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THE ROLE OF OBJECTIVE AND SUBJECTIVE HEALTH-AWARENESS FACTORS IN STUDENTS' HIGHER EDUCATIONAL PATHWAYS

ROLA OBIEKTYWNYCH I SUBIEKTYWNYCH CZYNNIKÓW ŚWIADOMOŚCI ZDROWOTNEJ W ŚCIEŻKACH EDUKACYJNYCH STUDENTÓW

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Abstract

According to the results of higher education research, students' higher educational pathways can be diverse. In addition to standard students, some students belong to one of the risky and corrective academic pathway types and thus face a higher probability of dropping out. Our study examined objective and subjective elements of health-awareness and behaviour along pathways and countries. In our analyses, we used the PERSIST 2019 database, which included students having an active student status in the academic year of 2018/19, from one of the easternmost higher educational regions of the European Higher Education Area (N=2199). Our results show that it is worth paying attention to students belonging to non-standard types of academic pathways as they are the ones who are the most distrustful of higher educational actors and most dissatisfied with higher educational factors.

Słowa kluczowe: health-awareness, higher education, student pathway.

Abstrakt:

Zgodnie z wynikami badań szkolnictwa wyższego ścieżki kształcenia studentów mogą być zróżnicowane. Oprócz standardowych studentów niektórzy studenci należą do jednego z ryzykownych i korekcyjnych typów ścieżek akademickich, co zwiększa prawdopodobieństwo rezygnacji ze studiów. Nasze badanie dotyczyło obiektywnych i subiektywnych elementów świadomości zdrowotnej i zachowań na różnych ścieżkach akademickich i w różnych krajach. W naszych analizach wykorzystaliśmy bazę danych PERSIST 2019, która obejmowała studentów mających aktywny status studenta w roku akademickim 2018/19 w jednym z najbardziej wysuniętych na wschód regionów szkolnictwa wyższego Europejskiego Obszaru Szkolnictwa Wyższego (N=2199). Nasze wyniki pokazują, że warto

zwrócić uwagę na studentów należących do niestandardowych typów ścieżek akademickich, ponieważ to oni są najbardziej nieufni wobec szkolnictwa wyższego i najbardziej z niego niezadowoleni.

Słowa kluczowe: świadomość zdrowotna, szkolnictwo wyższe, ścieżka studencka.

Introduction

In higher education, the multi-criteria analysis of student achievement is of outstanding relevance, as information obtained in this way provides a solid basis for both the student and the institution to learn about the student's development, vision and commitment to the institution (Fényes, Mohácsi, 2020). Thus, student pathways become visible, based on which patterns characterising students' effectiveness, commitment and persistence can be outlined (Pusztai, Szigeti, 2020). Besides academic achievement, attitudes, and behaviours related to health also provide information from which we can infer the students' intent for persistence and dropout. These health-related factors can be interpreted as non-academic achievement factors (Kovács, 2020; Pusztai, 2015), including not only objective elements of health behaviours (sports, smoking, alcohol consumption, drug use) but also various subjective behavioural components. One such factor is coping, including students' adaptive and inadaptive behaviours related to anxiety and stressful situations (Pataky, 2014). Another key factor is trust, which is closely and reciprocally related to both well-being and satisfaction and the use of effective coping strategies (Pusztai, 2018; Goddard, Salloum, Berebitsky, 2009). Based on this relationship system, the factor of student satisfaction should also be the focus of attention, whether it is the general satisfaction of the student or, from a specific aspect, his/her satisfaction with his institution and his/her academic achievement (Mabel, Britton, 2017). Based on all this, the aim of our research was to investigate objective and subjective health awareness of students characterised with different academic characteristics as previous research findings highlight the role of educational attainment on health behaviour (Pusztai, Szigeti,

2020; Kovács, 2020). Thus, the present research focused on objective and subjective health awareness and behavioural elements which were interpreted alongside the characteristics of student pathway clusters. Based on our previous research results (Pusztai, Szigeti, 2020), the types of progress typical of students were the following: 1) fee-paying, institution and/or faculty changing route, 2) postponing/passivating route, 3) traditional, standard route.

Objective and Subjective Indexes of Health-awareness

Health is a state of balance that changes over time and may appear in different degrees of transition towards vulnerability and illness states (Kovács, Szigeti, 2017). *“Health status is a subjective feeling (perception and sense of health illness) that affects lifestyle, concerning plans and behaviour towards that, and has components such as well-being, fitness or performance”* (Kovács, 2020, p. 46).

From the point of view of our research, we can talk about objective and subjective health awareness indicators. In this case, all the factors that can give an objective picture of an individual's health behaviour and health awareness can be considered as an objective indicator. These include the prevalence of protective behaviours such as the frequency of sports, and the prevalence of risk behaviours such as smoking, alcohol consumption, and substance use.

Factors providing information about health behaviour and awareness based on the person's judgment and estimation can be considered subjective health awareness indicators. These include anxiety, coping, general and spiritual well-being (Kovács, 2020; Jedynak, 2014). The present study focuses on coping, satisfaction, and trust. The latter was classified as subjective health awareness

as trust is a fundamentally stable and significant underlying factor for a person's well-being and coping (Walsemann, 2020; Pogukaeva, 2015).

Coping

Coping is a reaction to stressful situations. The response given to them, the effort to overcome them and the solution to them also differ from individual to individual.

