



## Quality of life in students living in dormitories in Jahrom University of Medical Sciences

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### Abstract

**Background & Aims:** Improving quality of life has a significant role in the health of personal and social life. This study aimed to investigate the quality of dormitory life in students living in Jahrom University of Medical Sciences.

**Materials & Methods:** This cross-sectional study was conducted on 344 Students living in dormitories in Jahrom University of Medical Sciences. The data collection instrument was the 26-item World Health Organization Quality of Life Questionnaire (WHOQOL-BREF). Stratified sampling was used to select samples. Collected data were analyzed with SPSS 21 and using descriptive statistical methods (frequency, percent, mean, standard deviation, Independent t- test, and ANOVA).

**Results:** The average age of the participants was  $21.08 \pm 1.2$  years. The mean of the total quality of life was  $(93.73 \pm 5.93)$ , and 162 people (47.09%) were in a good level of quality of life. The highest mean was related to the physical health dimension ( $23.97 \pm 2.16$ ) and the lowest mean was related to the social relationship dimension ( $5.15 \pm 1.27$ ). The data showed that there is a significant relationship between mean of quality of life and marital status ( $p = 0.01$ ) and gender ( $p = 0.00$ ).

**Conclusion:** The results showed that most of the students experienced a good level of quality of life. The findings suggest paying more attention to health-related quality of life (HRQOL) and planning for the promotion of students' HRQOL.

**Keywords:** Jahrom, Quality of life, Students, WHOQOL-BREF

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### Introduction

Quality of life is a multi-dimensional structure that includes physical health status, psychological well-being, social and cognitive function, the impact of

disease and treatment, and the patient's life experience. This structure is subjective and polyhedral and it is very difficult to determine its quantity and quality regardless of the person's opinion (1). According to the

definition of the quality of life group of the World Health Organization (WHO) in 1966, quality of life is a person's thoughts about his life situation with due attention to the culture and value system in which he lives and the relationship between these factors with his goals, expectations, standards and priorities (2).

Researchers believe that examining the quality of life and trying to improve it will play a conspicuous role in the health and social life of the individual, and since it includes various dimensions such as physiological aspects, performance and existence of a person, it is very important (3). The quality of life and health status is of importance to the extent that the current century has been described as improving the quality of life (not just survival) and health status (4).

Youth is one of the most important periods of people's lives, especially students, whose mental health has a positive effect on their social health and quality of life. In this period, people will face many changes, including changes in emotions, feelings, behavior, and physical and economic-social status (5).

The result of a study in Sweden showed that students had a lower quality of life compared to workers of the same age, and factors such as academic failure, job problems, social incompatibility, behavioral problems, personality and marriage were among the factors that had affected their quality of life (6). The results of a study in Gilan indicated that only 38% of the students had a good quality of life (7). Contradictory statistics have been reported regarding the students' quality of life in Tehran. Some have described the quality of life as desirable and others as unfavorable (8, 9).

Although the quality of life of students is related to previous conditions such as the level of individual growth and development and his feeling of isolation, but, it should be kept in mind that entering university is a very sensitive stage in the life of efficient and young people. The entry of young people into university in any country is often associated with many changes in their social and human relationships. It is necessary to pay attention to new expectations and roles that are formed in students at the same time as they enter the

university (10). Being in such a situation is often accompanied by pressure and nervousness, which affect people's productivity and lead to disruption in doing homework, reduced motivation, anxiety, fear, and worry. As a result, they will not have enough power and interest to work in academic and educational affairs (11).

Measuring the quality of life and taking into account the living conditions, social-environmental factors, views, interests, goals of people and society's values are very important in health promotion planning (12). In every single society, attention to the physical health status, psychological, social, cultural and spiritual interests, and providing the necessary context to reach a dynamic and a healthy life are the guarantor of the health of that society for the upcoming years (13).

Since no research has been done on the quality of life of students in Jahrom University of Medical Sciences, on the other hand, in order to improve the quality of life of this group, it is necessary to know the state of their quality of life. Therefore, this study aimed to determine the quality of dormitory life in students living in Jahrom University of Medical Sciences, in 2019.

