



## THE QUALITY OF LIFE OF HEALTH COLLEGES STUDENTS STUDYING AT KING FAISAL UNIVERSITY IN AL-AHSA, EASTERN PROVINCE, SAUDI ARABIA

Mohammed Saleh Alhaddad<sup>1</sup>, Yousef Ahmed Alabdullah<sup>2</sup>, Samar yousif alali<sup>3</sup>,  
Montaser A Bu khamseen<sup>4</sup> and Mousa Jafar Alhaddad<sup>5</sup>

<sup>1,2,3</sup>Saudi Board of Family Medicine, Alahsa Family Medicine Academy, Ministry of Health,  
Eastern Province, Saudi Arabia

<sup>4</sup>Alahsa Family Medicine Academy, Ministry of Health, Eastern Province, Saudi Arabia

<sup>5</sup>Department of Internal Medicine, Dammam Medical Complex, Dammam, Saudi Arabia

### ARTICLE INFO

#### Article History:

Received 13<sup>th</sup> September, 2021

Received in revised form 11<sup>th</sup>  
October, 2021

Accepted 8<sup>th</sup> November, 2021

Published online 28<sup>th</sup> December, 2021

#### Key words:

Quality of life; QOL; University  
Students; WHOQOL-BREF

### ABSTRACT

**Introduction:** Poor Quality of Life (QOL) among medical and health students is related to an unhealthy lifestyle, psychological distress, and even academic failure that could affect their care for patients in the future.

**Material and Methods:** This cross-sectional study was conducted among King Faisal University (KFU) students, particularly health college students, to evaluate their QOL using the Arabic version of the WHOQOL-BREF instrument for data collection.

**Results:** A total of 346 students were included with a mean age of (21.4 ± 1.88) years. The majority (71.1%) was highly satisfied with their chosen specialties, and more than half of them (61.6%) had high job expectations. Females had a low psychological health score (53.02 ± 18.98) than the males (57.83 ± 19.95). Students with low specialty satisfaction levels had low physical activity score (56.53 ± 20.85), psychological health score (40.09 ± 19.56), social relationships score (43.39 ± 23.08), environment score (45.47 ± 18.65), and the overall QOL (41.81 ± 23.92).

**Conclusion:** We reported a high level of specialty satisfaction and job expectation among KFU students in Saudi Arabia. Female participants were found to have significantly lower psychological health scores. Students with low GPAs (1-1.9) reported the lowest physical activity and overall QOL scores. Healthy students had better psychological health, environment, and overall QOL score than non-healthy ones. Low satisfaction among students was associated with poor psychological health, social relationships, environment, and overall QOL.

Copyright © 2021 Mohammed Saleh Alhaddad et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### INTRODUCTION

University is a period of transformation, with young people developing new skills, experiences, social networks, and knowledge. Life can become stressful for many students attending the university as lifestyle, community, and interpersonal adjustments are negotiated.<sup>[1,2]</sup> The shift from adolescence to early adulthood comes with important challenges, such as the opportunity to manage their own lives and take on more independent duties.<sup>[3]</sup>

Quality of life (QOL) is a popular concept for a sense of well-being in general, including characteristics of happiness and satisfaction with the whole of life. Health, however, is an important field regarding the overall QOL, but there are many other fields, such as work, housing, schools, and the neighborhood. Aspects of culture, morals, and spirituality contribute to the complexity of assessing the QOL.<sup>[4]</sup> Health-related QOL (HRQOL) is a multidimensional concept that comprises physical, mental, emotional, and social activities.

The impact of health status on QOL goes beyond direct indicators of people's health and life expectancy and causes of death.<sup>[5]</sup>

More university students worldwide are currently diagnosed with mental health problems, and many reviewers attribute this to academic, economic, and social stressors.<sup>[6,7]</sup> Depressive symptoms among university students are related to independent decision-making, including being on their own and managing their daily lives, and financial difficulties.<sup>[8]</sup> Academic performance also contributes to depression and mental health problems as many university students have more academic needs than high schools.<sup>[9]</sup> As a measurable outcome, HRQOL quickly gains acceptability. It is a broad multidimensional notion, often including self-identified functional skills, psychological conditions, social function, and the perception of one's health.<sup>[10]</sup>

Social support has been demonstrated to improve mental health and functions as an anti-stress buffer.<sup>[11]</sup> Social support comes from a network of family, friends, and community