Regarding coping strategies, positive and negative coping are separated. The difference between them is that positive coping does not have side effects, whereas applying a negative coping strategy has some negative consequences. Sport, relaxation, humour, or even crying should be seen as a positive coping strategy, while using various substances or even eating is also a negative coping strategy (Kopp, 2012; 2001). Lazarus and Folkman (1984) defined categories concerning the applied coping strategy and its type. Confrontation, alienation, emotion and behaviour regulation, seeking social support, taking responsibility, planning a problem solution, or seeking a positive meaning can be regarded as positive coping mechanisms. On the contrary, aggression, defence mechanisms, or self-harming behaviours are considered negative coping strategies.

The coping process is influenced by several factors, as it is a complex pattern of behaviour. The stressor and its type, the individual's current state of mental hygiene, conventions (including cultural traditions and expectations coming primarily from the family), self-esteem, optimism, or even pessimism and resilience have to be highlighted (Pataky, 2014).

The role and effectiveness of coping are manifested in both relationship patterns and individual achievement factors (both academic and non-academic achievement). Students who can be characterised by a higher index of academic achievement can be considered more effective in terms of their health awareness, including

coping. Students' academic achievement and level of academic anxiety are related to the level of social support provided by students, their coping mechanisms, and the level of mental distress (Duraku, Hoxha, 2018; Bayram, Bilgel, 2008).

Trust

The term of trust is used in various ways in different theories. According to some of them, trust is a belief in others' ability and willingness, meaning that a person is characterised by a helpful rather than a malicious intent in the case of a problem (Baier, 1986). Others argue that trust can be characterised as a criterion for respect, competence, tact towards others, and integrity (Bryk, Schneider, 2002). Hoy and Tschannen-Moran (1999) concluded that trust is a multifaceted construct that involves willingness to take risks based on judgments that the trusted party is benevolent, honest, open, credible, and competent. Van Houtte (2007) emphasises five dimensions of trust: competence, honesty, openness, reliability, and benevolence. Also, one of the primary causes of mistrust is the belief that others are too unsuitable to do what is necessary. In addition, the framework for analysing trust in academic contexts has identified shortcomings, particularly a lack of personal respect and integrity from others as a threat to relationships of trust (Bryk, Schneider, 2002).

Research on student trust is of outstanding relevance to inter- and intragenerational institutional embeddedness. Student trust can be apostrophised as one of the strong pillars of individual-level student well-being and significant social fact due to the close relationship between trust and trustworthy behaviour. Based on this, it can also be considered a forecast for the social behaviour of the next generation of adult citizens (Pusztai, 2018).

Pusztai (2011) examined the impact of the higher education institutional embeddedness on student achievement. Since student trust can also be seen as one of the cornerstones of student

culture, it includes attitudes regarding the places and people they can expect support to achieve their institutional and interpersonal network goals (Pusztai, 2011). Based on the research results, individual or community beliefs were shown in the student trust patterns. Networks are of paramount importance as the social context of the campus has a significant impact on the level of trust of the majority of students compared to the social status of their own family (Pusztai, 2011). Students with a higher level of intergenerational embedding (i.e. an effective teacher-student network) in the academic and social environment of the higher education institution were characterised by a higher level of trust in the institution (rector, dean, faculty), even if it was not typical for most of their fellow students. In contrast, isolated students were distrustful of everyone, and the low level of trust was associated with questioning the university's scientific and academic norms and their violation (Pusztai, 2011). Accordingly, students with low levels of trust are less effective, while students and groups of students with relatively higher levels of trust are more likely to achieve their goals (Goddard, Salloum, Berebitsky, 2009).

Satisfaction with Studies

Academic progress and achievement are crucial in all areas of life, including social relationships, academic careers, and the ability to manage resources, as these aspects depend significantly on individual outcomes (Pekrun et al., 2002). However, academic achievement is affected by several factors including intrapersonal factors (such as persistence, control, learning attitudes), interpersonal factors (social support, family, and friends), and the wider environment (institution, peers and teachers, institutional atmosphere and its values and attitudes) (Pusztai, 2015). Thus, different factors affecting academic achievement can be placed at different levels of Bronfenbrenner (1979), including intrapersonal factors as

onto-system level, interpersonal and institutional factors as mainly micro and meso-system levels, and also other factors belonging to the macro-system level (e.g. values and belief of the society) which are not indirectly related to our current research (Thomas, Cassidy, Heller, 2017).

Satisfaction with studies is strongly affected by learning motivation and achievement (Kovács, 2018; Jármai, Végh, 2017), which fundamentally determines the learning methods used and their efforts. A higher level of satisfaction may increase persistence while a lower level of satisfaction can contribute to dropout, but may appear differently in different groups. It should be noted that incorrect or ineffective application of learning methods can amplify another underlying problem (e.g., work, uncertainty, crisis, etc.) that negatively affects both academic performance and study satisfaction (Mabel, Britton, 2017; Levy, 2007).

Good academic achievement is a key factor in satisfaction with higher education studies. To achieve this, students face and struggle with various difficulties, including learning requirements that exceed the learner's abilities or current level of development, the pace of progress dictated by the instructor, or even too high parental expectations (Szabó, 2017). In addition to the disincentives, of course, we can also talk about supportive factors such as the learner's abilities, personality, advanced emotional intelligence, or the supportive family and contemporary environment. Interpreted in this context, "*academic resilience could be the ability for a student to perform well despite difficult circumstances, remain committed and motivated for his or her studies*" (Kóródi, Szabó, 2020, p. 530).

