

The Quality of Life of Medical Students in Iran: A Literature Review

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Abstract – Today, the quality of life (QOL) is so important that the current century is called the quality of life improvement era and this index is used to assess the effectiveness of healthcare measures and needs. This review study aimed to determine the Quality of Life of Medical Students in Iran. The studies conducted from 1997 to 2016 were reviewed and analyzed by the keywords namely quality of life, students, iran in different databases included Pub Med, Science Direct, Scopus, and Google Scholar, Iran medex, SID, and Magiran databases. The results indicated different quality of life scores from 15% to 82% in different provinces. It is also recommended to conduct psychological assessments and to provide various psychological services to improve their quality of life. Authorities should also conduct more appropriate planning to improve the quality of life of this promising group.

Keywords – Quality of Life; Students; Iran.

I. INTRODUCTION

Health in its general literal sense does not merely refer to the provision of diagnosis, treatment and prevention services. It has a continuous spectrum which begins from positive health and ends to death. Therefore, the health spectrum is ranged from optimum wellbeing to different levels of body dysfunction, including total disability and death. The transition from optimum health to illness is a gradual process. The theory of health spectrum also confirms that an individual's health is not static, but it is a dynamic and ever changing phenomenon (Shojaee, Tehrani, H, 2004). In today's industrial world, countries spend about 4 to 14% of their GDP on health care systems and this reflects the great importance of health policies (Wilkinson Richard G, 2008). Today, the quality of life (QOL) is so important that the current century is called the quality of life improvement era (Ahangari M, 2008) and this index is used to assess the effectiveness of healthcare measures and needs (Nikbakht Nasrabadi A, 2009). The quality of life is one of the most important components of the overall concept of health (Park K, ed 2002). Health-related quality of life focuses on the physical, psychological and social aspects of health and it seems to be a distinct area influenced by individual experiences, beliefs, expectations and feelings (Testa MA, 1997). The WHO defines the quality of life as "individuals' perception of their position in life in the context of the culture and the value systems in which they live in relation to their goals, expectations and standards" (Ranjbar et al., 2011). Therefore, based on this comprehensive definition, the quality of life is closely associated with physical and psychological conditions,

personal beliefs, self-sufficiency, social relations and the environment. In addition, Sila (1994), Sincisea (1998), Eisenck (1998) and Evans and Coupe (1979) have defined the quality of life as an individual's satisfaction of the overall aspects of life, including psychological, social, economic, cultural, spiritual and sexual aspects. Today, the quality of life is among the main concerns of health professionals and it is recognized as an indicator for measuring an individual's health status in health-related studies. The quality of life is the level of perceived physical, psychological and social well-being and represents one's personal satisfaction of blessings of life. The purpose of the study of quality of life and its results is to enable individuals to live more happily and meaningfully (King CR, 1998).

Youth is a major period of life of students during which their mental health has a positive impact on their social health and their quality of life. During this period, people face many changes, including changes in their emotions, feelings, behaviors and physical and socioeconomic conditions (Arslan G, 2009). Today, students have a major role in the management of each country; therefore, they are among the most important groups. This is especially important because students not only constitute the major part of specialists in various areas of science, technology and art, but they form the main future managers, as well. In addition, some of these students will be responsible for the health and well-being of future generations, too (Azad Marzabadi, 2004). For many reasons, including special conditions of this period, high volumes of courses, economic problems and ambiguous and uncertain job prospects, students are prone to lose their health and quality of life (Mansourian M, 2006). In medical sciences, the quality of life is observed as health-related quality of life which refers to an individual's mental assessment of his current health status, health care and health promoting activities which lead to an overall level of activity and enables him to pursue his invaluable goals (Mansour ME, 2003).

A review of the past studies on the relationship between quality of life and academic performance reveals the disagreement among researchers. Results of some studies indicate that the quality of life has a significant and positive effect on students' academic performance (Tabe Bordbar, 2011; Prokik, 2011); because students with higher quality of life are more flexible and resilient when confronting academic challenges; they are less fragile and thus they achieve higher levels of scientific performance. However, students with low quality of life lose their focus quickly and yield lower performance (Rood, 2005). Results of a study

in Gilan showed that only 38% of students have enjoyed a good quality of life (Soltani R, 2010). In another study in Gorgan, the quality of life of 49.5% of students was desirable (Mansourian M, 2007). Navabinejad (2006) in his research states that students experience many educational, finances, marriage, personality, behavior and social problems (6) and (15). Kafi et al. (1995), Nasri (2001), Jamali (2004) and Omidian (2006) also argue that college life is a stressful life. They insist on promotion of factors improving students' quality of life and their health. This study reviews and summarizes the results of studies conducted on the quality of life of medical students in Iran.

