

Students' Perception of Travel and Quality of Life: A WHOQOL-BREF Study Among Slovenian Students

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Abstract

This conference paper examines the relationship between travel and students' subjective quality of life (QOL) by connecting theoretical conceptualizations of QOL with empirical findings. It is based on the multidimensional WHOQOL-BREF framework, which conceptualizes QOL through the domains of physical health, psychological health, social relationships, and environment, and explores how students perceive the role of travel within this context.

The empirical study was conducted through an online survey using an author-translated and adapted Slovene version of the WHOQOL-BREF questionnaire, supplemented by travel-related items and an open-ended question on the perceived effects of travel on QOL. The sample consisted of Slovene students (N = 52). Quantitative data were analysed using descriptive statistics, while qualitative responses were thematically categorised. The findings show that participants evaluated their QOL relatively positively overall, with the highest scores in physical health and environment and lower scores in psychological health and social relationships. Qualitative results indicate that travel was most often associated with relaxation and escape, personal growth, psychological well-being, regeneration, and social connectedness, whereas negative effects were mentioned only rarely. The study suggests that travel influences QOL primarily through the subjective meanings individuals attribute to travel experiences.

Keywords: quality of life, travel, tourism, subjective wellbeing.

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1 Introduction

The concept of quality of life (QOL) still lacks a single, universally accepted definition in both research and practice. Various definitions exist, as do different ways of operationalising and measuring an individual's satisfaction with QOL. The concept is also frequently discussed alongside related constructs such as comfort, well-being, and satisfaction with life, although these terms are not synonymous. These concepts have become central to many studies in the field of healthcare due to the rapid development of medical and other technologies that increasingly prolong human life. However, extending life does not in itself guarantee higher QOL or greater well-being (Pinto et al., 2017). Well-being refers to a multidimensional state of feeling and functioning well, while comfort refers to a state of physical and psychological ease. Satisfaction with life, in contrast, refers to an individual's global cognitive evaluation of their life, based on personal standards and expectations rather than momentary emotions or satisfaction with specific life domains (Diener et al., 1985). These concepts are therefore related to QOL, but QOL is broader, as it includes individuals' overall perception of their position in life across physical, psychological, social and environmental domains (Pinto et al., 2017). The World Health Organization (WHO, 1998) defines QOL as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." QOL is thus a broad concept that encompasses an individual's physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationship to salient features of the environment (WHO, 1998). **Quality of life among students**

Students' QOL is an important research construct because it encompasses not only health status in the narrow sense, but also a broader experience of one's physical, psychological, social, and environmental functioning (WHO, 2000). Measuring QOL among students is especially important because the transition into higher education represents a highly demanding developmental and psychosocial period. During this time, students are confronted with academic pressures, changes in their social networks, greater responsibility, adjustment to independent living, and the need to balance academic, financial, and other obligations (Ramon-Arubes et al., 2022). The importance of measuring students' QOL is further supported by empirical studies using the WHOQOL-BREF questionnaire. In the study by Ramon-Arubes et al. (2022), conducted on a sample of 868 Spanish students, QOL was assessed using this instrument to examine its predictors. Among the four WHOQOL-BREF domains, physical health received the highest score (76.08), while psychological health was rated the lowest (65.92). The authors also found that students perceived their QOL as lower than that of the general population (Ramon-Arubes et al., 2022). From a research perspective, QOL is particularly valuable because standardised instruments such as the WHOQOL-BREF enable comparisons across different student groups and contexts, while also capturing the subjective dimension of life experience.

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1.2 The Link Between Quality of Life and Tourism

Tourism is closely intertwined with the concept of individual well-being, as the desire for well-being is often a conscious or unconscious motive underlying the decision to travel (Konstantopoulou et al., 2024). This suggests a bidirectional relationship and at the same time highlights the importance of travel for improving both the actual and the perceived QOL. However, the concept of travel does not necessarily include activities associated with participation in tourism. According to the online tourism terminology dictionary (UNWTO, 2025), travel refers to the "movement between different geographic locations, regardless of the purpose and duration of the journey," whereas "tourism is a subset of travel" (UNWTO, 2025). From the perspective of well-being, tourist activities may reflect a tendency to seek balance in life, relaxation, and a more balanced lifestyle (Konstantopoulou et al., 2024), while they may also represent a break from everyday routine, a temporary shift away from the home or work environment, or both. All these characteristics may contribute to satisfying the need for relaxation and

rest, restoring energy, and establishing temporary new life patterns. At the same time, it should be noted that in the case of frequent travel, regardless of motivation and without clearly defined periods for it, travel itself may paradoxically become a clearly structured routine. Konstantopoulou et al. (2024) review studies whose findings confirm that holidays increase levels of happiness and induce positive emotional effects. These effects, however, are usually short-lived and modest, which points to the need to consider the extent to which the positive effects of tourism may influence an individual's long-term life satisfaction.