Methods

Our study aims to examine the appearance of objective and subjective health awareness and satisfaction indicators in types of student progress and by country. Objective and subjective health indexes were used following the physical and

mental aspect of the psychological health based on the bio-psycho-social health model. In our research, we use the PERSIST 2019 database. The research was quantitative research carried out in higher education institutions in the eastern region of Hungary, in Slovakia, Romania, Ukraine, and Serbia. The Hungarian sample (N=1034) is a quota, representative for faculties, the field of training, and the form of financing. In cross-border institutions, probability sampling was performed (N=1165). The sample consisted mainly of full-time second-year BA/BSc students and second- or third-year full-time students.

In our previous research, we determined three student pathway clusters concerning their academic progress. The types of progress typical of students were the following: 1) fee-paying, institution and/or faculty changing route, 2) postponing/passivating route, 3) traditional, standard route (Pusztai, Szigeti, 2020). Thus, in our current investigation, we aimed to examine the health awareness characteristics of the different clusters. Based on this, the following research questions were stated:

1. With which higher education factors are students most satisfied with and against which do they show the lowest degree of satisfaction?
2. In which groups do students show the most or the least trust?
3. Which groups have the best coping strategies and which can be characterised with the least effective strategies?
4. What are the frequencies of objective health awareness factors, and how do they appear in the different clusters?

Besides the general investigation of the clusters and the sample, we also aim to measure the differences between the countries as the international data of the database provided an appropriate opportunity for the comparison. In our research, we use factor analysis to determine the factors (subscales) of satisfaction with various higher education settings. Coping, confidence, and satisfaction factors are compared by group and country using one-way analysis of variance

(ANOVA), while objective health indicators are compared by study progress clusters and countries using cross-tabulations and chi-square test.

Results

Coping

Coping with stressful situations plays an important role in dealing with student problems. We examined the student's ability to adapt to changes, his/her ability to achieve goals despite obstacles and difficulties, focus on tasks and schedules, manage negative emotions, cope quickly, return to normal, etc., based on the 10-item Connor-Davidson Resilience Scale (CD-RISC-10) (Gonzalez et al., 2015; Járjai et al., 2015).

The students' coping levels were examined by cluster analysis for a more detailed interpretation to determine which students belong to a group based on the assessments. According to the results of the cluster analysis, three groups could be detected known as adaptive, unsecure and fighter students (Table 1). Following the characteristics, adaptive students able to quickly react stressful events, unsecure students have inflexible and weaker coping characteristics, while fighter students have the highest level of resilient behaviour.

Based on the analysis, students facing the most notable changes during their academic journey could be characterised with the best coping strategies. They have been transferred to paid training and/or changed majors and/or transferred to another institution. Nearly one-third of fee-paying, institution and/or major changing students belong to the fighters. Uncertainty is clearly typical of postponing/passivating students, with 30.5% of them in this cluster. About 50% of students on the normal path belong to the adaptive cluster. They are confident even if they make a mistake and are able to correct their mistake quickly (Figure 1).

Concerning the comparison of the countries, there is a significant difference in the Hungarian

Table 1

The perceived levels of coping in the light of the cluster analysis (means)

	Clusters		
	Adaptive students N=1067	Unsecure students N=558	Fighter students N=567
I am able to adapt when changes occur.	3,27	3,01	3,81
I can deal with whatever comes my way.	3,08	2,60	3,69
I try to see the humorous side of things when I am faced with problems.	2,91	2,41	3,52
Having to cope with stress can make me stronger.	2,69	1,92	3,36
I tend to bounce back after illness, injury or other hardships.	2,69	1,93	3,41
I believe I can achieve my goals, even if there are obstacles.	3,17	2,83	3,75
Under pressure, I stay focused and think clearly.	2,81	2,27	3,56
I am not easily discouraged by failure.	2,81	2,32	3,51
I consider myself a strong personality.	3,00	2,23	3,76
I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	2,83	2,14	3,52

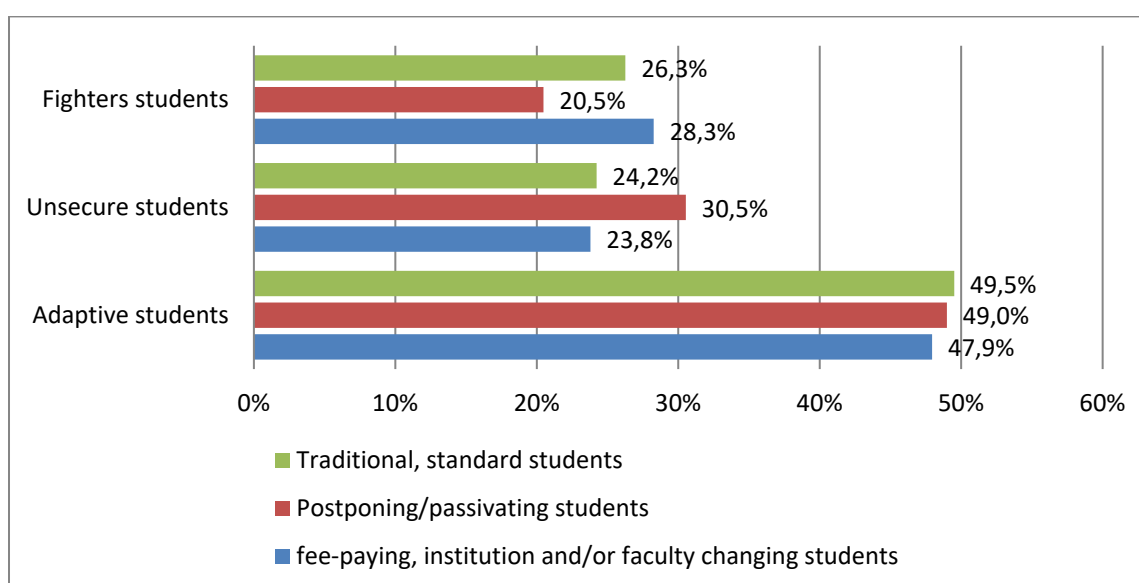


Figure 1. The perceived levels of coping in the student clusters (%)

