Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

QUALITY OF LIFE OF HEALTH SCIENCES STUDENTS: SIMILARITIES AND DIFFERENCES

QUALIDADE DE VIDA DE ESTUDANTES DE CIÊNCIAS DA SAÚDE: SEMELHANÇAS E DIFERENÇAS

CALIDAD DE VIDA DE ESTUDIANTES DE CIENCIAS DE LA SALUD: SEMEJANZAS Y DIFERENCIAS

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ABSTRACT

Objective: to know the similarities and differences regarding the evaluation of the quality of life of students in the health field. ***Method:*** cross-sectional study with a quantitative approach that involved 280 students. The WHOQOL-BREF was used and data analysis was performed using the Statistical Package for the Social Sciences (SPSS) 17 and included a descriptive analysis of frequency statistics, central tendency and dispersion, and inferential analysis of comparison between the domains. The data was presented in a table and discussed with literature support. ***Results:*** the domain of Social Relations achieved the best average score. ***Conclusion:*** satisfaction with social relationships is a strategy for dealing with problems and stress experienced during the formative years, contributing to improving the quality of life of academics. ***Descriptors*:** Quality of Life; Evaluation; Students; Health Sciences.

RESUMO

***Objetivo*:** conhecer semelhanças e diferenças em relação à avaliação de qualidade de vida de estudantes da área da saúde. ***Método*:** estudo transversal, de abordagem quantitativa que envolveu 280 acadêmicos. Utilizou o *WHOQOL-bref* e a análise dos dados foi efetuada por meio do programa *Statistical Package for the Social Sciences* (SPSS) 17 e incluiu análises estatísticas descritivas de frequência, tendência central e dispersão, e análise inferencial de comparação entre os domínios. Os dados foram apresentados em uma tabela e discutidos com apoio da literatura. ***Resultados*:** o domínio Relações Sociais alcançou o melhor escore médio. ***Conclusão*:** a satisfação com as relações sociais representa uma estratégia para o enfrentamento de problemas e do estresse vividos durante os anos de formação, contribuindo para melhoria da qualidade de vida dos acadêmicos. ***Descritores*:** Qualidade de Vida; Avaliação; Estudantes; Ciências da Saúde.

RESUMEN

***Objetivo*:** conocer semejanzas y diferencias en relación a la evaluación de calidad de vida de estudiantes del área de la salud. ***Método*:** estudio transversal de abordaje cuantitativa que se ha involucrado 280 académicos. Se utilizó el *WHOQOL-bref* y las análisis de los datos fue efectuada a través del programa *Statistical Package for the Social Sciences* (SPSS) 17 e incluyó análisis estadísticas descriptivas de frecuencia, tendencia central y dispersión, y análisis inferencial de comparación entre los dominios. Los datos fueron presentados en una tabla y discutidos con apoyo de la literatura. ***Resultados*:** el dominio Relaciones Sociales alcanzó el mejor escore medio. ***Conclusión*:** La satisfacción con las relaciones sociales representa una estrategia para el enfrentamiento de problemas y del estrés vivido durante los años de formación, contribuyendo para mejoría de la calidad de vida de los académicos. ***Descriptores*:** Calidad de Vida; Evaluación; Estudiantes; Ciencias de la Salud.

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INTRODUCTION

The reality during the years of academic training can influence the quality of life (QOL) of students.[1] The concept of QOL covers many meanings that reflect knowledge, experience and values of individuals and collectivities that report to them at different times, spaces and stories, and therefore a social construction with the mark of cultural relativity.[2]

The group of experts in QOL of the World Health Organization (WHO) has proposed a subjective, multi-dimensional concept and includes positive and negative assessment elements. It is a broad and complex concept that encompasses physical health, psychological state, level of independence, social relationships, personal beliefs and relationships with the environment. In this sense, QOL reflects the perception that individuals have that their needs are being met, or even that they are being denied opportunities to achieve happiness and fulfillment, regardless of their physical or social and economic conditions.[3]

In Brazil, studies on QOL of undergraduate students are concentrated in the areas of medicine[4-7] and nursing.[8-14] studies usually try to evaluate one or two courses. Only one study contemplating the joint evaluation of three areas of knowledge was found in national literature.[14] No study to assess the health courses jointly was found.

The relevance of this study lies in the production of knowledge that can support interventions that help improve the well-being and QOL of these future professionals, which will focus on their academic process. In this context and relevance to explore possible interference of QOL in the academic process, this study aims:

- To know the similarities and differences regarding the evaluation of the quality of life of students in the health field.