At the same time, it is not only the journey itself that can affect the concept of QOL. The periods before and after travel must also be considered. The pre-travel period may be marked either by intense feelings of excitement or by fear of the upcoming departure. Conversely, returning from travel may shape post-travel satisfaction or contribute to the emergence of so-called post-travel depression, which is a relatively common feeling upon returning home, especially after longer journeys lasting several months. In such cases, the individual must re-establish balance in life, readjust to what was once the familiar home environment, and create new routines on the ruins of the old ones. **Research on the Effects of Tourist Travel on Quality of Life**

Tourist travel cannot be regarded as an unequivocally positive predictor of QOL. While individuals may seek through travel to satisfy the need for a break from an unsustainable routine, rest, contemplation, deeper reflection, the development of problem-solving skills, or the acceptance of uncertainty, it is precisely uncertainty and unexpected situations that may also intensify feelings of discomfort. Feelings of anxiety may deepen, and the individual may be required to invest increasing cognitive energy in coping with emerging challenges. This can lead to faster physical and mental exhaustion, which in turn may reduce satisfaction with the travel experience. Given such effort and psycho-physical strain, a person in this state may ultimately need rest from travel itself rather than an immediate return to everyday work routines.

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Several studies employing pre- and post-travel measurements have shown that the effect of holiday travel on post-trip satisfaction is often relatively small and short-term (Nawijn et al., 2010). Similar conclusions were reached by Westman and Etzion (2001), who argued that individuals experiencing burnout returned to the same level of burnout within three to four weeks after their holiday. Strauss-Blasche et al. (2000) found that improvements in mood and sleep quality may last for up to five weeks after travel. The findings reported by Nawijn et al. (2010) further showed that holidaymakers were statistically significantly happier before departure than those who did not take such trips. The authors additionally identified a statistically significant effect of stress, noting that the increase in happiness was most pronounced only among those whose holidays were highly relaxing. These findings suggest that only very relaxing travel experiences lead to a statistically significant increase in happiness, with elevated levels observed during the first two weeks after travel and then gradually declining.

In a review article, Uysal et al. (2016) argue that tourism has an important influence on tourists' QOL. They synthesise studies showing that tourism experiences and activities contribute to positive experiences across various life domains, such as family life, social life, leisure, and cultural life, thereby affecting overall life satisfaction. Neal, Uysal, and Sirgy (2007) further demonstrate that satisfaction with tourism services affects tourists' QOL through several sequential links. Satisfaction with services across different stages of travel influences overall satisfaction with tourism services, which together with the travel experience shapes satisfaction with the travel experience itself. This is then associated with leisure satisfaction, which in turn relates to overall life satisfaction.

2 Research purpose



The aim of the empirical study was to examine how a selected sample of students assess their QOL and how they perceive the role of travel in relation to different aspects of QOL. The study does not aim to establish a causal relationship between travel and QOL, but rather to examine students' subjective interpretations of travel as a possible supportive factor in well-being. In this way, the paper contributes to a broader discussion on student well-being, responsible tourism, and the role of organisations in designing accessible and balanced travel experiences. This study is also relevant from the perspective of sustainability management in tourism and educational organisations. Student travel should not be understood only as an individual leisure activity, but also as a form of mobility that can influence well-being, social inclusion and responsible travel behaviour. By examining how students perceive the relationship between travel and quality of life, the study provides insights that may support universities, tourism providers and destination organisations in designing more inclusive, accessible and sustainable travel experiences that contribute to well-being while considering social and environmental responsibility. Therefore, the purpose of this study is to explore the relationship between travel and students' quality of life, while also considering how such insights can inform more sustainable, inclusive and well-being-oriented approaches to student mobility and tourism experience design.

2.1 Research questions

In line with the aim of the study, two research questions were formulated: (1) *How do students assess their quality of life?* and (2) *How do students perceive the positive and negative effects of travel on quality of life?* These questions were designed to capture the selected research problem as comprehensively as possible.