Chi-square test, $p=0,058$

and Serbian subsamples in dealing with stressful situations ($p \leq 0,05$). It is worth clarifying here that we had a total of 96 respondents from Serbia, so the

number of items was low for each type of pathway. According to Hungarian data, about one in two sliding-passivating students is adaptive, and they

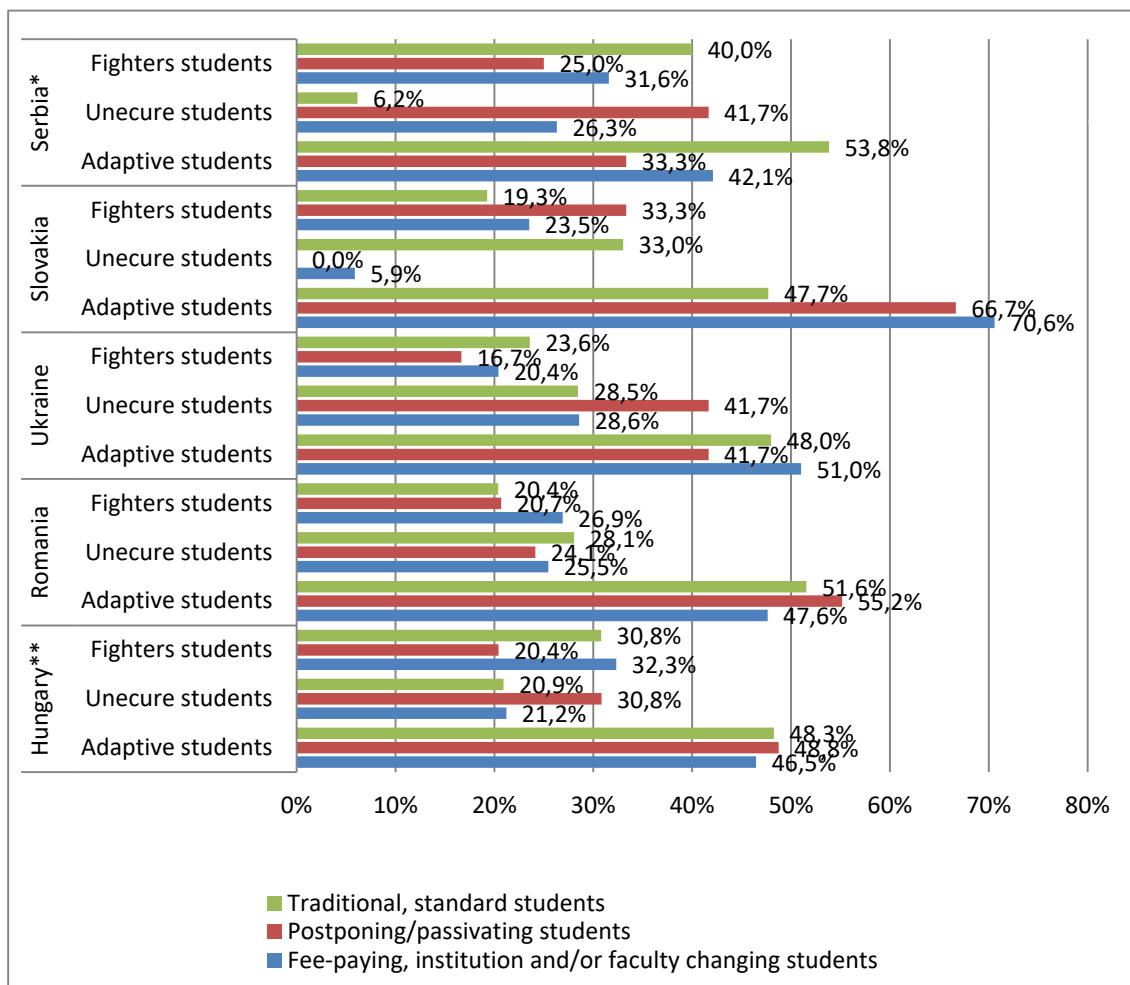


Figure 2. The perceived levels of coping in the student clusters in the countries (%)

Chi-square test, * $p \leq 0,05$, ** $p \leq 0,01$, *** $p \leq 0,001$

are the least fighter ones. Among fee-paying, institution and/or major changing students in Hungary, fighting cluster membership is the most typical. In Serbia, standard students mostly belong to the adaptive group, while most of the postponing/passivating to the unsecure cluster. The former cluster includes 53.8% of standard and the latter 41.7% of postponing/passivating students (Figure 2).

Trust

The network of contacts established on campus and the trust in others can help to overcome

student problems. Respondents indicated on a Likert scale from 1 to 4 how much they trust the following individuals and institutions: the management of the institution and faculty, administrators, instructors, group/fellow students, student council, and people sending messages in the electronic system of the institution (Neptun¹).

The respondents mostly trust the instructors, followed by fellow students. They are mostly distrustful of those who send the messages via

¹ Neptun is a general administrative system where the personal and academic information of the students and the courses taught by the instructors are collected.

the electronic system. This may be due to the fact that students receive a myriad of impersonal messages while having a high need for personal care (Figure 3).