\*Corresponding author: Mohammed Saleh Alhaddad

Saudi Board of Family Medicine, Alahsa Family Medicine Academy, Ministry of Health,  
Eastern Province, Saudi Arabia

members. A lack of social support impacts the QOL of students and is a factor of psychological issues, including depressive signs among university students.<sup>[12]</sup> Research reveals that social support and psychological problems, including depression and stress, have a significant negative association.<sup>[13]</sup> A longitudinal study on medical students in the USA denoted that 10 percent of the students thought of suicide during their education. The students' QOL is one of the predicting indicators in these cases. Assessing the QOL of college students can inform us of their perspectives on health, current health conditions, and relevant factors.<sup>[14]</sup>

A commonly used instrument measuring QOL is the abbreviated version of the World Health Organization QOL questionnaire (WHOQOL-BREF), which employs the domains of physical health, psychological health, social relationships, and environment. In June 2011, a study was conducted at China Medical University using the WHOQOL-BREF instrument. The study suggested that the WHOQOL-BREF was reliable and valid in assessing the QOL of Chinese medical students.<sup>[2,3]</sup> Many other similar studies provided support for using the WHOQOL-BREF for college students in Thailand<sup>[4]</sup>, New Zealand<sup>[5]</sup>, Iran<sup>[6]</sup>, India<sup>[7]</sup>, Pakistan<sup>[8]</sup>, and Brazil<sup>[9]</sup>.

HRQOL study among university students is highly important since HRQOL affects students' performance and yields good health for good quality students. This study aims to assess the QOL of undergraduate students studying in the health colleges of King Faisal University (KFU) and investigate students' perceptions of their QOL. The colleges involved in the study are College of Medicine, College of Dentistry, College of Applied Medical Sciences, and College of Clinical Pharmacy.

## MATERIAL AND METHODS

This was a cross-sectional questionnaire-based study. The study was conducted at the health colleges of KFU in Al-Ahsa, Eastern Province, Saudi Arabia, in 2020. All health and medical students who study in KFU were the study population. A convenient sampling method was used. The Arabic version of the WHOQOL-BREF instrument was used to assess the QOL of students.<sup>[23]</sup> In addition to the WHOQOL-BREF instrument, there was a sociodemographic questionnaire to obtain information on age, gender, nationality, college, grade, grade point average (GPA), housing mate, social status, children, sleeping hours, study hours, and having diseases. The two questionnaires were administered simultaneously in one form of an electronic copy to all of the students studying in the health colleges of KFU in Al-Ahsa. All health medical students of both genders who study in KFU in Al-Ahsa, Eastern Province, Saudi Arabia, was the inclusion criteria. Postgraduate students in KFH health colleges and students who studied in the non-health colleges were excluded from this study. The data were entered into the Statistical Package for the Social Sciences (SPSS) software version 21, and all variables were coded before entry and were checked before analysis. All continuous data were presented in the form of mean and standard deviation. Categorical data were presented in the form of frequency distributions and percentages. The relationships between QOL and the possible related factors were tested by T-test for continuous variables and chi-square for categorical variables. A P-value of <0.05 was considered statistically significant. All the participants were informed about the content and the objective of the questionnaire. The

questionnaire was presented as an anonymous survey, and the results remained confidential. The questionnaire did not comprise any identifying information regarding the individual subjects. Participation in the study was voluntary, and participants had the option of declining to answer specific questions. The necessary permission and approval were taken from the ethical research committee and the higher authority, and all data were used only for research purposes.

## RESULTS

A total of 346 students participated in this study. All of them were Saudi with a mean age of (21.4 ± 1.88) years. More than half of them (53.8%) were females. Less than half (41.6%) studied clinical pharmacy, 27.5% applied medical science, 20.8% medicine, and 10.1% dentistry. More than half (59.8%) of the participants were admitted at the preclinical years, 26.9% were at the clinical years, and 13.3% were at the orientation year. Regarding their GPA, 33.5% scored 4.5-5, 30.4% scored 4-4.4, and only 0.9% scored 1-1.9. The majority (88.2%) lived with their families, 89% were single, and 95.4% had no children. Most participants (82.4%) were not affected by any diseases. Their mean sleeping hours were 6.57±1.59, and the mean studying hours were 4.22±2.49. The details of the demographic profile is shown in table 1.