3 Methods

A qualitative-quantitative approach to data collection was employed in the empirical part of the study. An online questionnaire was developed, consisting of the WHOQOL-BREF scale and one additional item proposed by the authors. The WHOQOL-BREF is a shortened form of the WHOQOL-100 scale. It was developed to provide a simpler and faster assessment of QOL in comparison with the longer version, which allows for a more detailed evaluation of individual aspects of QOL (WHO, 1998). The shorter version contains 26 items rated on a five-point Likert scale. The WHOQOL-BREF comprises four core domains, confirmed through confirmatory factor analysis: (1) *physical health*, (2) *psychological health*, (3) *social relationships*, and (4) *environment*, whereas the WHOQOL-100 assesses six core domains. For the purposes of this study, the shorter version was adapted into Slovene using a back-translation procedure. The translation was first prepared by the authors and then back-translated into English to check the conceptual equivalence of the items. Any discrepancies were discussed and resolved before the questionnaire was included in the online survey. Since the Slovene version of the WHOQOL-BREF has not yet been formally validated, the translated version used in this study should be understood as an adapted research version rather than as a fully validated instrument.

One additional item was added to the translated WHOQOL questionnaire. Open-ended responses were analysed using a simple thematic categorisation procedure. Individual words and short phrases were first reviewed and then grouped into categories according to thematic similarity. The categories were developed inductively from the responses and subsequently compared with the broader WHOQOL-BREF domains where conceptually appropriate. The full questionnaire was designed in the Slovene online survey platform 1KA. Data analysis was conducted using the statistical software Jamovi and Microsoft Excel.

The study included 52 participants selected through convenience sampling from the population of students enrolled at Slovenian faculties. No demographic data were collected which limits the possibility of comparing results by age, gender, field of study, year of study, or socio-economic background. Upon receiving the survey link, participants were informed about the anonymity of the study and the purpose of data collection. The questionnaire was active first in November 2025 and reopened again in April 2026. Participants were recruited using a convenience sampling approach. The survey was distributed among students who were accessible to the researchers, and participation was voluntary. Therefore, the sampling procedure was not systematic or random but depended on students' availability and willingness to complete the questionnaire. The target population consisted of higher education students, while the inclusion criteria were student status and willingness to participate in the study. As the survey was distributed through accessible student networks rather than a predefined sampling frame, the exact response rate could not be calculated.

Results and discussion
The results are presented in two sections, quantitative and qualitative analysis, to facilitate a clearer and more systematic interpretation of the findings.

4.1 Quantitative data analysis

The table below presents descriptive statistics of the collected data. Table 1 includes abbreviated labels of the WHOQOL-BREF questionnaire items, the arithmetic mean, standard deviation, and the minimum and maximum values. Prior to the calculation of the results, all negatively worded items were reverse coded in accordance with the manual to ensure a consistent interpretation.

Table 1 Descriptive statistics of WHOQOL-BREF questionnaire.

Question	Mean (M) and standard deviation	Min.	Max.
Q1 (Quality of life)	3.85 ± 0.607	3	5
Q2 (Satisfaction with health)	3.83 ± 0.810	2	5
Q3* (Pain)	4.23 ± 0.854	2	5
Q4* (Medical assistance)	4.77 ± 0.509	3	5
Q5 (Enjoyment of life)	3.71 ± 0.800	1	5
Q6 (Meaningfulness of life)	3.92 ± 0.788	1	5
Q7 (Ability to concentrate)	3.38 ± 0.820	1	5
Q8 (Safety)	4.33 ± 0.550	3	5
Q9 (Physical environment)	4.06 ± 0.669	2	5
Q10 (Energy)	3.75 ± 0.738	1	5
Q11 (Body image)	3.52 ± 0.828	1	5
Q12 (Money)	3.52 ± 0.852	2	5
Q13 (Access to information)	4.25 ± 0.556	3	5
Q14 (Leisure activities)	3.62 ± 0.953	1	5
Q15 (Mobility)	4.42 ± 0.696	2	5
Q16 (Sleep)	3.52 ± 1.13	1	5
Q17 (Ability to perform daily activities)	4.06 ± 0.639	2	5
Q18 (Work capacity)	4.10 ± 0.693	2	5
Q19 (Satisfaction with oneself)	3.79 ± 0.750	2	5
Q20 (Personal relationships)	3.81 ± 0.768	2	5
Q21 (Sex life)	3,54 ± 0.917	1	5
Q22 (Support from friends)	3.96 ± 0.713	3	5
Q23 (Living conditions)	4.23 ± 0.831	2	5

Q24 (Access to health services)	3.44 ± 0.958	1	5
Q25 (Transport options)	3.83 ± 1.00	2	5
Q26* (Frequency of experiencing negative feelings)	3.17 ± 0.706	1	5

Source: own; * Reverse-scored items; The mean values are also accompanied by the standard deviation, indicated by the ± sign.