When comparing the clusters and the trust in the institution's actors, we find that the level of trust in the university's and faculty's management, in the administrators, and those who send messages via

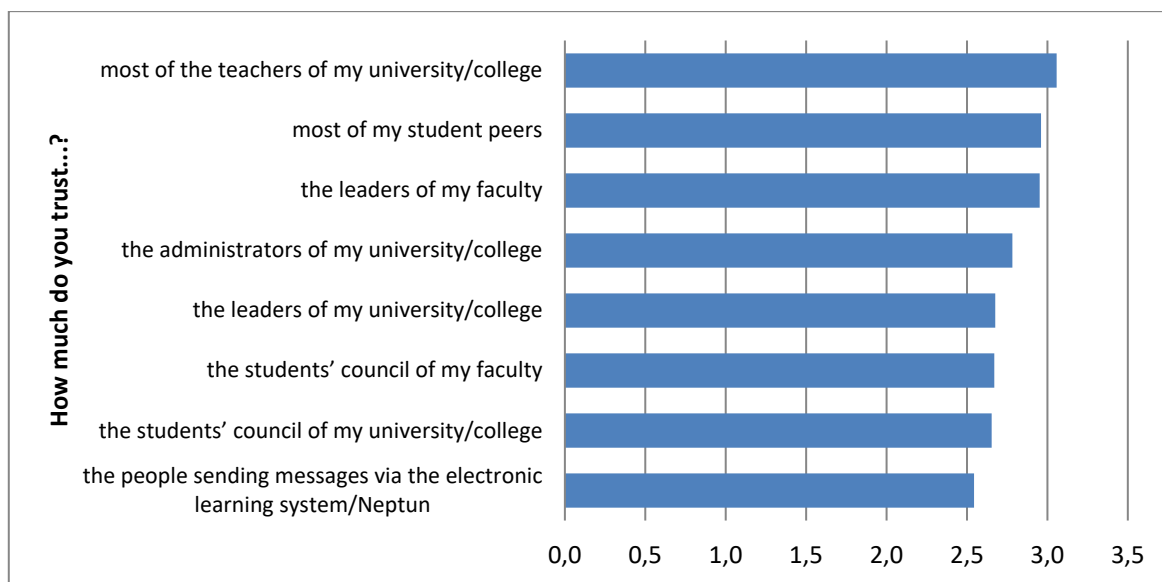


Figure 3. Trust in the different institutional actors (means)

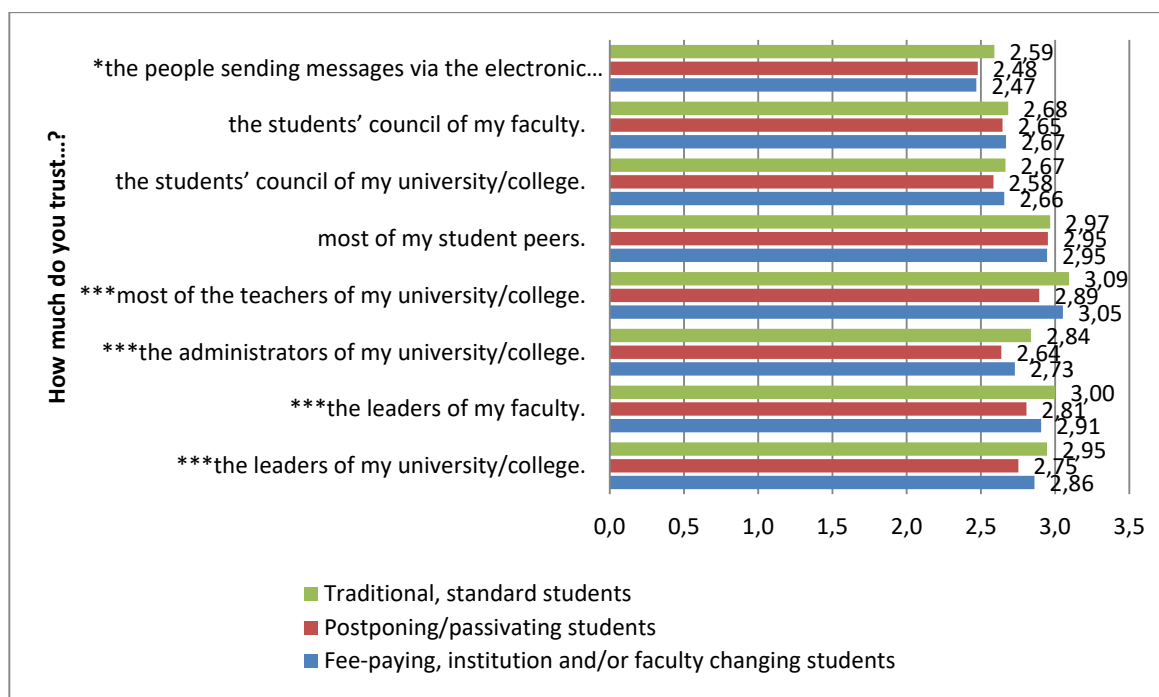


Figure 4. Trust in the different institutional actors of the student pathways (means)

ANOVA, * $p \leq 0,05$, ** $p \leq 0,01$, *** $p \leq 0,001$

the electronic system differs significantly ($p \leq 0.05$). Overall, students belonging to the standard path have the highest and strongest trust in others, of which trust in faculty stands out. Postponing/passivating students are the most distrustful while the level of trust among the fee-paying, institution and/or major changing student is average (Figure 4).

According to countries, we found a similar, significantly different pattern of trust in the case of the Hungarian and Romanian subsamples, with the difference that in Romania it is not the standard students who trust the senders of the electronic study system messages the most, but the postponing/passivating students. This may be due to the fact that in several cases they have already received professional advice and assistance from study administrators, which has prevented them from dropping out of higher education. In Ukraine, Slovakia, and Serbia, we did not find a significant difference between trust in actors of the institution and student pathways ($p > 0.05$).