METHOD

In the health area, UnB has the Health Sciences Colleges, with five courses: nursing, nutrition, dentistry, pharmaceutical sciences and public health management, and medicine. The research was conducted in the period from August 2010 to August 2011. The management course in public health was not included in the survey because it was opened in the first half of 2010 and had only been active for one semester at the time of data collection.

According to the Graduate Academic Information System data, in the first half of 2010 1509 students were enrolled in the five courses studied (1014 women and 495 men). The survey was conducted with students of both sexes, older than 18 years. The sample was calculated with 95% confidence, with a maximum standard error of 5%. The sampling was random and stratified by degree course and sex. The sample included 280 students distributed in all semesters of the courses, 56 (20%) of nursing, 40 (14.29%) Nutrition, 50 (17.86%) of Dentistry, 50 (17.86%) of Pharmaceutical Science 84 (30%) of medicine.

An observational study of cross-sectional and descriptive nature, where two search tools were applied. To know the social-demographic a specific instrument was created, which characterized the subject. To collect data on QOL the WHOQOL-bref was used, which reports the last 15 days experienced by respondents.

The WHOQOL-BREF consists of 26 questions. Two questions are general and refer to the perception of QOL and satisfaction with health. The other 24 facets are divided into four domains: physical, psychological, social relationships and environment. The domains and their respective facets have objective and subjective aspects for the evaluation and the answers are given on a scale of Likert. The range of responses vary in intensity (nothing - extremely), capacity (nothing - completely), frequency (never - always) and evaluation (very dissatisfied - very satisfied and very bad - very good). [3] This instrument has been applied to research with university students.[4-5,7-8,10,13,15]

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) 17 and included a descriptive analysis of frequency statistics, central tendency and dispersion, and inferential analysis of comparison between the domains.

The calculation of the QOL assessment scores was done separately in each of the four areas, as conceptually it is not provided for in one global instrument score. [3] Gross scores were converted to a scale from 0 to 100 (score transformed 0-100 - 0-100 ET) according to the syntax proposed by SPSS OMS. [3] Thus, the minimum value of scores of each field is zero and the maximum is 100, so the higher the score, the more positive the evaluation of domain.

In order to compare dominions and check statistically significant differences an Averages comparison T test for paired data was performed. We conducted an analysis of variance (ANOVA) to test in each domain if there was a difference between courses. A

Multivariate Analysis of Variance (ANOVA) was also carried out to detect how the courses differed in relation to the areas (four dependent variables, four domains measured in different groups, five undergraduate courses).

The project was submitted to the Ethics Committee of the Health Sciences College of UnB, record CEP 104/09, and was approved at the 9th Annual Meeting, on 13/10/2009. All students were informed about the objectives and the methodology adopted in the research and were guaranteed confidentiality of the data's source. Voluntary participation was achieved through the signing of the Term of Consent.

RESULTS

The profile of 280 students showed 184 (65.7%) women and 96 (34.3%) men. Only the medical school had mostly male students. Scholars were young, 267 (95.4%) they had up to 25 years. The mean age was 21.2 years (standard deviation 2.3). Regarding marital status 274 (97.9%) said they were single. The majority, 270 (96.4%) had no employment contracts.

The instrument has two initial general questions. At first, 80.3% of students rated their QOL as good or very good. The second, which deals with satisfaction with health conditions, demonstrated a worrying statistic, 32.8% of participants said they were very dissatisfied, dissatisfied or neither satisfied nor dissatisfied with health.

The transformed ET 0-100 score revealed the average rating of the four areas for each of the courses and the courses grouped (Table 1). This review favors a comparative analysis between domains, providing greater visibility of results.

Table 1. Mean scores (0-100 ET) of the WHOQOL-BREF Domains - undergraduate courses in colleges of Health Science and Medicine at UNB, from August 2010 to July 2011. Brasilia, DF 2011.

Undergraduate courses	Dominions *WHOQOL-bref*			
	Physical	Psychological	Social Relationships	Environment
Nursing	65,43	69,64	69,20	63,34
Nutrition	66,96	64,48	66,87	68,36
Dentistry	64,83	68,43	70,33	66,50
Pharmaceutical Sciences	65,79	61,32	65,25	61,63
Medicine	65,65	64,93	68,70	67,56
All courses	65,67	65,78	68,21	65,58

Nursing in the areas with highest and lowest scores in the evaluation were, respectively, psychological and environment. Nutrition areas showed no statistically significant differences. Dentistry was responsible for the highest average in the dimension of social relations. This course was the worst score of the physical domain. In pharmaceutical sciences statistically significant differences between two groups were observed. The first, consisting of the physical and social relationships domains, obtained the best scores. The second, with the worst scores, was formed by the psychological and environmental domains. These areas had the two lowest average assessments. In medical school, social relations represented the best available dimension, while the psychological domain had the worst score.