Table 1 above presents participants' results across the individual WHOQOL-BREF items that contribute to the overall assessment of QOL. Items marked with an asterisk were reverse coded in accordance with the scoring manual, as they were negatively phrased. Accordingly, the original response values were recoded in the opposite direction (i.e., 1 = 5, 2 = 4, 4 = 2, and 5 = 1), ensuring that higher scores consistently indicated better quality of life. Overall, the items on the five-point Likert scale were rated relatively highly, as the arithmetic means for most items ranged between 3.50 and 4.50. The highest mean was recorded for item Q4 (Medical assistance; $M = 4.77$, $SD = 0.509$). This result may be interpreted as indicating that participants generally do not require medical assistance to function in everyday life. Mean values above 4.20 were also observed for the following variables: Q3 (Pain and discomfort) ($M = 4.23$, $SD = 0.854$), Q8 (Safety) ($M = 4.33$, $SD = 0.550$), Q13 (Access to information) ($M = 4.25$, $SD = 0.556$), Q15 (Mobility) ($M = 4.42$, $SD = 0.696$), and Q23 (Living conditions) ($M = 4.23$, $SD = 0.831$). This suggests that participants were generally satisfied with these aspects of their lives.

At the same time, some areas showed lower scores, indicating greater challenges or greater variability among individuals. The lowest arithmetic mean was found for item Q26 (Frequency of experiencing negative feelings) ($M = 3.17$, $SD = 0.706$). Because this item was reverse-coded, a higher score indicates less frequent negative feelings. The relatively lower mean for Q26 therefore suggests that negative feelings were still present among participants to some extent and that psychological burden should not be overlooked. A relatively low mean was also found for item Q7 (Ability to concentrate) ($M = 3.38$, $SD = 0.820$), which may suggest that participants more often experience difficulties with concentration and mental focus. Item Q24 (Access to health services) also had a mean value below 3.50 ($M = 3.44$, $SD = 0.958$), indicating that participants perceived access to health services as less satisfactory. Thus, the relatively high scores across most items point to a generally favourable perception of QOL among participants, while the lower values for concentration, access to health services, and negative feelings confirm that specific burdens and differences across particular domains of QOL are also present within the student population (Ramon-Arubes et al., 2022; Achangwa et al., 2022).

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Table 2: Domains of the WHOQOL-BREF questionnaire

Domains	Included items	Mean (M)*	Transformation 4-20*	Transformation 0-100*	95% Confidence intervals
Physical health	Q3, Q4, Q10, Q15, Q16, Q17, Q18	4.12 ± 0.510	16.48 ± 2.04	78.02 ± 12.74	[74.5, 81.6]
Psychological health	Q5, Q6, Q7, Q11, Q19, Q26	3.58 ± 0.549	14.33 ± 2.20	64.58 ± 13.72	[60.8, 68.4]
Social relationships	Q20, Q21, Q22	3.77 ± 0.550	15.08 ± 2.20	69.23 ± 13.76	[65.4, 73.1]
Environment	Q8, Q9, Q12, Q13, Q14, Q23, Q24, Q25	3.91 ± 0.479	15.63 ± 1.92	72.72 ± 11.96	[69.4, 76.0]

Source: own; *The values are also accompanied by the standard deviation, indicated by the ± sign.

Table 2 above presents an analysis of the WHOQOL-BREF results across its four core domains: physical health, psychological health, social relationships, and environment. It shows differences in perceived QOL between these four domains, calculated according to the instructions provided in the manual. The conversion to a 0–100 scale allows for easier comparison of mean values across domains. The results indicate that participants rated their QOL highest in the domain of physical health ($M = 78.02 \pm 12.74$). The environment domain was also rated highly ($M = 72.72 \pm 11.96$), suggesting that participants expressed relative satisfaction with their physical condition and living environment. By contrast, the domains of psychological health ($M = 64.56 \pm 13.72$) and social relationships ($M = 69.23 \pm 13.76$) were rated considerably lower, with psychological health receiving the lowest mean score. Participants thus evaluated physical health and environment as the strongest aspects of their QOL, whereas psychological health and social relationships remained areas of lower satisfaction.