Satisfaction with Higher Education Factors

Satisfaction with higher education was examined with a set of questions developed in a previous

international comparative student survey in 2012 (Pusztai et al., 2012). On a Likert scale of 1 to 4, students indicated how satisfied they are with the different factors such as the professional knowledge of the instructors, the quality of instructors, the scientific research and talent management activities of the instructors, the interest of the courses, the usefulness of the curriculum, the administrative staff helpfulness, library facilities, dormitory accommodation, etc. To receive an accurate picture, satisfaction with the twenty-eight higher educational factors was examined by factor analysis, as a result of which five groups of factors emerged: 1) communication, counselling, talent management, 2) leisure time activities, 3) the quality of the instructor, 4) support, and 5) infrastructure (Table 2).

Based on the respondents' assessments, among the dimensions, students are the most dissatisfied with the quality of the instructors, while they are the most satisfied with the infrastructural equipment of the institutions (Figure 5).

Satisfaction levels related to the higher educational factors were also examined along with student pathway clusters. The differences between the groups formed along pathways and the satisfaction with the different areas are significant

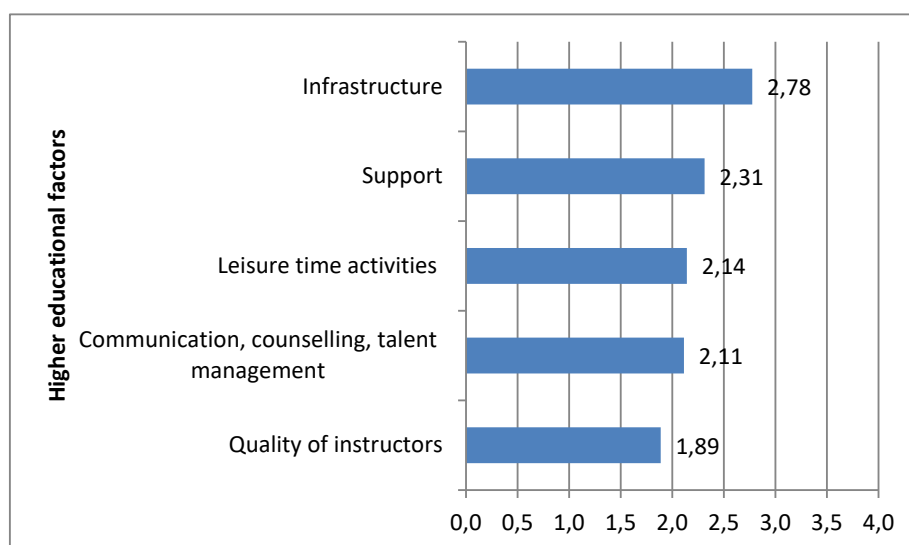


Figure 5. Satisfaction with the different higher educational factors (means)

Table 2

Satisfaction with the different higher educational factors in the light of the factor analysis (explained variance=44,504%)

During your higher educational studies, how satisfied are you with...?	Factors				
	Communication, counselling, talent management	Leisure time activities	Quality of instructors	Support	Infrastructure
The support provided in learning difficulties.	,697	,224	,151	,125	,140
The carrier counselling.	,613	,250	,089	,085	,158
The equal treatment of the students.	,592	,140	,240	,171	,227
The usefulness of the curriculum.	,553	,192	,288	,270	-,037
The teacher-student interactions during the lectures.	,547	,045	,246	,200	,132
The curiosity of the courses and seminars.	,547	,160	,304	,152	,050
The academic burden of students.	,543	,097	,030	,107	,127
The difficulty of the learning material.	,518	,081	,147	,121	,055
The talent management work of the lecturers.	,514	,192	,409	,092	,139
The possibilities for working and professional practice of the students	,458	,274	,178	,301	-,044
The possibilities provided for sports offered by university.	,115	,806	,085	,101	,014
The possibilities provided for entertainment offered by the university.	,161	,741	,095	,058	,068
The international programs offered by the university.	,284	,506	,143	,136	,263
The possibilities for having a high quality eating in the campus.	,097	,467	,106	,302	,171
The possibilities of practising religion/spirituality in the campus.	,256	,402	,109	,142	,198
The dormitory possibilities.	,116	,383	,113	,197	,357
The collegiality and mutual support between students.	,314	,366	,104	,211	-,037
The knowledge of the lecturers of the subject.	,240	,106	,765	,112	,107
The scientific and research achievement of the lecturers.	,263	,168	,675	,119	,120
The quality of teaching.	,402	,150	,521	,160	,108
Internet access on the campus and in the classrooms.	,120	,113	,086	,558	,195
The helpfulness of the faculty staff.	,342	,107	,102	,521	,141
The material costs of the studies (fees, books, courses, etc.).	,406	,113	,099	,409	,212
The reputation of the university.	,161	,312	,300	,409	,002
The transport and parking possibilities.	,230	,255	,031	,381	,102
The appliances of the libraries.	,064	,343	,222	,363	,195
The technical possibilities for preparing for the courses.	,225	,255	,184	,312	,560
The available technology (computer, projector, etc.) Of the classroom.	,293	,122	,131	,308	,478

($p \leq 0.05$). Fee-paying, route changing students as well as postponing/passivating ones are the most dissatisfied with their experiences related to higher education. However, it is surprising that postponing/passivating students are only satisfied with the opportunities for leisure activities. Traditional students are satisfied with all areas of experience except leisure activities, and their satisfaction with communication, counselling, talent management is outstanding (Figure 6).