**Table 1** Sociodemographic characteristics of the included participants (N=346)

Parameter	Frequency	Percent
Age, y (Mean ± SD)	21.4±1.88	
<b>Sex</b>		
•Male	160	46.2%
•Female	186	53.8%
<b>Nationality</b>		
•Saudi	346	100%
<b>College</b>		
•Medicine	72	20.8%
•Dentistry	35	10.1%
•Applied Medical Sciences	95	27.5%
•Clinical Pharmacy	144	41.6%
<b>Grade</b>		
•Orientation Year	46	13.3%
•Pre-clinical Years	207	59.8%
•Clinical Years	93	26.9%
<b>GPA</b>		
•4.5-5.0	116	33.5%
•4.0-4.4	105	30.4%
•3.0-3.9	99	28.6%
•2.0-2.9	23	6.7%
•1.0-1.9	3	0.9%
<b>Housing Mate</b>		
•Family	305	88.2%
•Friends	14	4.1%
•Alone	27	7.8%
<b>Social status</b>		
•Single	308	89%
•Married	31	9%
•Divorced	5	1.5%
•Widowed	2	0.6%
<b>No. of offspring</b>		
•0	330	95.4%
•1	12	3.5%
•2	4	1.2%
<b>Disease status</b>		
•Yes	61	17.6%
•No	285	82.4%
<b>Sleeping hours (Mean ± SD)</b>	6.57±1.59	
<b>Studying hours (Mean ± SD)</b>	4.22±2.49	

Response on Students satisfaction and expectations:

The majority (71.1%) of the participants were highly satisfied with their specialty and field of study while only 8.4% had a low level of satisfaction. More than half of them (61.6%) had high expectations on finding a job related to their study field, and only 13% had low expectations about the future. The details of the responses on students' satisfaction and expectations questionnaires are shown in table 2.

**Table 2** Students' satisfaction with their specialties and expectation about getting a job in their field of study in the future

Parameter	Frequency	Percent
<b>Specialty satisfaction</b>		
•High Satisfaction	246	71.1%
•Average Satisfaction	71	20.5%
•Low Satisfaction	29	8.4%
<b>Expecting job</b>		
•High Expectation	213	61.6%
•Average Expectation	88	25.4%
•Low Expectation	45	13%

Association between sociodemographic characteristics and the elements of QOL.

Female had a significantly low psychological health score (53.02 ± 18.98). Students who studied applied medical sciences had a high physical health score (67.07 ± 18.77), and orientation year student had the lowest physical health score (62.5 ± 22.51). Regarding their GPA, students who scored (1-1.9) had the lowest physical health score (41.67 ± 21.82) and the lowest overall QOL score (16.67 ± 19.09). The non-diseased participants had higher physical activity score (66.85 ± 17.39), psychological health score (56.45 ± 18.83), environment (65.84 ± 19.5), an overall score (64.17 ± 22.58) than the diseased ones. Students with low specialty satisfaction levels had significantly recorded the lowest physical activity score (56.53 ± 20.85), psychological health score (40.09 ± 19.56), social relationships score (43.39 ± 23.08), environment score (45.47 ± 18.65), and the overall QOL (41.81 ± 23.92). The details of the association between socio-demographic characteristics and the elements of QOL of the student is shown in table 3.

