

Assessment of Physical, Psychological, Social, and Environmental Health Domains of Quality of Life in Female Students Living in Dormitories of Qom University of Medical Sciences

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Abstract

Aims: Considering significant number of students, especially female students consisting young stratum of the society, there is the increased possibility of mental damages and the direct effect it can have on their quality of life (QOL). The present study aimed to investigate the QOL in female students living in dormitories of the University of Medical Sciences in Qom University of Medical Sciences. **Materials and Methods:** This study is a cross-sectional study conducted in 2016 on 300 students of the Qom University of Medical Sciences selected using quota sampling. Data gathering tool was the World Health Organization QOL-BREF questionnaire containing 26 items. Statistical data were analyzed using descriptive and inferential statistics of SPSS software. **Results:** In general, the mean score of students in the four domains of QOL was respectively related to physical health (14.42 ± 2.42), social health (13.30 ± 3.33), environmental health (13.11 ± 2.95), and psychological health (13 ± 2.81), and also, there was a significant relationship between QOL and age ($P < 0.0001$), discipline ($P < 0.04$), economic status ($P < 0.0001$), and interest in discipline ($P < 0.001$). **Conclusion:** This study showed that the lowest area of QOL was associated with psychological health; therefore, to increase the QOL in this dimension; the periodical evaluation of the mental health is recommended. Appropriate training to create psychological adjustment in student dormitories can also improve the QOL.

Keywords: Qom, quality of life, students

INTRODUCTION

Today, considering the expansion of universities and higher education centers is a significant number of students which are in adolescence.^[1] Entering into the university is considered as such an important period in the future life of these efficient and active collaborators.^[2] The World Health Organization defines the quality of life (QOL) as one's perception of his/her position in life, culture, and value system in which he/she lives in relation to his/her objectives, expectations, and standards, and according to this definition, most medical science experts believe that QOL is a multidimensional and subjective concept.^[3,4] In general, four basic domains of QOL are related to physical, psychological, social, and environmental health. Physical dimension is defined as physiological performance of the body and one's perception of his/her abilities. Psychological dimension includes balance

and harmony of the person with himself/herself and others. The social dimension is related to the person's ability to communicate with others, and environmental health has concentrated on the individual's ability to exercise and perform daily activities which are observable.^[5,6] QOL is mainly associated with different variations in public and social relations of students, while along these changes, new roles formed in students' character after entering the university can be mentioned.^[2] Given all these problems,

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How to cite this article: Rahiminia E, Rahiminia H, Sharifirad G. Assessment of physical, psychological, social, and environmental health domains of quality of life in female students living in dormitories of Qom University of Medical Sciences. *Int Arch Health Sci* 2017;4:93-6.

Access this article online

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DOI:
10.4103/iahs.iahs_18_17

mental health which is an important aspect of students' QOL has high importance; however, it should be noted that this group is exposed to numerous stresses for reasons such as special age and social position.^[7] Tension factors such as being away from home and separation from family, new lifestyle, irregular sleeping and waking hours, payment of fees, uncertain job future, educational problems, competition with other students, lack of interest in discipline, high volume of classes, and lessons could have a significant impact on their QOL.^[8-10] The results of Soltani *et al.*'s research showed that 4% of students had very inappropriate QOL, 51% had moderate, and 11% of students had inappropriate QOL.^[11] The results of the Tol *et al.*'s study on the lifestyle showed that the general QOL of 40.7% of the students was good and only 19.8% of them had moderate QOL.^[12] Since most students, especially female students, are in vulnerable period of their lives and living in the dorms will form an important part of their lives, the probability of psychological damages in them has naturally increased and may have direct effect on their QOL, so we decided to conduct this study aimed at investigating the QOL in female students living in dormitories of the University of Medical Sciences in Qom.

MATERIALS AND METHODS

This study is a cross-sectional study conducted on female students living in dormitories of the University of Medical Sciences in Qom. The study population consisted of female students studying in Qom University of Medical Sciences living in dormitories in December 2016. The data sampling method was quota that of 300 students, 87 students were from the faculty of medicine, 42 students were from nursing and midwifery, 48 students were from the faculty of paramedics, and 122 were from public health. Data were gathered using the World Health Organization QOL-BREF questionnaire containing 26 items in four domains of physical health (energy and fatigue, pain and discomfort, sleep and rest, 7 items), psychological health (body image and appearance, negative feelings, positive feelings, self-esteem, thinking, learning, memory, and concentration, 6 items), social health (personal relationships, social support, sexual activity, 3 items), and environmental health (financial resources, information and skills, recreation and leisure, home environment, access to health and social care, physical safety and security, physical environment, transport, 8 item) so that each question item was scored based on the Likert scale from 1 to 5 and first two questions are not related to any of the areas and assess overall QOL; therefore, scores of 4–20 were considered separately for each dimension, accordingly, high QOL (score 16 and more), middle QOL (score 12–16), and low QOL (under 12 score) classified. Finally, after obtaining informed consent from the students, questionnaires were completed by self-report method. Validity and reliability of the questionnaire were previously confirmed by Nejat *et al.* in Iran calculating Cronbach's alpha coefficient as 0.7.^[13] Data were analyzed using descriptive statistic and Pearson and Spearman correlation coefficient and statistical software SPSS software

version 18 for windows (SPSS Inc., Chicago, IL, USA) and $P < 0.05$ was considered as significance level.

RESULTS

The mean age of students was 21.64 ± 3.50 years and mean educational average was 16.71 ± 1.51 that most students were single and at bachelor's degree and the response rate of participants was 300 people.

In general, in the four domains of QOL, the highest mean score among students was related to physical health, and the lowest mean score was associated with psychological health [Figure 1].