The higher score in the physical health domain suggests that participants perceived their bodily functioning, energy levels, and ability to manage everyday activities as relatively favourable, which is also consistent with the findings of Ramon-Arubes et al. (2022), where physical health was likewise the highest-rated domain among students. On the other hand, the lower values in the domains of psychological health and social relationships suggest that participants experienced lower satisfaction in these areas, which may be associated with the fact that the student period is developmentally and psychosocially demanding (Ramon-Arubes et al., 2022). It is important to emphasise, however, that direct comparisons of results across countries are not possible, as subjectively perceived QOL is strongly shaped by broader national arrangements and systems, the state of infrastructure, and, ultimately, the organisation of the educational system.

The 95% confidence intervals indicate the estimated range within which the true mean domain scores may fall. The physical health domain had the highest mean score and a confidence interval that did not overlap with the psychological health domain, suggesting a clearer difference between these two domains. However, given the small convenience sample, the intervals should be interpreted cautiously and primarily as exploratory estimates.

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Table 3: Internal consistency of individual domains

Domain	Cronbach alfa coefficient (α)	McDonald's omega coefficient (ω)
Physical health	0.783	0.814
Psychological health	0.793	0.802
Social relationships	0.433	0.482
Environment	0.729	0.755

Source: own

Cronbach's alpha and McDonald's omega were calculated to assess internal consistency and are showed in Table 3. The reliability analysis showed acceptable to good internal consistency for the physical health ($\alpha = 0.783$; $\omega = 0.814$), psychological ($\alpha = 0.793$; $\omega = 0.802$), and environmental domains ($\alpha = 0.729$; $\omega = 0.755$). In contrast, the social relationships domain demonstrated low internal consistency ($\alpha = 0.433$; $\omega = 0.482$), indicating that results for this domain should be interpreted with caution.

4.2 Additional quantitative data analysis connecting travel and QOL

The qualitative analysis also includes two additional items developed and added by the authors, which were added to focus the study more specifically on the perceived influence of travel on quality of life. Participants rated their perceived importance of travel and their travel frequency in the past year on a 1–5 Likert scale. The results are presented in Table 4.

Table 4: Descriptive statistics of the additional items focusing on the influence of travel on QOL

Item	Mean (M)	Median	Mode	SD	Min.	Max.
Perceived importance of travel	4.06	4.00	4.00	0.752	2	5
Travel frequency	3.42	3.00	3.00	0.871	2	5

Source: own

The results show that participants perceived travel as relatively important for their quality of life ($M = 4.06$, $SD = 0.752$), while their reported travel frequency was somewhat lower ($M = 3.42$, $SD = 0.871$), indicating occasional travel.

A correlation matrix was calculated to examine associations between the two travel-related items and selected WHOQOL-BREF items conceptually related to travel. For clarity, only statistically significant correlations are reported in the following Table 5. Since the Shapiro–Wilk test indicated non-normal distributions for the analysed variables ($p < 0.05$), Spearman's rho was used as a non-parametric measure of association.

Table 5: Spearman correlations between additional travel-related and WHOQOL-BREF items

Pair of variables	Spearman's rho (ρ)	df	p-value
Importance of travel for quality of life and satisfaction with personal relationships (Q20)	-0.326	50	0.018
Travel frequency in the past year and overall quality of life (Q1)	0.343	50	0.013
Travel frequency in the past year and enjoyment of life (Q5)	0.306	50	0.027

Source: own

Spearman's correlation analysis identified three statistically significant associations between selected travel-related and quality-of-life variables. Travel frequency in the past year was positively associated with overall quality of life and enjoyment of life, while the perceived importance of travel for quality of life was negatively associated with satisfaction with personal relationships. However, the correlations were weak to moderate and should not be interpreted as evidence of causal relationships. Subsequent regression analyses further indicated that travel frequency and perceived importance of travel did not significantly predict the four WHOQOL-BREF domain scores as shown in Table 6.

