

# Quality of Life Among Dental Students in Lyceum of the Philippines University Batangas

Asia Pacific Journal of  
Allied Health Sciences  
Vol. 5, No 2, pp 22-29  
September 2022  
ISSN 2704-3568

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**Abstract** – This study sought to evaluate the Quality of life Among Dental Students in Lyceum of the Philippines University Batangas. Specifically, it aimed to determine the profile of dental students in terms of age, sex, year level, and academic performance; and the assessment of the quality of life of dental students in LPU-Batangas using WHOQOL-BREF by Alison Harper on behalf of the WHOQOL group as to physical health, psychological, environment, and social relationship domain. It also aimed to determine the significant differences between the demographic profile of the dental students and the results in the assessment of WHOQOL-BREF and identify the action plan that can be recommended to dental students of Lyceum of the Philippines University – Batangas. The study results revealed that most of the dental students were female, 20 – 24 years old, and in their high year, with an average academic performance. The respondents place a greater emphasis on their social relationships, followed by their environment, their psychological well-being, and finally, their physical health. The two demographic factors of age and year level were substantially associated with the quality of life in their environment. Social relationships, on the other hand, were significant at the year level. The other variables of demographic profile such as sex and academic performance were not significant with four aspects of Quality of Life.

**Keywords** – Dental students, dentistry, quality of life

## INTRODUCTION

The contemporary curricula of dental schools play a crucial role in enabling dental students to acquire diverse skills and competitive techniques in pursuing their chosen careers. Although dentistry has been around in different universities, its influence on the quality of life of students is still perceived as both marvelous and daunting; considering the efforts and adjustments it requires in terms of theoretical learning, clinical skills mastery, and interpersonal skills development [1].

The quality of life of dental students at the University of Jordan, revealed that completing the required number of patients during their clinical years is affecting the students in dental school. Further in this study, a fully loaded day, examination and grades, amount of assigned work, late ending time and fear of being unable to catch up with work, winding long hours of lectures and subject and clinical requirements greatly affects the students' social life [2].

For Andre [3], the most important components of the students' well-being are physical health, psychological health, social relationships, and environment. Using the World Health Organization

Quality of Life- BREF questionnaire, in Saudi Arabia, the quality of life among dental students is seen to be unsatisfactory from the student's perspective due to the dental learning environment. There are limited opportunities for teachers or students to modify the learning environment, and multiple factors are associated with burnout, high-stress levels, and reduced personal achievement among dental students [4].

Furthermore, the study's findings will be used to improve the quality of life of dentistry students. The age, gender, year level, and academic performance of the students are presented in this study. Physical, psychological, environmental, and social domains will be evaluated to improve student's quality of life utilizing Whoqol-bref. The four domains have an impact on quality of life. For the physical domain, when a student engages in more physical exercise, they develop a stronger physical image, which leads to better feelings of happiness. Psychologically, several students in the medical industry suffer from mental health issues. It causes students to leave their profession when it manifests itself in poor levels of self-efficacy and contentment. Dentistry students are affected by social domains because their field requires socialization and effective contact with their patients. It

begins with those around them. They can also readily deal with the stress and tension that comes with academic obligations. Finally, the environment has a direct and significant impact on one's health and quality of life. An excellent and secure setting and a spacious classroom support better learning experiences for dentistry students, preparing them more for their future profession. When all four domains are favorable, a student's well-being is considerably elevated, which leads to improved academic achievement.

A significant proportion of students in a study done by Önöral and Kurtulmus-Yilmaz [5] claimed that F2F (face-to-face) should have undertaken actual implementations. Most students, on the other hand, believe that online theoretical courses are more beneficial than face-to-face classes. To summarize, online programs can still be effective in the new normal, but they do not provide students with the same benefits as face-to-face sessions.

The students of Doctor of Dental Medicine from Lyceum of the Philippines University of Batangas are not exempted from the stress and hardships they experience during school days or even on weekends, for they are also in the learning environment of theoretical and practical aspects of dental medicine where they need to manage and survive. This study of the quality of life among dentistry students of LPU-B will provide insight into their perceptions toward life, health, and other related factors. The researchers are dentistry students who choose to study this topic to assist incoming dentistry students or those who are considering taking a course.