**Table 3** The associations between the participants' sociodemographic characteristics and the QOL elements

Parameter	Physical Health	Psychological Health	Social relationships	Environment	Overall QOL	
Sex	Female	64.0 ± 19.12	53.02 ± 18.98 <sup>a</sup>	60.57 ± 25.56	63.44 ± 21.24	59.21 ± 23.4
	Male	66.14 ± 18.2	57.83 ± 19.95	55.54 ± 24.54	66.24 ± 19.08	64.08 ± 23.04
College	Applied Medical Sciences	67.07 ± 18.77 bc	55.88 ± 19.96	59.91 ± 26.5	65.13 ± 20.73	63.68 ± 22.78
	Clinical Pharmacy	60.66 ± 19.57	53.1 ± 20.27	55.84 ± 25.89	63.17 ± 20.26	58.59 ± 23.95
Phase	Dentistry	67.55 ± 19.43	60.36 ± 17.8	58.33 ± 22.42	66.88 ± 21.06	65.0 ± 22.24
	Medicine	69.79 ± 14.21	56.77 ± 18.15	61.11 ± 22.9	66.54 ± 19.35	63.02 ± 23.21
GPA	Orientation Year	62.5 ± 22.51 b	56.79 ± 19.65	58.88 ± 29.94	68.34 ± 22.51	64.67 ± 27.3
	Preclinical Years	63.65 ± 18.68	53.95 ± 20.1	57.49 ± 24.9	63.59 ± 19.95	59.66 ± 23.05
Diseased	Clinical Years	69.32 ± 15.81	57.8 ± 18.2	59.86 ± 23.18	65.69 ± 19.7	64.25 ± 21.7
	1.0-1.9	41.67 ± 21.82bc	27.78 ± 25.12	22.22 ± 20.97	32.29 ± 17.21	16.67 ± 19.09 bc
	2.0-2.9	58.7 ± 18.3	51.81 ± 19.37	59.06 ± 24.61	65.62 ± 20.03	58.15 ± 20.16
	3.0-3.9	66.05 ± 16.86	55.47 ± 18.35	59.09 ± 24.11	65.44 ± 17.37	61.24 ± 20.71
Satisfaction	4.0-4.4	62.41 ± 19.53	54.8 ± 19.5	58.33 ± 27.0	63.45 ± 22.11	60.24 ± 23.11
	4.5-5.0	68.35 ± 18.55	57.18 ± 20.23	58.41 ± 24.11	66.11 ± 20.45	64.87 ± 25.21
Diseased	Yes	56.44 ± 21.9	50.27 ± 22.19	58.61 ± 29.22	59.84 ± 22.98	49.39 ± 23.21
	No	66.85 ± 17.39 ac	56.45 ± 18.83 a	58.25 ± 24.22	65.84 ± 19.5 a	64.17 ± 22.58 ac
Satisfaction	Low Satisfaction	56.53 ± 20.85 bc	40.09 ± 19.56bc	43.39 ± 23.08 bc	45.47 ± 18.65 bc	41.81 ± 23.92 bc
	Average Satisfaction	61.72 ± 19.94	51.47 ± 20.62	55.16 ± 25.45	63.95 ± 18.9	61.44 ± 25.6
	High Satisfaction	66.97 ± 17.64	58.28 ± 18.26	60.98 ± 24.64	67.3 ± 19.62	63.92 ± 21.53

a T-test, p<0.05

b One-way Anova, p<0.05

c p<0.01

## DISCUSSION

The present study was undertaken to evaluate the QOL of health college students in Al Ahsa district of Saudi Arabia. Various studies which included university students have found a close association between high-stress levels and consequent deterioration of QOL. The common contributing factor was detected to be insomnia or poor sleep quality<sup>[24]</sup>, low values of mental components assessed by different instruments<sup>[25,26]</sup>, high depression levels and coping strategies of ineffective coping.<sup>[27]</sup>

The presents study demonstrated a high level of specialty satisfaction (71.1%) and job expectations (61.6%) among university students. This could be attributable to the stable extrinsic environment in Saudi Arabia, both politically and economically, and a well-balanced integrated society that is supporting students' psychological well-being.<sup>[28]</sup>

Female participants were found to have longer studying hours than the males, and significantly, the females had lower psychological health scores. Similarly, in other studies, males had better psychological health than females.<sup>[15,28,29]</sup>

Furthermore, one Brazilian study established that female students had lower scores in most majors.<sup>[30]</sup> In a study conducted among university students to investigate factors associated with HRQOL, several factors were associated with worse QOL, such as female sex and more frequent use of health-care services.<sup>[31]</sup>

Significantly, the highest physical health scores were recorded by students who study applied medical science and student who do not complain of any disease. On the other hand, the lowest physical scores were in the orientation year students, those who scored a 1-1.9 GPA and those with low satisfaction level. A study conducted in the Asser region, Saudi Arabia has reported a significant difference between the education type and HRQOL domains. Medical applied health sciences students had lower scores than other specialties in physical activities, physical health, emotional well-being, and general health.<sup>[32]</sup>

Students with low GPA scores (1-1.9) had a poor overall QOL. This contradicts another Saudi study<sup>[29]</sup>, yet Shareef *et al.* has reported that medical students with better academic performance had higher scores in all QOL domains.<sup>[33]</sup> Comparably, a study in the United States revealed that students with better GPAs are physically healthier than those with fewer academic achievements.<sup>[34]</sup> There is a need to build an effective and adequate student support system, especially for better-performing students who suffer from significant stress during their studies.