Table 6: Regression analysis

Criterion variable	Predictor variable	Regression coefficient	p	R ²
Physical health	Perceived importance of travel	-0.219	0.633	0.00685
	Frequency of travel	0.209	0.597	
Psychological health	Perceived importance of travel	-0.482	0.321	0.0487
	Frequency of travel	0.651	0.122	
Social relationships	Perceived importance of travel	-0.471	0.339	0.0237
	Frequency of travel	0.396	0.351	
Environment	Perceived importance of travel	-0.268	0.532	0.0192
	Frequency of travel	0.356	0.336	

Source: own

The results indicate that all four regression models had low explanatory power, with R^2 values ranging from 0.00685 to 0.0487, meaning that the predictors explained less than 5% of the variance in WHOQOL-BREF domain scores. Neither travel frequency nor the subjective importance of travel

emerged as a statistically significant predictor of any domain. Although the regression coefficients suggest different directions of association across domains, these associations were not statistically significant and should therefore not be interpreted as confirmed effects. Overall, the findings suggest that, in this exploratory sample, the selected travel-related variables did not meaningfully predict students' perceived quality of life. However, this does not imply that travel is unrelated to quality of life more generally, but rather that such an association was not detected with the present measures and sample.

4.3 Qualitative data analysis

The final item in the questionnaire was an open-ended question in which participants were invited to provide words or short phrases that best described the physiological or psychological impact of travel on their QOL, whether positive or negative. A total of 145 responses or phrases were collected and coded into six categories based on thematic similarity: (1) *relaxation and disconnection from daily responsibilities*, (2) *psychological well-being*, (3) *energy and regeneration*, (4) *personal growth, learning, and broadening of horizons*, (5) *social connectedness*, and (6) *negative aspects of travel*. Individual words and phrases were assigned to these categories and presented in Table 3. Participants most frequently described the influence of travel on QOL in terms of relaxation and disconnection from daily responsibilities (55 responses), suggesting that they primarily associated travel with withdrawal from everyday burdens and with rest. The category personal growth, learning, and broadening of horizons also appeared frequently (35 responses), indicating that participants perceived travel as an opportunity for learning. Psychological well-being was mentioned less frequently (20 responses), while energy and regeneration and social connectedness were equally represented (12 responses each). Negative aspects of travel were mentioned least often (5 responses), indicating that participants generally perceived travel positively. Six responses could not be assigned to any category because they appeared only once (nature, health, diversity, openness, differences, enjoyment).

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The qualitative categories can also be linked to the WHOQOL-BREF domains. Relaxation, psychological well-being, and energy recovery are most closely related to the psychological health domain, while social connectedness corresponds to the social relationships' domain. Personal growth, learning, and broadening of horizons may be connected to both psychological health and the environment domain, as they refer to subjective development as well as interaction with new places and contexts. This connection helps explain why travel was perceived as meaningful by students, even though the quantitative analyses did not confirm statistically significant associations between travel-related variables and QOL scores.

The fact that participants most often described the influence of travel in terms such as relaxation, escape, well-being, regeneration, personal growth, and social connectedness confirms that, in their experience, travel touches upon multiple domains of QOL. The identified categories are also consistent with the findings of Konstantopoulou et al. (2024), who argue that travel is often associated with the search for balance, relaxation, a break from everyday routine, and an improved subjective experience of well-being and QOL.

Table 7: Distribution of open-ended responses across content categories

Category	Number of responses	Illustrative quotations*	Corresponding WHOQOL-BREF domain
<i>Relaxation and disconnection from daily responsibilities</i>	55	Relaxation, new experiences, disconnection, regeneration, change of environment	Physical health, Psychological health

<i>Psychological well-being</i>	20	Reduced stress, improved wellbeing, mental health, gratitude	Psychological health
<i>Energy and recovery</i>	12	Rest, more energy, new momentum, motivation, regeneration	Physical health
<i>Personal growth, learning, and broadening horizons</i>	35	Broadening horizons, satisfying curiosity, new experiences, encouraging interests, discovering something new	Psychological health, Environment
<i>Social connectedness</i>	12	Meeting new people, connecting with people, strengthening relationships	Social relationships
<i>Negative aspects of travel</i>	5	Stress because of getting to the destination and back, financial burden, weakened immune system	Environment

Source: own; * Quotations were translated from Slovene into English by the authors.

Originality: The originality of the study lies in connecting students' quality of life with travel, two areas that are often examined separately. The study also contributes methodologically by combining WHOQOL-BREF domain scores with qualitative responses, allowing students to describe in their own words how travel relates to relaxation, recovery, personal growth and social connectedness. In addition, as the WHOQOL-BREF has not yet been formally validated in Slovene, the adapted translation used in this exploratory study highlights the need for further validation of the instrument in the Slovene context.