Pearson and Spearman correlation coefficient showed that there was a weak significant relationship between QOL and demographic variables [Table 1] and statistically significant difference was observed between single people (7.2 ± 48.61) and married people (10.53 ± 2.38) with social domain of QOL so that married people had a higher score.

DISCUSSION

This study showed that in general, QOL of students at all the four domains was in the middle range, and in four domains of QOL, the highest mean score was associated with the physical health and the lowest score was related to psychological health that this is consistent with the findings of several studies.^[14-18] In a study conducted by Yazdi Moghadam *et al.*, nursing students had average QOL in both physical and mental health.^[18] Furthermore, in a study of medical students of Kans Lithuania

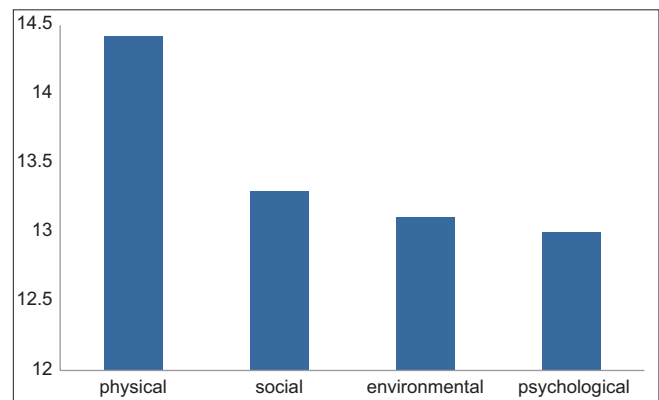


Figure 1: Mean of domain quality of life in students

Table 1: Relationship between quality of life and demographic variables

Demographic variables	Quality of life	
	P	r
Age	0.0001	0.29
Discipline	0.04	0.11
Economic status	0.0001	0.29
Interest in discipline	0.001	0.22

and Demont's study, mean QOL in the dimension of physical health among four dimensions had the highest value that was consistent with the present investigation.^[14,19] According to this study and mentioned studies, attention to the domain of physical health has been more than any other domains and according to the fact that all dimensions of QOL affect each other and the mean QOL in all domains of the present study was close to each other and there was not so much difference between the areas, all domains of QOL should be given special attention.

Psychological health of QOL is one of the key dimensions that many different factors can be effective on it; in addition, it has the lowest average among the four dimensions in the present study;^[20,21] therefore, measures are needed to be done in this area to improve the QOL of students, including workshops of happy life skills and communication skills. Furthermore, according to Tol *et al.*, the use of strategies for stress management and relaxation techniques can affect QOL in the domain of mental health in a positive direction.^[12] As the study of Alibeik *et al.* emphasized this fact also, training of optimism is also done in improving the QOL of people because in addition to physical health, this can be an effective in mental health.^[22] In addition, education of psychological hardiness components including commitment, control, and militancy, according to Shokohi *et al.*, affects all domain of QOL particularly social health because training strengthens social and interpersonal relations, and considering the increased QOL, it improves sense of well-being and tolerance to adverse environmental conditions and also leads to increased environmental health; therefore, after the training, students can interact so well in relation to the environment and obtain optimal compatibility.^[23,24]

The results showed there was a significant relationship between QOL and age while Asarodi *et al.* demonstrated that aging has no effect on QOL^[25] except in the social dimension that the QOL is promoted with increased age. According to Yazdi Moghadam *et al.*, there was no significant relationship between age and physical and mental aspects of QOL.^[18] The reason for the difference in results can be different age features in two studies.

The findings of this study showed statistical significant relationship between discipline and interest in discipline with QOL. According to the admissions system in Iran, thorough examination and considering the fact that continuing education for many adolescences is a way to provide jobs in the future. Thus, adolescences are merely trying to enter the university but they do not have much of information about the job future of their discipline; thus, after a while, they conclude that they are not much interested in their field; however, in the present study, about 83% of students were interested in their field of study, that is, inconsistent with Paro *et al.*'s results.^[16]

There was also a statistical significant relationship between QOL and economic status as, the improvement in economic status, particularly monthly consuming costs of the students

may have a positive impact on benefiting from the quality of their lives.^[26,27] It was shown in a study by Khaled *et al.* that those with higher income levels and more prosperous have higher QOL.^[19] This is despite the fact that in numerous other studies, no significant relationship has been found between QOL and economic status^[28-31] that the cause of this difference may be due to differences in the study population.

In the present study, statistical significant difference was observed between single people and married people with social domain of QOL so that married people had a higher score. Makvandi and Zamani also showed that in all subcomponents related to social health, married students had better status than single students.^[32] Furthermore, according to studies conducted by Cairney *et al.* and Bakhshipour Roudsari *et al.*, it could be said that, since, married people unlike single people have higher life satisfaction and social support, so in order to reduce stress, depression and to increase social support for single persons, conditions can be provided in line with their marriage as a preventive and positive measure.^[33,34] One of the present study limitations is that the statistical population is female students living in the dormitories who are in a special age range that it can limit the result generalizations, so doing future studies in other groups is suggested.

CONCLUSION

According to the present study, the lowest domain of QOL was related to psychological health; therefore, to increase the QOL in this domain, periodical evaluation of the mental health is recommended. Furthermore, appropriate training to create psychological compatibility in student dormitories and proper communication with others can improve the QOL.

Acknowledgment

Thereby, almost all the students who participated in this study are sincerely appreciated.

Financial support and sponsorship

This article is the result of the research project No. 34 P/12618, which is approved by the Research Ethics Committee of the Qom University of Medical Sciences, Qom, Iran.

Conflicts of interest

There are no conflicts of interest.

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