



Physical and Psychological Health Related Quality Of Life among Medical Students of Konaseema Institute of Medical Science and Research Foundation, Amalapuram

Konakalashirisha

MBBS intern , Konaseema Institute of Medical Science and Research Foundation, Amalapuram, Andhra Pradesh

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ABSTRACT

Background: Quality of life (QoL) of medical students influence the patient health care in future . Knowing the QoL among medical students and improving it will have great impact on patient care. This study aimed to assess the physical and psychological health related quality of life among medical students.

Objectives : Assessing the Quality of Life of medical students

Method : This was a cross-sectional study conducted among medical students of konaseemaInstitute of Medical Science and Research Foundation in March 2025 , using physical and psychological health domains of WHOQOL-BREF questionnaire. Data collected through a pre-structured questionnaire distributed via Google Forms

Results:one hundred twelve medical students were included where females and males constituted 67 %and 33 % respectively. 23.2 % students are dissatisfiedwith their ability to perform daily life activities ; 22.4 % are dissatisfied with sleep ; 16.1 % dissatisfied with themselves ; 32.1 % need medical treatment to function in daily life ; 48.3 % felt physical pain prevents them from doing what they want to do ; 7.1 % notenjoy their life ; 8.9 % felt life is not meaningful ; 4.5 %not able to concentrate ; 11.6 % not have enough energy for everyday life ; 19.6 % not able to accept their bodily appearance ; 20.5 % not able to get around physically ; 9.9 % have negative feelings

Conclusion : This study highlightsphysical and psychological health related quality of life (QoL) among medical students in Konaseema Institute of Medical Science and Research Foundation, Amalapuram that 8.05 % students have good QoL , 84.8 % students have moderate QoL while 7.15 % students have poor QoL . Overall QoL is good among medical students . Medical colleges should implement awareness programs to maintain and improve quality of life and overall well being.

KEYWORDS: Medical students, Medical education, Quality of life, Well being

I. INTRODUCTION

The World Health Organization (WHO) defined Quality ofLife (QoL) as “an individual’s perception of their position inlife, in the context of the culture and value systems inwhich they live, and in relation to their goals, expectations,standards and concerns”^[1]. QoL is comprised of multipledomains, including psychological health, physical well-being,social relationships, and environmental conditions ^[2]

Many studies have reported decreased QoL scores among medical students during their training years, whichassociated with several future adverse effects, includingan unhealthy lifestyle, variable psychological problems,academic failure, and other negative impacts on the students and on patients care ^[3-8]. Various stressors influence the QoL of medical students such as peer competition , overwhelming load of new and massive information, balancing internship duties, overwhelming day to day patients interaction. One study in an institute in North America reported that 23% of medical students suffered from depression, while 57% experienced high levels of emotionaldistress ^[9].It is also worth noting that medical studentswere found to suffer from higher levels of stress when compared to students in other programs ^[10-13], whichcan affect their QoL. On the other hand, medical studentswith good physical and mental health are more capable ofovercoming the problems within an academic environment ^[13].

Assessing the QoL of medical students allows for abetter understanding of their general condition, andthus, can guide administrations towards specific, appropriateinterventions to promotestudents’ QoL. The latter could prevent psychologicalproblems and other pitfalls threatening students’ professional development, and ultimately improve the qualityof care provided to future patients ^[2,14].



II. METHODS

This cross sectional study conducted among male and female medical students studying in Konaseema Institute of Medical Science and Research Foundation, in Amalapuramin March 2025. 112 students were participated in this study. The WHOQOL-BREF questionnaire comprise of 13 items to assess 2 major QoL domains defined by WHO –physical health, psychological health . The tool follows a scoring system, where each question is rated on a 5-point Likertscale, ranging from 1 (very poor/very dissatisfied/none/never) to 5 (very good/very satisfied/extremely/always),and then the scores of all two domains are summed and scaled in a positive direction, with higher scores indicating better QoL [15]. Multiple studies have assessed the validity and reliability of the WHOQOL-BREF instrument and acknowledged it as a suitable tool to measure QoL [16,17]. Students who participated voluntarily and students who participated in this study were 1st year students to interns and post interns .

Study Design: A cross-sectional study was conducted.

Study Participants: The study included medical students.

Study Setting: The research was carried out at Konaseema Institute of Medical Sciences & RF, Amalapuram, Andhra Pradesh.

Sampling Technique: Convenient sampling was used.

Inclusion Criteria: Students who were willing to participate in the study were included.

Exclusion Criteria: Students not willing to participate were excluded.

Ethical Considerations: Approval was obtained from the institutional ethics committee, and informed consent was taken from all participants.

Data Collection: Data were collected using a pre-tested and pre-structured questionnaire. Google Forms were distributed to all students, who were requested to complete them.