## Materials & Methods

This study was a descriptive-analytical study, conducted in 2019. The studied population were all students living in the dormitories of Jahrom University of Medical Sciences. The sample size was determined by using the formula of optimal quality of life (34%), first type error ( $\alpha = 0.05$ ), precision ( $d = 5\%$ ), and the number of samples was 344 students. Due to the possibility of a more accurate comparison between male and female, equal numbers of each gender were included in the study. The sampling method was stratified sampling. In this way, the dormitory floors were considered as blocks and the samples were taken from the rooms of each floor.

The data collection tool was the demographic information checklist (age, gender, educational level, marital status, Family member and economic status)

and the World Health Organization Quality of Life Questionnaire (WHO-QoL-BREF), which was designed to evaluate the quality of life and its validity and reliability have been confirmed (15). Nejat et al.'s study confirmed the validity, reliability and acceptance of the structural factors of this tool in healthy and sick groups in Iran (14).

The short form of this questionnaire had 26 questions and evaluated the four areas of physical health with nine items, psychological health with six items, social relationships with three items and social environment with eight items. Each four-choice question that was from very bad to very good was scored from 1 to 4. Therefore, each person obtained a score of 26-104, which means that a higher score means a higher quality of life and a lower score means a lower quality of life. Thus, a score of less than 34 (poor quality of life), 34 to 68 (moderate) and more than 68 (good) was reported. Also, the range of scores obtained in the four dimensions (physical health, psychological health, social relationships and social environment) of the quality of life of each person was 9-36, 6-24, 3-12 and 8-24, respectively (16).

In order to carry out the research and collect information, after coordinating with the research assistant and the student culture assistant and security office of the University of Medical Sciences, the dormitories of the university were referred. Finally, after providing the necessary explanations to the researched units and announcing their readiness to answer, the questionnaire was given to the researched

units by the researcher and completed in a self-administered form.

The obtained information was analyzed through SPSS 21 software and using descriptive and analytical statistics (mean, standard deviation, frequency, test percentage, ANOVA and Independent t-test) considering the significance level of 0.05.

#### **Ethical consideration:**

Participation was voluntary, and the participants were informed of the research objectives, voluntary participation, anonymous responses and confidentiality terms regarding their personal information. In addition, written informed consent was obtained from the selected students prior to enrolment. It should be mentioned that this article is taken from a research project in Fasa University of Medical Sciences, which has a code of ethics approved by the University Ethics Committee IR.JUMS.REC.1394.058.

## **Results**

The average age of the participants was  $21.08 \pm 1.2$  years, of which 185 people (53.81%) were in the age range of 21-24 years. An equal number of 174 women and 174 men were included in the study (50%). Two hundred and twenty-five people (65.42%) were studying at the BSc level, 311 people (90.60%) were single students, 104 people (30.20%) lived in a family of four people and 200 people (58.13%) had an average economic status (Table 1).

**Table 1.** Frequency distribution of demographic variables

Variable		Number	Percent
Age (year)	18-20	145	42.19
	21-24	185	53.81
	25-28	10	2.90
	29-31	4	1.20
Gender	Female	172	50
	Male	172	50
Educational level	BSc	225	65.42
	MSc	62	18.02
	PhD and professional Doctorate	57	16.56

Variable	Number	Percent
Marital status	Single	311
	Married	33
Family member	2	30
	3	28
	4	104
	5	84
	>6	98
Economic situation	Good	59
	Moderate	200
	Poor	85

The mean of the total quality of life of the studied students was ( $93.73 \pm 5.93$ ) and 162 people (47.09%) were in a good level of quality of life. In examining the

quality of life of students in four areas, the highest mean was related to the physical health dimension ( $23.97 \pm 2.16$ ) and the lowest mean was related to the social relationship dimension ( $5.15 \pm 1.27$ ) (Table 2).

**Table 2.** The mean and SD of the studied samples in the dimensions of the quality of life in studied students

Dimensions quality of life	M	SD	Score status (percent)		
			Good	Moderate	Poor
Physical health	23.97	2.16			
Psychological health	13.69	2.52			
Social relationships	5.15	1.27	(47.09) 162	(28.77) 99	(24.12) 83
Social environment	13.79	2.40			
Quality of life	93.73	5.93			

The data showed that there is a significant relationship between mean of quality of life and marital status ( $p = 0.01$ ) and gender ( $p = 0.00$ ) (Table 3).

