■ Original article

Evaluation of quality of life in the students of islamic Azad University

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Abstract

Background and Purpose: Quality of life is a ubiquitous concept, and improving quality of life plays a pivotal role in the promotion of individual and social health. This parameter requires exclusive attention in case of students since quality of life remarkably affects learning and academic achievement.This study aimed to evaluate quality of life among the students of Islamic Azad University of Yazd, Iran.

Methods: This descriptive cross-sectional study was conducted on 400 participants randomly selected from the student population of Yazd Islamic Azad University, Iran. Data were collected via self-report questionnaires about quality of life. Data analysis was performed using SPSS V.16.0.

Results: In this study, mean of quality of life score was 16.16±146.91. In addition, a significant difference was found between quality of life and gender (t=2.7, P=0.007), place of residence (t=2.0, P=0.04) and insurance status (t=3.16, P=0.002) of the subjects. However, there was no significant difference between quality of life and field of study, education level and family size (P>0.05).

Conclusion: According to the results of this study, student quality of life was at an average level.Therefore, it is recommended that special attention be given to the enhancement of this parameter among students. In this regard, programs focusing on conflict resolution, effective decision-making, self-defense and relationship improvement, as well as provision of recreational facilities, could be beneficial in increasing student quality of life.

Keywords: Quality of life, Students, Student quality of life

Introduction

Quality of life is a common term, which has recently been widely used and explored by many researchers and scientists (1). Quality of life is a subjective and multidimensional concept, covering a broad spectrum of life aspects, including social and individual values (2). Quality of life is defined as mental, social and physical well-being, as well as the ability to perform daily tasks properly (3). Quality of life reflects an individual's attitude, personal sense of physical and mental health and ability to react to different factors in physical and social environments. As such, people need to feel that their life has improved, despite the barriers and challenges that may appear at the global or national level (2).

Cynthia (1998) defined quality of life as the positive or negative evaluation of different life aspects, as well as the general satisfaction of an individual with their life. On the other hand, Eysenck (1998) believes this concept to be the difference between

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what should be and what currently prevails (4). In general, quality of life is defined as the perception of an individual towards their position in life, in the context of culture and value systems in which they live and in relation to their goals and expectations. This perception directly affects the physical and mental health of both the individual and the society (5).

Medical experts have investigated quality of life and its promotion as a substantial issue in recent years, especially with the advent of the third millennium. Moreover, public authorities are increasingly facing with the question of how to improve the health status and quality of life of different individuals, particularly young people, since they set up the future of a country (6). This concept has drawn exclusive attention in case of students as talented individuals, who are responsible for the future advances of every society in various fields.

Health-related quality of life has a remarkable impact on learning outcomes and academic achievement of students. Therefore, identifying issues that could impair quality of life among students is of paramount importance (7).

In general, assessment and attempts to improve this parameter play a pivotal role in the promotion of individual and social health (8). Health needs are to be recognized through examining quality of life and the associated factors in order to prevent inefficient health care services (9). This study aimed to evaluate the level of quality of life among the students of Islamic Azad University.

Materials and Methods

This descriptive cross-sectional study was

conducted on 400 participants randomly selected from the student population of Islamic Azad University of Yazd, Iran. Data were collected using quality of life questionnaires, which were prepared after literature review by the researchers. The questionnaires consisted of seven sections, encompassing positive or negative feelings of the subjects about life events (25), living conditions, nutrition status, income status, transportation level, medical care status (11), decision-making, conflict resolution, self-defense (6), social communication (5), recreational activities (5), work experience at home (2) and use of medications (1).

Most of the questions were organized on a four-point Likert scale, and some questions were replied with "yes" or "no". Score range of student quality of Life questionnaire was 56-227, and higher scores were indicative of better quality of life. Score interpretation was as follows: 56-113 (poor), 114-170 (average) and 171-227 (good).

Content validity of the questionnaire was confirmed by five experts, and the reliability was confirmed using the test-retest method (r=0.85). After explaining the objectives of the study to the participants, written informed consent was obtained from the students who were willing to partake in the study. Self-report questionnaires were completed during the recess at the university campus. Data analysis was performed using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (t-test and ANOVA) in SPSS V.16.