Healthy students had better psychological health, environment, and overall QOL score than students who suffered from diseases. Moreover, this study associated low satisfaction levels with poor psychological health, social relationships, environment, and overall QOL. In line with our findings, a Turkish study has reported a positive association between satisfaction and QOL.<sup>[35]</sup>

## CONCLUSION

This study reported a high level of specialty satisfaction and job expectations among KFU students in Saudi Arabia. Female participants were found to have longer studying hours than the males and significantly lower psychological health scores. Students with low GPAs (1-1.9) reported the lowest physical activity and overall QOL scores. The highest physical health scores were recorded by students who study applied medical science, who do not complain of any disease. Healthy students had better psychological health, environment, and overall QOL score than non-healthy ones. Low satisfaction among students about their chosen specialties was associated with poor psychological health, social relationships, environment, and overall QOL. It is recommended to adapt changes to the education system to enhance the activity of students and their life satisfaction and QOL. Factors affecting students' academic achievement should be investigated, and studies should be conducted at universities to increase the level of success of students.

## References

1. Bayram, N., & Bilgel, N. (2008). The prevalence and sociodemographic correlations of depression, anxiety and stress among a group of university students. *Social psychiatry and psychiatric epidemiology*, 43(8), 667-672.
2. Steptoe, A., Tsuda, A., & Tanaka, Y. (2007). Depressive symptoms, socio-economic background, sense of control, and cultural factors in university students from 23 countries. *International journal of behavioral medicine*, 14(2), 97-107.
3. Lenz, B. (2001). The transition from adolescence to young adulthood: a theoretical perspective. *The Journal of School Nursing*, 17(6), 300-306.
4. McHorney, C. A. (1999). Health status assessment methods for adults: past accomplishments and future challenges. *Annual review of public health*, 20(1), 309-335.
5. Farivar, S. S., Cunningham, W. E., & Hays, R. D. (2007). Correlated physical and mental health summary scores for the SF-36 and SF-12 Health Survey, V. 1. *Health and quality of life outcomes*, 5(1), 1-8.
6. Chen, L., Wang, L., Qiu, X. H., Yang, X. X., Qiao, Z. X., Yang, Y. J., & Liang, Y. (2013). Depression among Chinese university students: prevalence and sociodemographic correlates. *PloS one*, 8(3), e58379.
7. Othieno, C. J., Okoth, R. O., Peltzer, K., Pengpid, S., & Malla, L. O. (2014). Depression among university students in Kenya: Prevalence and sociodemographic correlates. *Journal of affective disorders*, 165, 120-125.
8. Leykin, Y., & DeRubeis, R. J. (2010). Decision-making styles and depressive symptomatology: Development of the Decision Styles Questionnaire. *Judgment and Decision making*, 5(7), 506.
9. Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of affective disorders*, 173, 90-96.
10. Beck, C. A., & Shah, S. (2012). Research on health-related quality of life and cardiac conditions. *Home Healthcare Now*, 30(1), 54-60.
11. Steese, S., Dollette, M., Phillips, W., & Hossfeld, E. (2006). Understanding girls' circle as an intervention on perceived social support, body image, self-efficacy, locus of control, and self-esteem. *Adolescence*, 41(161), 55.
12. Dafaalla, M., Farah, A., Bashir, S., Khalil, A., Abdulhamid, R., Mokhtar, M., & Abdalrahman, I. (2016). Depression, anxiety, and stress in sudanese medical students: a cross sectional study on role of quality of life and social support. *Am J Educ Res*, 4, 937-42.
13. Alsubaie, M. M., Stain, H. J., Webster, L. A. D., & Wadman, R. (2019). The role of sources of social support on depression and quality of life for university students. *International Journal of Adolescence and Youth*, 24(4), 484-496.
14. Khoo, T. K., & Tan, T. S. (2007, February). Burnout, depression, and quality of life in medical students. In *Mayo Clinic Proceedings* (Vol. 82, No. 2, pp. 251-252). Elsevier.
15. Zhang, Y., Qu, B., Lun, S., Wang, D., Guo, Y., & Liu, J. (2012). Quality of life of medical students in China: a study using the WHOQOL-BREF. *PloS one*, 7(11), e49714.
16. Group, W. H. O. Q. O. L. (1994). Development of the WHOQOL: Rationale and current status. *International Journal of Mental Health*, 23(3), 24-56.
17. Li, K., Kay, N. S., & Nokkaew, N. (2009). The performance of the World Health Organization's WHOQOL-BREF in assessing the quality of life of Thai college students. *Social indicators research*, 90(3), 489-501.
18. Henning, M. A., Krägeloh, C. U., Hawken, S. J., Zhao, Y., & Doherty, I. (2012). The quality of life of medical students studying in New Zealand: a comparison with nonmedical students and a general population reference group. *Teaching and learning in medicine*, 24(4), 334-340.
19. Parniyan, R., Kazemiane, A., Jahromi, M. K., & Poorgholami, F. (2016). A Study of the Correlation between Religious Attitudes and Quality Of Life in Students at Jahrom University of Medical Sciences in 2014. *Global journal of health science*, 8(10), 43.
20. Singh, R., Shriyan, R., Sharma, R., & Das, S. (2016). Pilot study to assess the quality of life, sleepiness and mood disorders among first year undergraduate students