**Table 3.** The mean and SD of quality of life of the studied students according to demographic variables

Variable	Quality of life		p
	Mean	SD	
Age (year)	18-20	93.66	0.15
	21-24	93.75	
	25-28	93.19	
	29-31	93.69	
Gender	Female	105.25	0.00
	Male	93.64	
Educational level	BSc	93.34	0.32
	MSc	93.60	
	PhD and professional Doctorate	93.87	
Marital status	Single	74.31	0.01

	Variable	Quality of life		<i>p</i>
		Mean	SD	
Family member	Married	94.51	5.11	0.21
	2	93.25	5.91	
	3	94.01	5.78	
	4	93.68	5.06	
	5	93.71	5.33	
	>6	93.65	5.41	
Economic situation	Good	93.35	5.14	0.11
	Moderate	93.01	5.09	
	Poor	92.14	5.74	

## Discussion

Quality of life is a concept that has become very important in recent years due to its role in the mental health of people. In this regard, considering the fact that students will be responsible for the management of various areas of society in the future, it is necessary to examine the quality of life and health of students (15).

In the current study, the mean of the total quality of life of the studied students was ( $93.73 \pm 5.93$ ) and 162 people (47.09%) were in a good level of quality of life. These results indicated the favorable condition of students' quality of life. The results of Soltani's study (7) showed that the quality of life in 4% of students was very favorable, 34% was favorable, 51% was average, and 11% of students was unfavorable. Also, in Amiri's study (16), the quality of life in 16.2% of the studied students was very good, 41.5% was good, 33.3% was average, and 8.9% was reported as bad and very bad, which is not consistent with the results of this study. In Shakiba's study (17), the average quality of life score of dental students was reported as  $2.73 \pm 0.48$  and medical students as  $2.47 \pm 0.51$ , and the quality of life of dental and medical students was evaluated as average. Probably the reason for this difference can be family relationships, different cultures of each region and gender differences that affect people's quality of life. In examining the quality of life of students in the four areas of health, the highest score is related to the dimension of physical health, which is consistent with the study of Makvandi (16). Therefore, physical health plays a positive role in improving the quality of life.

According to the results of the present study, the lowest score was related to the dimension of social

relationships, which is consistent with Marzban's study (18), but it is not consistent with the results of Makvandi's study (15). The social health of students is a subject that has received much attention in recent years due to its importance in society. This important issue also helps balance the physical, mental and social health of students to achieve academic excellence. During the student period, creating positive social relationships can significantly help in reducing stress and improving the quality of life of students. In addition, having strong social relationships with colleagues and professors can directly affect academic success (18). In an effort to increase social health, students' participation in social activities such as computer software workshops, participation in educational activities, participation in student organizations, sharing experiences and participation in social projects can have a positive effect on social health.

In this study, a significant relationship was observed between quality of life and gender ( $p < 0.05$ ) and the quality of life of girls was higher than that of boys, which is consistent with the studies of Dadkhah (19) and Mansourian (20). But it does not match the results of Salehi (9), Amiri (16), Makvandi (15), and Soltani (21). In the studies of Soltani (21), Amini (22), and Baghestani (23), the quality of life in male students is higher than that of female students, which is contrary to the results of the present study.

In this research, there was a significant relationship between quality of life and marital status ( $p < 0.05$ ), so that the quality of life score of married students was higher than that of single students, which is consistent

with the studies of Hosseini (24), Salehi (9), and Amiri (16). Being married is associated with greater life satisfaction and a higher sense of social support.

According to the results of this study, it is suggested to increase recreational facilities such as organizing pilgrimage-tourist camps and sports competitions. It can also be done by setting up counseling centers in university and dormitory environments and holding training courses related to the way of life in student environments, thus, improving the level of health and quality of life of students.

### Limitations

One of the limitations of our study was that the data collection tool was a self-reported questionnaire, which might have caused bias. However, this issue might have had an insignificant impact on the findings since the questionnaires were completed by the participants anonymously.

### Conclusion

The quality of life was relatively favorable, but according to the findings of this research, it is necessary to pay more attention to the quality of life of students as the future generation of the country. It is necessary to strive to improve the quality of life of students, especially in terms of social health.

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### Conflict of interest

The authors have no conflict of interest in this study.

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### Data availability

The raw data supporting the conclusions of this article are available from the authors upon reasonable request.

### Ethical statement

This research was conducted in accordance with ethical principles and received the ethics code IR.JUMS.REC.1394.058 from the ethics committee of Fasa University of Medical Sciences.

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