Results

In this survey, 52% of the subjects were female,

Table 1. Mean and Standard Deviation of Quality of Life in Students

Items	Mean	SD	N	Minimum	Maximum
Feelings about Life Events	63.87	9.63	710	25	100
Living Conditions , Nutrition , Income , Transportation , Medical Care	24.14	3.90	710	7	31
Decision Making , Conflict Resolution , Self-Defense	16.30	2.93	710	6	24
Spending time with people	12.12	2.33	710	5	20
Companionship with Family and Friends	14.32	2.79	710	5	20
Work Experience at Home	4.66	1.59	710	2	8
Recreation	9.92	2.72	710	5	20
Use of Medicine	1.61	0.48	710	1	4
Total Quality of Life Score	146.91	16.16	710	56	227

Table 2. Comparison of Mean and SD of Quality of Life based on Gender, Place of Residence and Health Insurance

Variable		Mean	SD	N	Independent T-test
Gender	Female	149	15.38	208	t =2.7 P=0.007
	Male	144.65	16.71	192	
Place of Residence	Yazd	144.96	16.93	163	t =2.0 P=0.04
	Other Regions	148.25	15.50	237	
Health Insurance	Yes	147.99	16.17	338	t =3.16 P=0.002
	No	140.95	14.96	61	

and 48% were male, out of whom 40.8% lived in Yazd, and 59.3 % were residents at other regions of the province. In addition, 8.8% of the participants had associate degree, 75.5% had bachelor degree, 7% had master's degree, and 8.8% had PhD. Also, 84.5% of the subjects had health insurance, while 16.5% had no health insurance.

Mean of quality of life scores in different domains were as follows: feelings about life events: 9.63±63.87; living conditions, nutrition status, income status, transportation level, medical care conditions: 3.90±24.14; decision-making, conflict resolution, self-defense: 2.93±16.30; spending time with other people: 2.33±12.12; companionship with family and friends: 2.79±14.32; work experience at home: 1.59± 4.66; recreational activities: 2.72± 9.92 and use of medications: 0.48± 1.61 (total quality of life score: 16.16± 146.91 (Table 1).

According to the results of this study, there was a significant difference between quality of life and gender (t=2.7, P=0.007), place of residence (t=2.0, P=0.04) and insurance status (t=3.16, P=0.002). However, no significant difference was observed between quality of life and field of study, education level and family size of the subjects (P>0.05) (Table 2).

Discussion

In general, quality of life covers a broad spectrum of life aspects, including medical and non-medical domains, such as physical function (ability to perform daily activities), mental function (mental and emotional well-being), interacting with people and participation in social events, pain and overall satisfaction with life (5).

According to the results of this study, quality of life score was estimated at 114-170, which is

indicative of an average level. Therefore, expert planning and strategies are required as to improve quality of life among student with the help of health and public authorities. In a research conducted on the same subject at Guilan University, 4% of the students had very good quality of life, 34% were acceptable, 51% were moderate and 11% had poor quality of life. Similar to the findings of the present study, quality of life in the majority of the students was at an average level (7). In another study, the majority of university students in Ardabil were reported to have an average quality of life (10).

Based on the findings of the current study, several factors including lifestyle, nutrition status, income status, transportation level, medical care status, physical and environmental safety, privacy at home, future financial expectations, overall health, need for medical care, and functional and social activities were satisfactory among the studied subjects. On the other hand, feelings towards life events, sense of pride, level of general interest, feeling of usefulness, happiness and peace, sense of failure and discomfort, disturbed sleep, depression and anger were among the aspects reported to be at an average level.

Furthermore, decision-making, conflict resolution, self-defense, rate of social interactions outside home, protesting against poor services, dealing with abuse, self-confidence and dodging important decisions were among the factors observed to be at a moderate level in our study.

Other parameters that were at a moderate level among the participants were as follows: companionship with neighbors, social interactions, familial relationships, communications with friends and offering help at home or to other people.