#### **OBJECTIVES OF THE STUDY**

This study will evaluate the quality of life among dental students in Lyceum of the Philippines University Batangas. More specifically, it will present the profile of dental students in terms of age, sex, year level, and academic performance. It will also evaluate the quality of life of dental students in LPU-Batangas using WHOQOL-BREF by Alison Harper on behalf of the WHOQOL group as to physical health, psychological, environment, and social relationship domains. It will also test differences between the demographic profile of the dental students and the results in the assessment of WHOQOL-BREF. Further, this study will propose a plan of action that can help improve the quality of life among dental students of Lyceum of the Philippines University – Batangas.

## **MATERIALS AND METHODS**

### **Research Design**

The study used a descriptive design with a quantitative approach. This method is a scientific strategy adopted by most researchers to address current issues affecting society and culture [6].

### **Respondents of the Study**

The respondents consisted of 73 Dentistry students in LPU-B distributed among the clinicians. In this way, the researchers can gather information from different experiences. With this, the researcher intends to document distinct data to help dentistry students assess and improve their quality of life as they embark on their dentistry journey.

### **Data Gathering Instrument**

This study used the survey questionnaire as the primary data collection method because of its ease in collecting the information required to complete the study. In gathering information, the researchers used a survey questionnaire adapted from the World Health Organization Quality of Life (WHOQOL-BREF) Questionnaire [7] as an instrument for this study, which assesses the four domains of quality of life: Physical health, Psychological, Social relationship, and Environment.

The instrument comprises two parts: Respondent's profile such as age, sex, year level, and academic performance. The second section of the questionnaire included questions about quality of life, such as physical health, psychological well-being, social relationships, and the environment.

Likert Scale. It consists of a series of items to which the subject responds based on their level of agreement and disagreement [8]. This was used to assess dental students' quality of life in terms of physical health, psychological well-being, social relationships, and environment. The highest rate is four, and the lowest rate is one.

### **Data Gathering Procedure**

Due to the COVID pandemic, all methods such as distribution were facilitated online via Messenger, Skype, or Zoom meetings. Scores were classified by year level to differentiate the quality of life in four major domains: physical, psychological, social relationships, and environments. Retrieval occurred three weeks later.

## Data Analysis

In the distribution of respondents based on their profile, such as age, gender, year level, and academic achievement, percentage and frequency were used. The weighted mean was used to assess dentistry students' quality of life across four domains: physical health, psychological, social relationships, and environment. An independent T-test was also used to assess the relationship between dental students' quality of life in four domains when they were classified based on their profile. To determine whether or not there is a difference in the year level of the dental students, the Analysis of Variance (ANOVA) method was used.

## Ethical Considerations

As the researchers work with the respondents, there is an explicit declaration and explanation of the procedure. Confidentiality of information with the respondents as well as consent was considered and well respected. A complete explanation of the research, including its risk and benefits, was done, and lastly, no human was harmed or disrespected during this research.

## RESULTS AND DISCUSSION

**Table 1. Respondents' Profile**

Age	Frequency	Percentage (%)
20 – 24 years old	62	84.90
25 – 29 years old	10	13.70
30 years old and above	1	1.40
<b>Sex</b>		
Male	15	20.50
Female	58	79.50
<b>Year Level</b>		
5th	12	16.40
6th	40	54.80
> 6th	21	28.80
<b>Academic Performance based on recent GWA</b>		
1.00 (99-100%)	1	1.40
1.75(90- 92%)	5	6.80
2.00(87-89%)	19	26.00
2.25(84-86%)	19	26.00
2.5(81-83%)	22	30.10
2.75(78-80%)	6	8.20
Below 75%	1	1.40

Table 1 shows the distribution of the respondents' demographics. The majority of LPU-B dental students are between the ages of 20 and 24, accounting for 84.90 percent. It is followed by those aged 25-29, who account for 13.70 percent of the total, and those aged 30 and up, who account for 1.40 percent. The result shows that most of the dentistry students of LPU-B belonged to the Millennial Generation Z. This generation has received the most

significant number of frequencies since most of them are from the largest batch of dentistry.

The majority of the respondents were female, with the highest percentage of 79.50 percent while 20.50 percent were male. This shows that females have a higher proclivity for this career than males. Research done by Michael Sheard [9] also showed that female dentistry students have a significantly higher mean score than their male counterparts when it comes to hardiness commitment. They also outperformed their male peers around the board in terms of academic achievement. These factors can explain why women are more likely than men to study dentistry.

