., Budimir, S., Probst, T. (2020). Relationship quality and mental health during COVID-19 lockdown. *PLOS ONE*, *15*(9), e0238906. https://doi.org/10.1371/journal.pone.0238906
- Schoene, D., Heller, C., Aung, Y.N., Sieber, C.C., Kemmler, W., Freiberger, E. (2019). A Systematic Review on the Influence of Fear of Falling on Quality of Life in Older People: Is There a Role for Falls? *Clinical Interventions in Aging*, *14*, 701–719. https://doi.org/10.2147/CIA.S197857
- Spielberger, C.D., Gorsuch, R.L., Lushene, R.E. (1970). *Manual for the State-Trait Anxiety Inventory*. Consulting Psychologists Press.
- Steuden, S., Okła, W. (2007). Czynniki sprzyjające podnoszeniu jakości życia w sytuacji choroby. In S. Steuden, W. Okła (Eds.), *Jakość życia w chorobie* (pp. 195–208). KUL.
- Ventegodt, S., Flensborg-Madsen, T., Andersen, N.J., Merrick, J. (2008). Which Factors Determine Our Quality of Life, Health and Ability? Results from a Danish Population Sample and the Copenhagen Perinatal Cohort. *Journal of the College of Physicians and Surgeons Pakistan (JCPSP)*, 18(7), 445–450. https://doi.org/07.2008/JCPSP.445450

- Wang, Y., Di, Y., Ye, J., Wei, W. (2020). Study on the Public Psychological States and Its Related Factors During the Outbreak of Coronavirus Disease 2019 (COVID-19) in Some Regions of China. *Psychology, Health & Medicine*, 26(1), 13–22. https://doi.org/10.1080/13548506.2020.1746817
- Wołowicka, L., Jaracz, K. (1998). Jakość życia uwarunkowana stanem zdrowia w badaniach własnych. *Postępy Pielęgniarstwa i Promocji Zdrowia*, *13*, 81–86.
- Wrześniewski, K., Sosnowski, T., Matusik, D. (2002). *Inwentarz Stanu i Cechy Lęku. Polska adaptacja STAI*. Pracownia Testów Psychologicznych.
- Zhang, Y., Ma, Z.F. (2020). Impact of the COVID-19 Pandemic on Mental Health and Quality of Life among Local Residents in Liaoning Province, China: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 17(7), 2381, 1–12. https://doi.org/10.3390/ijerph17072381

WYBRANE UWARUNKOWANIA SATYSFAKCJI Z ŻYCIA MŁODYCH DOROSŁYCH W POLSCE W CZASIE PANDEMII

Wprowadzenie: Czas pandemii stanowi wielkie wyzwanie dla ludzi na całym świecie. Doświadczają oni dolegliwości fizycznych i psychicznych warunkujących odczuwaną przez nich satysfakcję z życia determinowaną wieloma czynnikami.

Cel badań: Celem badania własnego była adaptacja Skali lęku przed COVID-19 (FCV-19S), a następnie identyfikacja wybranych uwarunkowań satysfakcji z życia – lęku sytuacyjnego i lęku przed COVID-19 – młodych Polaków w czasie pandemii.

Metoda badań: W czasie lockdownu w Polsce (maj i czerwiec) przebadano 236 osób w wieku 19–36 lat. W tym celu zastosowano ankietę *online* składającą się z trzech narzędzi badawczych o wysokich właściwościach psychometrycznych: Skalę lęku przed COVID-19 (FCV-19S), Skalę satysfakcji z życia (SWLS) oraz Inwentarz Stanu i Cechy Lęku (STAI). Przeanalizowano rzetelność i trafność FCV-19S oraz przeprowadzono analizę korelacji, wariancji oraz regresji analizowanych zmiennych.

Wyniki: Polska adaptacja FCV-19S wykazała wysoką moc dyskryminacyjną oraz zgodność wewnętrzną w grupie młodych dorosłych ($\alpha = 0.86$). Uzyskano istotny statystycznie efekt płci w odniesieniu do FCV-19S, t(234) = 2.72; d = 0.36. Współczynniki regresji wskazały, że lęk jako stan jest ujemnym predyktorem (p < 0.001), a lęk przed COVID-19 dodatnim predyktorem (p = 0.001) w stosunku do satysfakcji z życia.

Wnioski: Uzyskany wynik świadczy o tym, że podczas pandemii niektórzy młodzi Polacy wraz z nasileniem lęku przed COVID-19 i słabszym lękiem sytuacyjnym odczuwają większą satysfakcję z życia. Być może doceniają inne wartości aniżeli te preferowane przed pandemią. Biorąc pod uwagę okres prowadzonych badań, można przyjąć, że relacje z bliskimi krewnymi, z którymi młodzi Polacy spędzali czas lub od których byli przymusowo izolowani, nie miały znaczenia.

Słowa kluczowe: satysfakcja z życia, lęk, pandemia.