On average, each student spent less than 8 hours

per week on leisure activities (e.g., sports, watching TV, shopping, voluntary charity), and most of the students used medications without prescription. Evaluation of the quality of life of medical students indicated that the scores of physical function were higher than other areas, followed by bodily pain, limited functionality due to physical problems, social interactions, limited functionality due to emotional problems, mental health, general health and vitality (9).

The study performed at Guilan University revealed a significant correlation between quality of life and monthly cost of living, monthly income status of the family and concerns about future career (11). Furthermore, among the students of Tehran University, daily physical activity and lack of smoking habits were reported to be significant predictors for physical health. Among the significant predictors for mental health were daily physical activity, lack of smoking habits and membership in associations or groups (12).

According to the results of independent t-test in the current study, mean of quality of life scores for female and male students was 15.38±149 and 16.71±144.65, respectively, which was indicative of a significant difference between gender and quality of life (t=2.7, P=0.007). Accordingly, it could be concluded that female students in our study had a more desirable perception of their position in life, and as a result, enjoyed higher quality of life. Similarly, the findings of a study performed on medical students at Ilam University indicated that female students had higher quality of life scores compared to male students (11).

In another research conducted in Ardabil University, quality of life was higher among female students (31.4%) compared to male students (26.5%), and the difference was considered as significant (P>0.025) (11).

According to the findings of the study performed at the University of Guilan, statistically significant differences were observed between male and female students regarding the pain scale, environmental relations, family finance, social care and negative emotions of the participants (P<0.05), and female students were reported to experience unpleasant

situations more often than male students (7). It is also noteworthy that quality of life is based on the perception of individuals, and these perceptions may differ depending on the dominant culture of a society.

According to the results of the current study, mean score of quality of life for students living in Yazd was 144.96±16.93, while it was reported to be 148.25±15.50 for residents of other regions. Moreover, the results of independent t-test were indicative of a significant difference between the quality of life and place of residence (t=2.0, P=0.04) as students from other cities had higher quality of life compared to our subjects.

According to other results of the present study, residence of the students (dormitory vs. home) could be a significant predictor for high scores in the areas of physical and mental health (12). However, in the study conducted in Ardabil, no significant correlation was observed between quality of life and place of residence (P>0.05) (10). This difference could be due to the cultural dictations of Yazd city, such as the high rate of employment and limited recreational activities.

In the current study, mean score of quality of life in the students with and without health insurance was 147.99±16.17 and 140.95±14.96, respectively. According to the results of independent t-test, there was a significant difference between quality of life and health insurance among the studied subjects (t=3.16, P=0.002). In other words, students supported by health insurance enjoyed a higher quality of life. In the research performed in Ardabil University, there was a statistically significant correlation between the socio-economic status and quality of life of the students (10).

In the current study, the results of variance analysis indicated that variables such as field of study, education level and family interactions had no significant difference with quality of life of students. Similarly, the study conducted in Ardabil University found no significant correlation between the level of education and quality of life of students (P>0.05) (10). However, the findings of the research performed at Ilam University reported a significant correlation between the level and field of study and

quality of life of the students (11).

Conclusion

According to the findings of the present study, quality of life of students was at an average level. Therefore, it is recommended that special attention be given to the enhancement of quality of life among students as the future assets of our society. In this regard, different interventions, such as programs on conflict resolution, effective decision-making, self-defense and proper communication with friends and family, as well as the provision of recreational activities and volunteerism, could be extremely beneficial.

Conflicts of Interest

The authors declare no conflicts of interest.

Authors' Contributions

Mahmood Nouri Shadkam contributed to the concept, design, and manuscript preparation. Khadijeh Nasiriani contributed to the concept and design of the study, data acquisition and analysis and manuscript preparation, editing, and review. Seid Saeed Mazloomy Mahmoodabad contributed to the concept, design, and manuscript editing. Fatemeh Zare Harofteh contributed to the data acquisition, data analysis, and manuscript preparation.

Acknowledgements

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