II. METHOD AND MATERIALS

This Review study surveyed the quality of life in medical students in Iran. for data collection The English and Persian

studies conducted from 1997 to 2016 were reviewed and analyzed by the keywords namely quality of life, students, Iran in databases of Pub Med, Science Direct, Scopus, Google Scholar, Iran medex, SID, and Magiran databases.

III. RESULTS

Studies conducted during 1997-2017 were reviewed. A total of 63 articles were found with relevant keywords. 21 articles were consistent with the research objectives and investigated the quality of life of medical students in Iran. A number of abstracts were also reviewed, because the main articles were not available. Table 1 presents a summary of the most important studies reviewed in this paper during 1997-2017.

Table 1. Quality of life in medical students in Iran from 1997-2016

ID	Authors	Year	Province	Sample size	Accepted Quality of life score
1	Mazlom et al	2005	Khorasan razavi	130	28%
2	Tabaraei et al	2011	Qom		82%
3	Baghistani et al	2011	Bandar Abbas	118	50%
4	Salehi et al	2012	Tehran	200	61.2%
5	Tall et al	2012	Isfahan	120	19.8%
6	Khalatbari et al	2011	Guilan	612	51.57%
7	Alibeik et al	2011	Isfahan	60	36%
8	Amiri et al	2012	Semnan	525	33%
9	Hosieni et al	2012	Khorasan shomali	300	15.2%
10	Hamid et al	2012	Khozestan	160	38%
11	Baniaghil et al	2013	Golestan	126	31%
12	Shahbazirad et al	2014	Keramnshah	120	41%
13	Janfariani et al	2015	Isfahan	1000	70.70%

IV. DISCUSSION

It is necessary to pay attention to the quality of life of medical students (Ad Hoc Committee of Deans, 2004). Various studies have shown that medical students have lower quality of life, compared to other students (Dyrbye LN, 2006; Dahlin M, 2005). In the studies of Mohammad Alikhani et al., the mean QOL scores of students of Qazvin University of medical sciences in physical and mental dimensions were 73.50 and 63.01, respectively. Also, regarding the eight dimensions of quality of life, the highest and the lowest scores were associated with physical performance and role limitations due to emotional problems, respectively (Bahmani B, 2004). Nikbakht Nasrabadi et al. in their study reported the mean scores of the quality of life of students in physical and mental dimensions as 80.2 and 72.2, respectively (Testa MA, 1997). Tiraie et al. investigated the correlation between emotional intelligence and quality of life of students of Qom University of Medical Sciences and obtained the mean QOL score as 89.38. The QOL score of 25% of the samples was above 95, while in 25% of the samples, this value was below 82 (Tabaraei Y, 2010). Ramezani and Nazarian Madwani (2013) and Baghestani et al. (2008) in their

studies concluded that the quality of life of girls is lower than boys. This was similar to the results of a study conducted by National Center for Health of Germany, in which the quality of life of men was higher than women in all aspects (Kurth BM, 1998). In addition, in the study of Amini, the quality of life of boys was higher than girls (Amini M, 2007). Salehi and Dehghani Nayeri pointed out that living in a dormitory with many roommates increases students' anxiety and decreases their quality of life (Salehi T, Dehghan Nayeri N, 2011). In the study of Amiri et al., native students enjoyed higher levels of quality of life (Amiri M, 2014).

V. CONCLUSION

The overall status of quality of life of medical students in Iran was good and relatively low. Various factors are effective in this regard. Based on the results of different studies, it seems that taking measures such as: selection of native students at universities, launching counseling clinics in campuses and dormitories, holding briefing and training courses on college life, improving sports and recreational facilities and programs can improve student's quality of life. It is also recommended to conduct psychological

assessments and to provide various psychological services to improve their quality of life. Authorities should also conduct more appropriate planning to improve the quality of life of this promising group.

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