- of medical, engineering and arts. Journal of clinical and diagnostic research: JCDR, 10(5), JC01.
21. Naseem, S., Orooj, F., Ghazanfar, H., & Ghazanfar, A. (2016). Quality of life of Pakistani medical students studying in a private institution. *J Pak Med Assoc*, 5, 579-583.
  22. Solis, A. C., & Lotufo-Neto, F. (2019). Predictors of quality of life in Brazilian medical students: a systematic review and meta-analysis. *Brazilian Journal of Psychiatry*, 41, 556-567.
  23. Whoqol Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological medicine*, 28(3), 551-558.
  24. Taylor, D. J., Bramoweth, A. D., Grieser, E. A., Tatum, J. I., & Roane, B. M. (2013). Epidemiology of insomnia in college students: relationship with mental health, quality of life, and substance use difficulties. *Behavior therapy*, 44(3), 339-348.
  25. Pekmezovic, T., Popovic, A., Tepavcevic, D. K., Gazibara, T., & Paunic, M. (2011). Factors associated with health-related quality of life among Belgrade University students. *Quality of life research*, 20(3), 391-397.
  26. Jamali, A., Tofangchiha, S., Jamali, R., Nedjat, S., Jan, D., Narimani, A., & Montazeri, A. (2013). Medical students' health-related quality of life: roles of social and behavioural factors. *Medical education*, 47(10), 1001-1012.
  27. Crăciun, B. (2013). Coping strategies, self-criticism and gender factor in relation to quality of life. *Procedia-Social and Behavioral Sciences*, 78, 466-470.
  28. Malibary, H., Zagzoog, M. M., Banjari, M. A., Bamashmous, R. O., & Omer, A. R. (2019). Quality of Life (QoL) among medical students in Saudi Arabia: a study using the WHOQOL-BREF instrument. *BMC medical education*, 19(1), 1-6.
  29. Shareef, M. A., AlAmodi, A. A., Al-Khateeb, A. A., Abudan, Z., Alkhani, M. A., Zebian, S. I., ... & Tabrizi, M. J. (2015). The interplay between academic performance and quality of life among preclinical students. *BMC medical education*, 15(1), 1-8.
  30. Chazan, A. C. S., Campos, M. R., & Portugal, F. B. (2015). Quality of life of medical students at the State University of Rio de Janeiro (UERJ), measured using Whoqol-bref: a multivariate analysis. *Ciencia & saudecoletiva*, 20, 547-556.
  31. Klemenc-Ketis, Z., Kersnik, J., Eder, K., & Colarič, D. (2011). Factors associated with health-related quality of life among university students. *Srpski arhiv za celokupno lekarstvo*, 139(3-4), 197-202.
  32. Megahed, M. (2014). Health-related quality of life among students at King Khalid University–Mohail Asser. *International Journal of Nursing Science*, 4(2), 22-25.
  33. Shareef, M. A., AlAmodi, A. A., Al-Khateeb, A. A., Abudan, Z., Alkhani, M. A., Zebian, S. I., ... & Tabrizi, M. J. (2015). The interplay between academic performance and quality of life among preclinical students. *BMC medical education*, 15(1), 1-8.
  34. Keating, X. D., Castelli, D., & Ayers, S. F. (2013). Association of weekly strength exercise frequency and academic performance among students at a large university in the United States. *The Journal of Strength & Conditioning Research*, 27(7), 1988-1993.
  35. Yildirim, Y., Kilic, S. P., & Akyol, A. D. (2013). Relationship between life satisfaction and quality of life in Turkish nursing school students. *Nursing & health sciences*, 15(4), 415-422.

**How to cite this article:**

Mohammed Saleh Alhaddad *et al* (2021) 'The Quality of Life of Health Colleges Students Studying At King Faisal University In Al-Ahsa, Eastern Province, Saudi Arabia', *International Journal of Current Medical and Pharmaceutical Research*, 07(12), pp 6060-6064.

\*\*\*\*\*