The means of satisfaction with higher education factors show significant differences by countries too ($p \leq 0.05$). Students in the Serbian and Slovakian subsamples are satisfied with the infrastructural factors experienced in higher education institutions above the average. Also, almost everywhere, the level of satisfaction of standard students is the highest. Exceptions to this are the fee-paying, institution and/or route changing students in the Ukrainian and Romanian subsamples. For the former, the average level of satisfaction with communication, counselling,

and talent management is higher than that of standard students while the latter shows a higher satisfaction with the quality of instructors. The satisfaction with leisure activities of postponing/passivating students in Hungary also exceeds those on the standard road in Hungary (Figure 7).

Objective Health Behaviour

In our research, we also paid special attention to the examination of objective health behaviour, the results of which are illustrated in Figure 8. We asked students whether they had done any intense sports activities outside of physical education classes that lasted at least 45 minutes in recent months. We were also curious to see if they had been drunk, smoked, or used substance in the past year.

The results show that pursuing sport as a factor supporting health has a decisive role in the lives of respondents as more than 80% of them have recently engaged in intense sports activities.

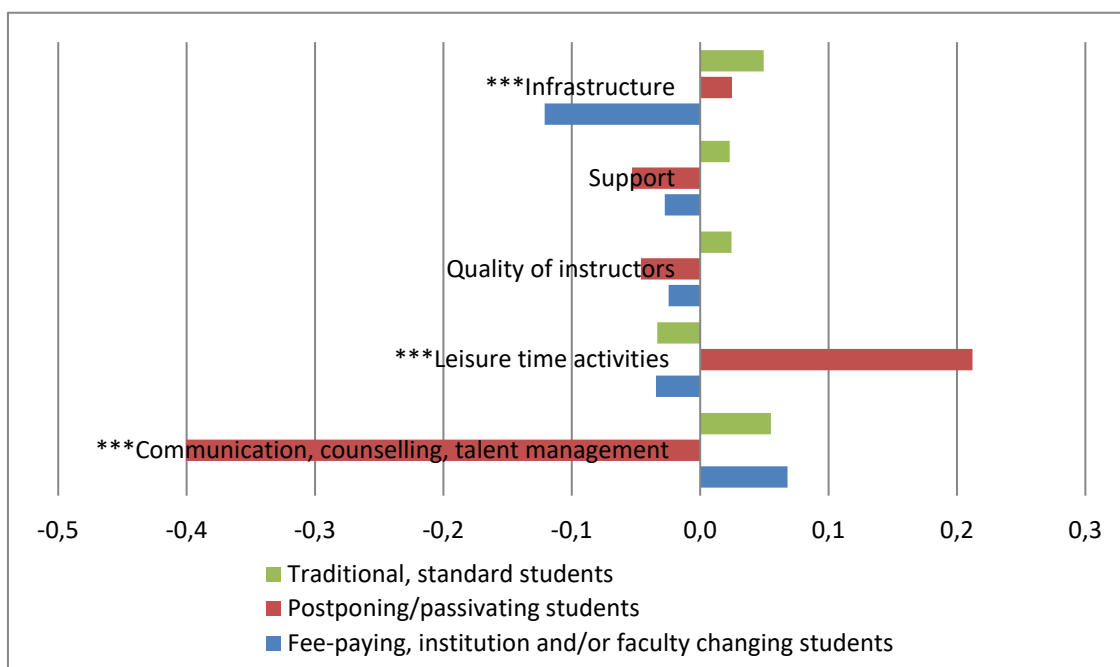


Figure 6. Satisfaction with the different higher educational factors in the student pathway clusters (means)

ANOVA, * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

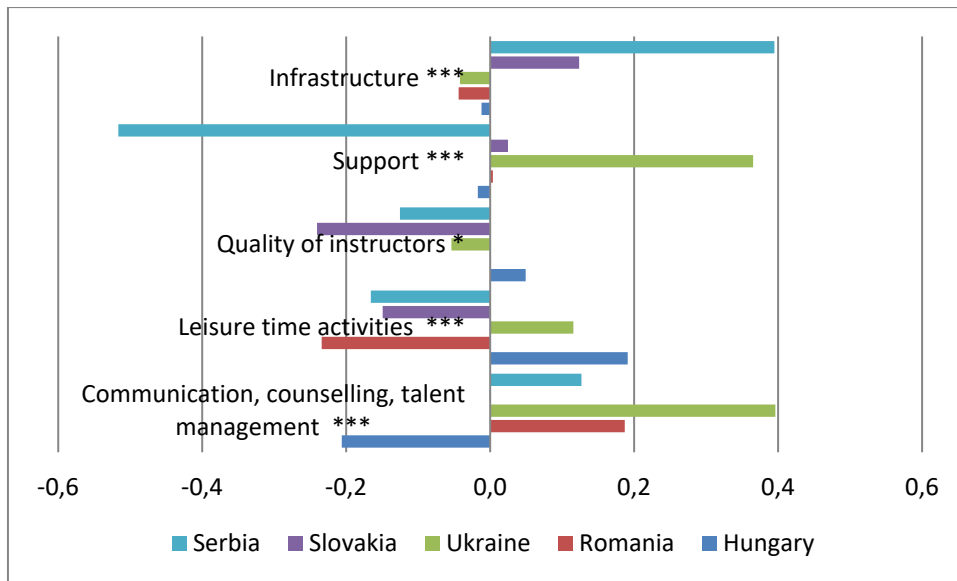


Figure 7. Satisfaction with the different higher educational factors in the student pathway clusters by countries (means)

ANOVA, * $p \leq 0,05$, ** $p \leq 0,01$, *** $p \leq 0,001$.