In terms of year level, 54.80 percent were from 6th year, 28.80 percent were from >6th year and the least who represented the remaining 16.40 percent of the population were 5th year dentistry students. This shows that there are more 6th year students than 5th year since some have not completed their clinical requirements. The >6th year respondents who are also not done with their clinical requirements are extending their stay in college. According to the study done by Abu-Gazaleh [2], the completion of the required number of patients during their clinical years affects the students in dental school.

It shows that most respondents received a 2.5 (81-83%) on their academic performance based on their most recent GWA, with the highest percentage of 30.10 percent. The result shows that despite having a lot of clinical requirements and exams, most of the dentistry students of LPU-B have an average of 2.5; they have the knowledge and skills to complete and successfully pass the course outline.

According to a study conducted by Mushtaq and Khan [10], academic success is determined by a variety of factors, including internal factors such as class schedules, learning facilities, subject difficulty, technologies used and systems, and other factors such as extracurricular sports, family issues, financial problems, social problems, and other factors.

Table 2 shows the assessment of physical health quality of life. The composite mean of 2.74 indicates that the above indicators were agreed upon by the respondents. Among the items cited, eager to do my daily activities and academic workload at school (2.97), confident with my abilities to perform daily activities in school (2.95), and physically fit in all school activities (2.89) have topped the list. Becoming a dentist necessitates a great deal of discipline and hard work. The course is challenging in that student must complete clinical requirements and pass all their academic subjects. This type of scenario can make students feel frustrated.

**Table 2. Quality of Life in terms of Physical Health**

Physical Health	WM	VI	R
1. I had enough sleep before having a class the next day.	2.58	Agree	8
2. I am motivated to attend my class every day.	2.84	Agree	4
3. I am physically fit in all school activities.	2.89	Agree	3
4. I am confident with my abilities to perform daily activities in school.	2.95	Agree	2
5. My performance in school was remarkable.	2.79	Agree	5
6. I am able to sleep normally despite the workload for the next day.	2.44	Disagree	10
7. I can be physically active for a long period of time during clinic hours without getting tired.	2.45	Disagree	9
8. I am content with my capacity to do my school activities.	2.78	Agree	6
9. I am pleased with the current status of my health.	2.70	Agree	7
10. I am eager to do my daily activities and academic workload at school.	2.97	Agree	1
<b>Composite Mean</b>	<b>2.74</b>	<b>Agree</b>	

However, most dental students at LPU-B agreed that they are eager to do their everyday activities and academic workload, according to the results of the questionnaire distributed to them. It demonstrates the students' desire to become dentists in the future. Students' perception about their future profession is associated with the prestige, independence, and financial stability characterizing the dental profession [11]. The factors mentioned above may contribute to students' eagerness to complete their daily activities and academic workload.

However, items such as being able to sleep normally despite the workload for the next day (2.44) and being physically active for a long period of time during clinic hours without getting tired (2.45) got the lowest rank and rated the least.

Consequently, being able to sleep normally despite the workload for the next day has gained the lowest weighted mean and is verbally interpreted as disagree. In most cases, a dental student studies their lecture and completes their homework at night. Students' sleeping duration reduces mostly because of the lack of time to do so because of the workload. Students are compelled to sleep late since it's the only time for them to study or finish some work to be done. And the next day, they need to get up early because they need to go to school for their early class schedule. Therefore, the academic performance of the students may be affected. After all, students' physical, mental

and emotional state is very poor because students do not have enough time to sleep and rest well. According to Aghahi [12], mastery of theories in Anatomy and Physiology, Orthodontics, Endodontics, Oral Pathology, Restorative Dentistry, Prosthodontics, and other fields influences students' sleeping patterns. In addition, poor sleep quality in dental students can be regarded as a disturbing condition that may affect academic performance and health [13].