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Society: The study contributes to a better understanding of how travel may relate to students' well-being and quality of life. Although travel frequency and perceived importance of travel did not significantly predict WHOQOL-BREF domain scores, the qualitative findings suggest that students perceive travel as supportive for psychological well-being, recovery, learning and social connection. These insights are relevant for developing more inclusive and well-being-oriented approaches to student mobility and youth travel.

Organisation: The findings are relevant for universities, student mobility offices, youth travel providers, tourism organisations and destination management organisations. These actors can support students' quality of life by designing travel opportunities that are accessible, inclusive, psychologically supportive and environmentally responsible. In this way, the study links individual quality of life with organisational responsibility and sustainable tourism management.

5 Conclusion

5.1 Practical implications

The findings suggest that efforts to support students' QOL should place greater emphasis on psychological health and social relationships, as these two domains were rated lower than physical health and environment. Although the study does not confirm travel as an independent predictor of QOL, the qualitative results indicate that students often perceive travel as a source of relaxation, escape, psychological well-being, regeneration, personal growth, and social connectedness. Therefore, travel may be understood as one possible supportive factor within broader approaches to student

well-being. For universities, student mobility offices, tourism organisations, youth travel providers, and destination management organisations, these findings point to the importance of designing travel opportunities that are accessible, inclusive, psychologically supportive, and environmentally responsible. Such experiences should not only focus on mobility and destination consumption, but also on students' needs for rest, social connection, learning, and balanced everyday functioning. At the same time, travel should not be idealised as universally positive. For some students, travel may also involve financial pressure, anxiety, unequal access, planning stress, or environmental concerns. Responsible approaches to student travel should therefore also consider low-impact mobility, affordable travel options, local leisure opportunities, and alternatives for students who cannot travel frequently. These practical implications are consistent with previous research showing that tourism and travel experiences can contribute to quality of life through leisure satisfaction, positive experiences and broader life satisfaction (Neal, Uysal & Sirgy, 2007). Research on tourism and well-being also suggests that travel may support psychological restoration, recovery, personal development and overall well-being (Konstantopoulou, 2024). At the same time, accessible and inclusive tourism is increasingly understood as an important component of sustainable tourism development, as it addresses participation, equity and social inclusion (Gillovic & McIntosh, 2020). Therefore, universities, student mobility offices, tourism organisations, youth travel providers and destination management organisations can play an important role in designing travel opportunities that are accessible, inclusive, psychologically supportive and environmentally responsible.

5.2 Limitations and further research

The main limitation of the study is the relatively small convenience sample, which consisted of 52 students who were not selected randomly; the findings may therefore be subject to bias. For this reason, it cannot be assumed that the same results would be observed in the general student population in Slovenia, and future research could build on this by increasing the representativeness of the sample. A further limitation is that the questionnaire did not include demographic data, which made it impossible to compare the results by gender, age, field or year of study; these variables could therefore be incorporated in future studies. As the study relied on a self-report questionnaire, the results may also have been influenced by socially desirable responses, and the participants' momentary mood, shaped by a range of factors that cannot be controlled. An additional important limitation is that the WHOQOL-BREF has not been officially translated into Slovene, and the study therefore relied on a back-translation procedure, which is not as robust as an official translation. Moreover, the instrument has not yet been widely validated or applied in the Slovene population in a way that would allow the development of reference norms, such as those available in some other countries (e.g. Denmark, Australia, Norway, and France). Finally, future studies should include validated travel-related scales and more detailed measures of travel habits, as well as longitudinal or pre/post-travel research designs, in order to better assess how travel may contribute to changes in students' quality of life over time.

The findings suggest that QOL among the participating students was multidimensional and subjectively conditioned, with physical health and environment rated more favourably than psychological health and social relationships. The quantitative analyses did not show statistically significant associations between travel frequency, perceived importance of travel, and QOL domains. Therefore, the study does not confirm a direct empirical link between travel and better QOL. However, the qualitative findings show that students often perceived travel as a source of relaxation, escape from everyday responsibilities, psychological well-being, regeneration, personal growth, learning, and social connectedness. In this sense, travel may be understood as a perceived supportive factor in student well-being, particularly in relation to psychological health and social relationships. Future research

should examine this relationship using larger and more representative samples, validated travel-related measures, demographic controls, and longitudinal or pre/post-travel designs.

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