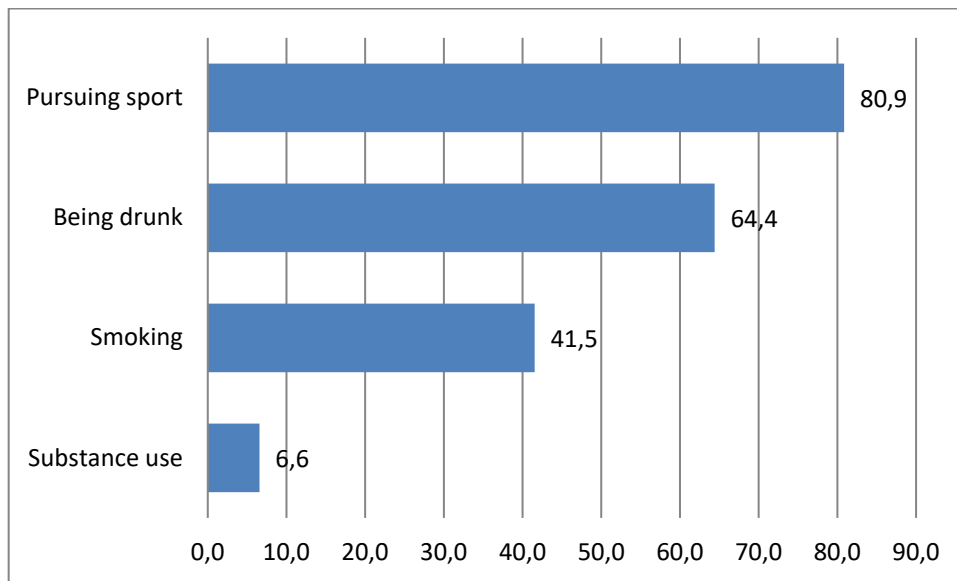


Figure 8. The prevalence of health-protective and risk factors in the last year (%)

According to frequency, 38.4% of the respondents play sports weekly and 32.3% monthly.

Among the health-damaging factors, drunkenness stands out, followed by smoking and drug use. 36.3% of the students had been drunk once a month or more frequently in the past year, one in

five respondents had smoked at least weekly, and 3.4% had taken drugs on a monthly basis at most. Six people reported almost daily substance use.

Based on the results of the crosstabs, there is a significant difference between objective health behavioural factors and pathways ($p \leq 0.05$).

Non-smokers and non-drug consumers are over-represented among standard students. Among the postponing/passivating students, all the health-damaging factors were overrepresented. They have the highest proportions of smokers, alcohol consumers, and drug users. Pursuing sport was the least typical for fee-paying, institution and/or route changing students (Table 3).

Regarding the comparison of the countries, only in the Hungarian and Romanian subsamples showed a significant difference between the pathways and smoking, and the pathways and substance use ($p \leq 0.05$). Regarding the distribution of the clusters, of course, characteristics of the entire

sample can also be observed on the subsamples. In Hungary and Romania, non-smokers and non-drug users typically belong to the traditional/standard cluster.

Summary

In our research, in addition to the components of objective health behaviours, we also examined subjective health behaviours, which are of outstanding importance in all respects in terms of students' institutional careers, academic, and non-academic achievement. The appearance of objective

Table 3
The prevalence of protective and risk factors in student pathway clusters

		Fee-paying-institution/ route changing student	Postponing/ passivating students	Traditional/ standard students	
Pursuing sport *	no	N	119	43	246
		%	22,20%	14,98%	18,81%
	yes	N	417	244	1062
		%	77,80%	85,02%	81,19%
		Total	536	287	1308
	Being drunk ***	no	N	211	70
%			39,37%	24,05%	36,70%
yes		N	325	221	828
		%	60,63%	75,95%	63,30%
		Total	536	291	1308
Smoking ***		no	N	295	131
	%		54,53%	44,86%	63,13%
	yes	N	246	161	486
		%	45,47%	55,14%	36,87%
		Total	541	292	1318
	Substance use ***	no	N	497	257
%			92,38%	88,32%	95,04%
yes		N	41	34	65
		%	7,6%	11,7%	5,0%
		Total	538	291	1310

Chi-square test, * $p \leq 0,05$, ** $p \leq 0,01$, *** $p \leq 0,001$

and subjective health awareness and satisfaction indicators were analysed along the pathways of higher education studies in five countries.

We aimed to examine students' characteristics belonging to the different clusters alongside their satisfaction with higher educational factors, their trust in actors of the institution, and their coping strategies. In addition to subjective behaviour, we were also interested in the objective behaviours that appeared in the groups.

When we examined coping, trust, and satisfaction with higher educational factors as an index, we found that fee-paying, institution and/or major changing students own the best coping strategies. With higher education factors, traditional/standard students are the most satisfied and have the highest level of trust. The postponing/passivating students are in the most disadvantaged position. Their reactions to stressful situations are mostly negative, and they are distrustful of almost everyone. However, it is also true for them that they are also dissatisfied with higher educational factors in relation to academic failures. When focusing on the elements of objective health behaviours, it was also revealed that in their case all the examined health-risk factors are overrepresented. Thus, they have a negative coping strategy in which self-harming behaviour clearly appear.

Overall, our results show that it is worth paying attention to students in non-standard academic progression types, as they are the ones who face the risk factors of higher education dropout the most. As a next step, we would like to make further and more in-depth analysis in determining the factors hindering academic persistence and supporting dropout among non-standard students.

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