**Table 3. Quality of Life in terms of Psychological**

Psychological	WM	VI	R
1. I am happy being a dentistry student.	3.01	Agree	2
2. I often feel good about myself even when experiencing pressure at school.	2.82	Agree	5
3. I am able to concentrate on my studies.	2.74	Agree	6
4. I feel confident about my abilities.	2.88	Agree	4
5. I spend most of my day feeling refreshed despite the workload.	2.58	Agree	9
6. I have no trouble understanding things that I read.	2.59	Agree	8
7. I don't feel that I have less scholastic ability right now than others.	2.74	Agree	6
8. I am not worried about whether I am regarded as a success or failure.	2.97	Agree	3
9. I find my life to be worthy of my profession.	3.07	Agree	1
<b>Composite Mean</b>	<b>2.82</b>	<b>Agree</b>	

Table 3 shows the psychological domain's assessment of quality of life. The composite mean of 2.82 indicates that the above indicators were agreed upon by the respondents. Finding my life to be worthy of my profession (3.07), being happy as a dentistry student (3.01), and not caring whether I am regarded as a success or failure (2.97) were among the items mentioned.

Dentistry is a tough but satisfying profession. Dentistry students might have a strange perception of what it is like to be a dentist, so the drawbacks in this profession are sometimes changed to positive. However, finding my life to be worthy of my profession topped the lists. Aside from studying hard for your profession, it will be gratifying for you as a dentist to see that you make a massive difference in other people's lives by providing the quality care they need. In a study, Andre, Pierre, and McAndrew [3] concluded that improving dental students' quality of life is not only important for dental schools, but it may also translate into better patient care and have an impact on the profession.

**Table 4. Quality of Life in terms of Social Relationships**

Social Relationships	WM	VI	R
1. I am grateful for the bond I have developed with my family and the people I love.	3.34	Agree	1
2. I find reason to work harder from the support I get from family and friends.	3.23	Agree	3
3. I have balanced professional and personal relationships with my professors and clinical instructors.	3.15	Agree	4
4. Despite the requirements and study load of being a dentistry student, I can still manage to find time for personal care, relaxation and recreation.	2.95	Agree	8
5. Being a dentistry student, I also spend some time on social media.	3.12	Agree	5
6. I find my social life satisfactory.	2.92	Agree	10
7. My leisure time is important for my quality of life.	3.12	Agree	5
8. As a dental student, I have no trouble engaging with my peers and colleagues.	2.95	Agree	8
9. While studying dentistry, it is important for me to maintain healthy relationships with the people I live with.	3.30	Agree	2
10. Regardless of what I have to do as a dentistry student, I am still able to make time for social activities and gatherings.	2.96	Agree	7
<b>Composite Mean</b>	<b>3.10</b>	<b>Agree</b>	

Table 4 shows an evaluation of the quality of life in terms of social relationships. The composite mean of 3.10 indicates that the above indicators were agreed upon by the respondents. Among the items cited, grateful for the bond I have developed with my family and the people I love (3.34); while studying dentistry, it is important for me to maintain healthy relationships with the people I live with (3.30) and find reason to work harder from the support I get from family and friends (3.23) topped on the lists.

Socialization is an essential component of proper training for future higher-level professionals. Good social relationships with family and friends help the students focus more on their academic and clinical performance. According to Mushtaq and Khan [14], students' success depends on several factors that can influence student performance, such as learning environments, ethnicity, age gaps, etc. Academic success is determined by a variety of internal variables such as class schedules, learning facilities, subject difficulty, technologies used and systems, as well as external factors such as extracurricular sports, family issues, financial problems, social problems, and other factors.

**Table 5. Quality of Life in terms of Environment**

Environment	WM	VI	R
1. My school has a safe and secure environment.	3.01	Agree	2
2. I enjoy the atmosphere of my working environment.	2.92	Agree	6
3. I am happy with the access I get to all the services that the College of Dentistry Department offers.	2.99	Agree	4
4. I am pleased with the conditions of my working place.	2.92	Agree	6
5. There is enough space for teacher and students collaboration	3.03	Agree	1
6. I always get the announcement I need from the department and professors immediately.	2.68	Agree	10
7. I am financially secured to continue dentistry.	2.81	Agree	9
8. I am able to buy dental materials that is needed on time.	2.84	Agree	8
9. I am contented with the transportation I use going to school and back home	3.01	Agree	2
10. I am comfortable to study for my exam at home.	2.99	Agree	4
<b>Composite Mean</b>	<b>2.92</b>	<b>Agree</b>	

Table 5 shows an evaluation of the quality of life in terms of the environment. The composite mean of 2.92 indicates that the above indicators were agreed upon by the respondents. Among the items cited, there is enough space for teacher and students' collaboration (3.03), contented with the transportation I use going to school and back home (3.01), my school has a safe and secure environment (3.01) and comfortable to study for my exam at home (2.99) topped on the lists.