In comparison of the areas carried out by the Medium comparison T test for paired data, it was found that the Social Relations domain is statistically superior to the other, in relation to its average score ($p < 0.05$). The other areas had similar ratings (average differences very close to zero).

Performing the analysis of variance (ANOVA) it was observed that only in the psychological dimension there was no difference between the courses ($p < 0.05$). In other areas all courses behaved similarly.

ANOVA was carried for the four domains and five courses and proved that the only statistically significant difference between the courses took place in the psychological domain. The only test with p-value less than the 5% level of significance occurred between nursing and pharmaceutical sciences. Thus the null hypothesis of equality between the average was ruled out and it was concluded that the two courses had different scores in the psychological domain.

The studied undergraduate courses had similar assessments in relation to the social relationships (which had the highest average score), and physical environment. In the psychological domain, the nursing course had a more positive assessment of the pharmaceutical sciences.

DISCUSSION

The profile of the participants revealed that undergraduate courses in the health area of UnB are formed by young, single and unemployed people, similar to what occurred in other studies on the theme. [1,4-6,8-12]

For the two general questions of the WHOQOL-BREF it was observed that in the first, which deals with the assessment of QOL, 80.3% of students considered it good or very good. Other studies conducted with academics of nursing[8-9] and medicina[4-5,16], using the same methodology, found similar assessments. The second, which deals with satisfaction with health, showed that 32.8% of the students said they were very dissatisfied, dissatisfied or neither satisfied nor dissatisfied with their health. The level of dissatisfaction in that portion of the UNB students is comparable to that of nursing students who participated in research in southern Brazil, in 32.3% of cases. [8]

This study found that the Social Relations domain is statistically superior to the others in relation to their average score. Similar results were found in studies with academic of nursing. [8-9] A study conducted with medical students in the state of São Paulo, which compared QOL of students from the first and sixth year, noted that the only significant difference in the social relationships domain, rated best in the second group. [4] However, the medical students of the Federal University of Santa Catarina in Florianopolis, reported that one of the strategies used to cope with stress and improve their QOL was the strengthening of interpersonal relations. [1]

At all stages of life, but especially in adolescence, the social support network is one that supports coping with changes resulting from life cycle and other stressors, it helps to structure the interpretation of phenomena present in the context of life and allows future direction for the person. [18] Adolescence is understood here as the period between 10 and 25 years, according to authors who advocate the extension of the period adopted by WHO (10-19 years) and through studies [17-18] demonstrate that puberty starts earlier and earlier and the entry into adult life has been delayed by social factors, such as increased school training period, the highly competitive labor market, the few job offers and the difficulty to become financially independent.

The social groups prove to be very important in this stage of life in terms of setting standards and values that contribute to the construction of a personal identity. There is a search for the gradual separation from family and guidance to the peer group appearing, with deeper interpersonal relationships outside the family context, by linking to the same or with other significant adults.[18] The university environment with friends, colleagues and teachers, among other actors, constitutes a locus contributing to the transition from adolescence to adulthood and helps in the building of these future professionals. Social support in the university period contributes to increase the sharing level and the development of behavioral patterns, social cognitions and values.[19]

The positive assessment of social relationships found in this study allows us to infer that the family and social groups (among them the university) as well as intimate relationships (sexual life), are positive influences to the QOL and safe transition of these young people to adulthood. They can help, even in the face of the changes resulting from the life cycle and other daily stressors of years of training, such as dealing with the process of death and dying.[20] Participation in social groups is a positive influence on the QOL young adults[17] and motivates them to learn.[21] The support received from family, teachers and peers is associated with life satisfaction perceived by that growing individual.[10]

CONCLUSION

The WHOQOL-BREF allowed us to know the similarities and differences in the assessment of QOL of health care students of UNB.

Satisfaction with social relationships is a positive influence for a safe transition of these young people into adult life and may represent a strategy that helps in coping with changes resulting from life cycles and other daily stressors of years of training, contributing to improve the QOL of academics.

FINANCING

Notice ProIC/DPP/UnB – PIBIC (CNPq) 2010/2011.

ACKNOWLEDGMENTS

To the nurses Ana Amelia Morais de Lacerda Mangueira Belmiro, Islânia Gomes Alencar, Mariana Fernandes Pereira, Marina Pereira de Araujo, Paulla Thalyta dos Santos Ramos and Rafaella Bizo Pompeu who participated in the collection Research Project Data "Quality of Undergraduate Student's Life : a study in the Health Sciences

Colleges of Medicine and the University of Brasilia. "

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Submission: 2015/11/09
Accepted: 2016/05/27
Publishing: 2016/07/01

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