Space can be a physical aspect, or virtual can impact one's learning. The right amount of space can bring people or a group together; it can encourage exploration, discussion, and collaboration between individuals. Knaub [15] says that "the characteristics of the classroom environment play an important role in shaping teaching practices." This study also includes various points to consider, such as classroom features. When developing the room, we need many key features of the recommended classroom, such as collaborative workspace for students and teachers/professors. It also says that "Classroom designs can vary to suit the local environment as long as they maintain the intent of the space: to support peer collaboration. Beyond improving student outcomes, these classrooms have additional benefits for institutions that include transforming instructors."

These findings supported the notion that students' perceptions of their quality of life were influenced by their educational environment.

**Table 6. Summary Table on the Assessment of Quality of Life**

Quality of Life	WM	VI	R
1. Physical Health	2.74	Agree	4
2. Psychological	2.82	Agree	3
3. Social Relationships	3.10	Agree	1
4. Environment	2.92	Agree	2
<b>Composite Mean</b>	<b>2.90</b>	<b>Agree</b>	

Table 6 is a summary table of the quality of life among LPU-B dentistry students. The composite mean of 2.90 indicates that respondents agreed that the given quality of life factors were contributory. The mean score for quality of life under Social Relationships was higher than the other three aspects among the dental students in our study, followed by Environment (2.92), Psychological (2.82), and Physical Health (2.82) (2.74).

This implies that, based on the results, respondents agreed that physical health, psychological health, social relationships, and the environment have a greater impact on the quality of life of dental students. The most important factors influencing a dental student's quality of life, according to the data collected and analyzed, are social relationships and the environment. Social relationships, which are concerned with personal relationships, social care, and other related activities, received the highest score. Since socialization with patients is necessary for dentistry, students are more likely to socialize. Every socialization process begins at home, so if students have positive relationships with others, they will succeed in their chosen field. According to Muhammad Ali [16], mindfulness plays a crucial role in social relationships. It enhances the capacity of people to recognize and communicate emotional states and control anger expression. It also increases the willingness of people to deal with relationship stress expression. The explanation for these positive results can be attributed to the fact that knowledge truly enhances concern for relationships. Since the stressors of medical education and training are important, the emphasis must be on learning the art of coping with a high level of stress, focusing on individual health, and improving the ability to provide competent and empathic patient care. Studies have suggested that students with the knowledge and social support cope positively even with tension in their daily lives. Stress in medical and dental schools may be alleviated by social support and mindfulness. According to one study [3] physical health and social relationships are the most important factors in QOL. Andre and Zhang [3][17] discovered that, while there

was no significant difference in gender, female students outperformed male students in the environmental domain and social relationship domain.

On the other hand, physical health received the lowest score pertaining to everyday activities, health conditions, sleep, workload, and work capacity. Dentistry students need to maintain good physical health since most of their schoolwork involves physical exertion. One of the key dimensions to consider when assessing quality of life is the physical dimension, which is defined as one's perception of one's health and physical status (which is often defined as the absence of disease or the symptoms resulting from disease) [18]. The use of one's physical potential improves one's physical well-being. Furthermore, dental students must go through extensive preclinical, clinical, and interpersonal skills training in order to acquire a wide range of knowledge, clinical, and problem-solving competencies [19]. This has resulted in a number of published studies identifying stressors and their physical and psychological consequences at various stages of dental training.

**Table 7. Difference of Responses on Assessment of Quality of Life When Grouped According to Profile**

Age	F-values	p-value	Interpretation
Physical Health	0.773	0.465	Not Significant
Psychological	2.043	0.137	Not Significant
Social Relationships	3.987	0.023	Not Significant
Environment	4.113	0.020	Significant
<b>Sex</b>			
Physical Health	0.359	0.721	Not Significant
Psychological	0.385	0.701	Not Significant
Social Relationships	0.616	0.540	Not Significant
Environment	0.734	0.465	Not Significant
<b>Year Level</b>			
Physical Health	1.276	0.285	Not Significant
Psychological	0.675	0.512	Not Significant
Social Relationships	3.316	0.042	Significant
Environment	3.180	0.048	Significant
<b>Academic Performance based on recent GWA</b>			
Physical Health	0.575	0.749	Not Significant
Psychological	1.196	0.319	Not Significant
Social Relationships	0.365	0.898	Not Significant
Environment	0.417	0.865	Not Significant

Legend: Significant at  $p\text{-value} < 0.05$

Table 7 compares responses on the assessment of quality of life when they are grouped by profile. When grouped by age, there was a significant difference in the environment ( $p = 0.020$ ), as the obtained p-value was less than the alpha level of 0.05. This means that there was a significant difference observed, and based on the pairwise comparison, it was discovered that those aged 20 to 24 have a more positive attitude toward the environment.

As a result, age influences the quality of life of dental students. Most dental students are young and unable to be away from home for extended periods of time. Young dentistry students are longing for more leisure activities and a safer and more secure environment and transportation. Age-friendly environments promote health and well-being, as well as people's engagement as they get older. Accessible, equitable, inclusive, safe and secure, and supportive are all characteristics of these age-friendly environments [20]. These may also help to improve health and postpone or avoid disease and functional decline.

Finally, when social relationships ( $p = 0.042$ ) and environment ( $p = 0.048$ ) were grouped by year level, there was a significant difference. This was observed because the obtained p-values were less than the 0.05 alpha level. According to the post hoc test, those in their sixth year have a better assessment of the variables. The year level influences the quality of life among dental students in terms of social relationships, with those in their sixth year receiving a higher assessment because there is less socialization with family and friends, more engagement with priorities and responsibilities, and a lot more requirements to meet. In dentistry, a sixth-year student is a graduating student. That is why sixth-year students have more duties than other year levels. Graduating students are increasingly challenged by the field of dentistry's rapid growth [21]. As a result, it is critical that graduating students have a solid foundation of basic knowledge and skills, as well as patient and practice management abilities.

Furthermore, year level affects the quality of life among dental students in terms of the environment because higher levels require more information availability for cases that must be completed on time, financial security for the things they need right away, and the condition of their working environment to better manage treatment for their patients. Students of dentistry advance in year level as they get older. More aged people play an important role in their communities because they work for a living or volunteer, pass on their expertise and knowledge, and assist their families with caring responsibilities [20]. Short deadlines to complete disciplines and thesis, as well as the demand for publication in high-concept journals, are common at the master's or doctorate level. The precise stress exposure of master's and doctoral students, as well as the scarcity of studies examining the impact of this stage of academic life on QoL, merit further investigation. [22]. Students may become irritated if announcements are not made on time.

Students in dentistry not only have to worry about education, but they also have lives to live outside of it.

## CONCLUSION AND RECOMMENDATION

Most dental students were relatively young, female, and in their high year, with an average academic performance. Based on the data gathered by the researchers, it was found out that dentistry students tend to focus more on their social relationships, followed by their environment, their psychological aspect came next, and lastly, their physical health was given minor importance. The two demographic variables, age and year level, were found to be significantly related to the quality of life in their environment. At the same time, social relationships had an impact on the year level. It was observed that the other variables of demographic profile such as sex and academic performance were not significant with four aspects of Quality of Life. To improve the quality of life of Dentistry students, a proposed action plan was developed.

Following a careful assessment of the Quality of Life among Dental Students at the Lyceum of the Philippines University-Batangas, the researchers have made some recommendations, including planning their schedule ahead of time to allow students to sleep normally, organizing workshops to improve their clinical skills in collaboration with the Dentistry Student Council, and suggesting professors assign homework with a long-time frame to improve students' sleeping ability.

The researchers also recommended the university representatives encourage dental students to have daily access to their physical health assessments to help them become more aware of their physical health. Lastly, a follow-up study concerning the quality of life among dental students to validate this research's findings and contribute to the enrichment of the literature on this field may be done by future researchers.

## REFERENCES

- [1] Kumar, A., Puranik, M. P., & Sowmya, K. R. (2016). Association between dental students' emotional intelligence and academic performance: A study at six dental colleges in India. *Journal of Dental Education*, 80(5), 526–532.
- [2] Abu-Ghazaleh, S. B., Sonbol, H. N., & Rajab, L. D. (2016). A longitudinal study of psychological stress among undergraduate dental students at the University of Jordan. *BMC Medical Education*, 16(1), 1–6.

- [3] Andre, A., Pierre, G. C., & McAndrew, M. (2017). Quality of life among dental students: A survey study. *Journal of Dental Education*, 81(10), 1164–1170.
- [4] Al-Shibani, N., & Al-Kattan, R. (2019). Evaluation of quality of life among dental students Using WHOQOL-BREF questionnaire in Saudi Arabia: A cross sectional study. *Pakistan journal of medical sciences*, 35(3), 668–673.
- [5] Önöral, Z., & Kurtulmus-Yilmaz, S. (2020). Influence of covid-19 pandemic on dental education in cyprus: preclinical and clinical implications with e-learning strategies. *Advanced Education*, 7(16), 69–77.
- [6] Sampa, E. (2014). *Rudiments of Qualitative Research Designs and Analysis*. Rex Bookstore.
- [7] World Health Organization. Division of Mental Health. (1996). WHOQOL-BREF: introduction, administration, scoring and generic version of the assessment: field trial version, December 1996. World Health Organization.
- [8] McLeod, S. A. (2019). Likert Scale Definition, Examples and Analysis. *Simply Psychology*. <https://www.simplypsychology.org/likert-scale.html>
- [9] Sheard, M. (2009). Hardiness commitment, gender, and age differentiate university academic performance. *British Journal of Educational Psychology*, 79(1), 189–204.
- [10] Mushtaq, I., & Khan, S. (2012). Factors affecting students' academic performance. *Global Journal of Management and Business Research*, 12(9), 17-22.
- [11] Avramova, N., Yaneva, K., & Bonev, B. (2014). First-year dental students' motivation and attitudes for choosing the dental profession. *Acta medica academica*, 43(2), 113–121.
- [12] Aghahi RH, Darabi R, Hashemipour MA. (2018). Neck, back, and shoulder pains and ergonomic factors among dental students. *J Edu Health Promot* 2018; 7:40.
- [13] Elagra, M. I., Rayyan, M. R., Alnemer, O. A., Alshehri, M. S., Alsaffar, N. S., Al-Habib, R. S., & Almosajen, Z. A. (2016). Sleep quality among dental students and its association with academic performance. *Journal of International Society of Preventive and Community Dentistry*, 6(4), 296–301.
- [14] Mushtaq, I., & Khan, S. (2012). Factors affecting students' academic performance. *Global Journal of Management and Business Research*, 12(9), 17-22.
- [15] Knaub, A. V., Foote, K. T., Henderson, C., Dancy, M., & Beichner, R. J. (2016). Get a room: the role of classroom space in sustained implementation of studio style instruction. *International Journal of STEM Education*, 3(1).
- [16] Ali, O., Salam, Z., Saeed, T., Sethi, M., & Irfan, M. (2018). Quality of life of medical and dental students of Peshawar. *Journal of Postgraduate Medical Institute (Peshawar - Pakistan)*, 32(2).
- [17] Zhang Y, Qu B, Lun S, Wang D, Guo Y, Liu J. Quality of life of medical students in China: a study using the WHOQOL-BREF. *PLoS One*. 2012;7(11): e49714.
- [18] Rodríguez-Fernández, A., Zuazagoitia-Rey-Baltar, A., & Ramos-Díaz, E. (2017). Quality of life and physical activity: Their relationship with physical and psychological well-being. *Quality of Life and Quality of Working Life*, 53-70.
- [19] Aseeri, N. A., Alasmari, F. S., Alqahtani, M. A., Alqahtani, S. A., & Togoo, R. A. (2018). Stress among dental students: a cross-sectional study in Saudi Arabia, 5(10), 6.
- [20] World Health Organization. (2007). *Global Age-friendly Cities: A Guide (Ageing and Life Course, Family and Community Health)* (1st ed.). World Health Organization.
- [21] Manakil, J., Rihani, S., & George, R. (2015). Preparedness and Practice Management Skills of Graduating Dental Students Entering the Work Force. *Education Research International*, 2015, 1–8.
- [22] R. Louzada, C.R. de, J.F. da Silva (2005) Filho *Formação do pesquisador e sofrimento mental: um estudo de caso* *Psicol Estud.*, 10 (3). 451-461.

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