Data Analysis and Interpretation: Data were entered into a Microsoft Excel 2016 spreadsheet. Summarization and analysis were conducted using IBM SPSS Software version 20 (licensed). Descriptive statistics included frequency and percentage.

III. RESULTS

A total of 112 students responded, where females and males constituted 67 % and 33% respectively. Their age range 19 - 25 years. Among all respondents 15 (13.4%) in 1st year, 19 (17%) in 2nd year , 12 (10.7%) in 3rd year, 14 (12.5%) in 4th year and 52 (46.4%) in internship and post-internship. Study results are shown in Tables below.

Table 1 : Gender

Gender	Frequency	Percentage
Female	75	67%
Male	37	33%

Table 2 Response to physical and psychological domains

How satisfied are you with your ability to perform your daily living activities	Frequency	Percentage %
Very dissatisfied	9	8
Dissatisfied	17	15.2
Neither satisfied nor dissatisfied	30	26.8
Satisfied	47	42
Very satisfied	9	8

Table 3

How satisfied are you with your sleep	Frequency	Percentage
Very dissatisfied	4	3.6
Dissatisfied	21	18.8



Neither satisfied nor dissatisfied	22	19.6
Satisfied	45	40.2
Very satisfied	20	17.9

Table 4

How satisfied are you with your capacity for work	Frequency	Percentage
Very dissatisfied	5	4.5
Dissatisfied	13	11.6
Neither satisfied nor dissatisfied	30	26.8
Satisfied	44	39.3
Very satisfied	20	17.9

Table 5

How satisfied are you with yourself	Frequency	Percentage
Very dissatisfied	5	4.5
Dissatisfied	15	13.4
Neither satisfied nor dissatisfied	28	25
Satisfied	41	36.6
Very satisfied	23	20.5

Table 6

How much do you need any medical treatment to function in your daily life	Frequency	Percentage
Not at all	44	39.3
A little	32	28.6
A moderate amount	22	19.6
Very much	9	8
An extreme amount	5	4.5

Table 7



To what extent do you feel that physical pain prevents you from doing what you need to do	Frequency	Percentage
Not at all	27	24.1
A little	31	27.7
A moderate amount	34	30.4
Very much	18	16.1
An extreme amount	2	1.8

Table 8

How much do you enjoy life	Frequency	Percentage
Not at all	8	7.1
A little	18	16.1
A moderate amount	47	42
Very much	26	23.2
An extreme amount	13	11.6

Table 9

To what extent do you feel your life to be meaningful	Frequency	Percentage
Not at all	10	8.9
A little	22	19.6
A moderate amount	45	40.2
Very much	25	22.3
An extreme amount	10	8.9

Table 10

How well are you able to concentrate	Frequency	Percentage
Not at all	5	4.5
A little	16	14.3
A moderate amount	58	51.8
Very much	24	21.4
An extreme amount	9	8

Table 11



How well are you able to get around physically	Frequency	Percentage
Very poor	9	8
A little	14	12.5
Neither good nor poor	35	31.2
Good	44	39.3
Very good	10	8.9

Table 12

Are you able accept your bodily appearance	Frequency	Percentage
Not at all	22	19.6
A little	25	22.3
moderate	28	25
Mostly	24	21.4
Completely	13	11.6

Table 13

Do you have enough energy for everyday life	Frequency	Percentage
Not at all	13	11.6
A little	15	13.4
moderate	33	29.5
Mostly	35	31.3
Completely	16	14.3

Table 14

How often do you have negative feelings such as blue mood, despair, anxiety, depression	Frequency	Percentage
Never	48	42.9
Seldom	31	27.7
Quite often	22	19.6
Very often	7	6.3
Always	4	3.6

IV. DISCUSSION



Our results indicate that 50% students are satisfied with their ability to perform their daily living activities and 23.2% are dissatisfied; 58.1% students are satisfied with their sleep whereas 22.4% are dissatisfied; 57.2% students are satisfied with their capacity for work whereas 16.1% are dissatisfied; 57.1% students are satisfied with themselves whereas 17.9% are dissatisfied; 32.1% need medical treatment to function in daily life whereas 39.3% doesn't need any medical treatment; 48.3% felt that physical pain prevents them from doing what they want to do whereas 24.1% not felt like that; 76.8% enjoy their life while 7.1% are not; 71.4% felt their life is meaningful while 8.9% are not; 81.2% are able to concentrate whereas 4.5% not able to; 75.1% have enough energy for everyday life while 11.6% not have enough energy; 58% are able to accept their bodily appearance while 19.6% not able to; 48.2% are able to get around physically while 20.5% are not; 9.9% having negative feelings whereas 42.9% doesn't have negative feelings.

V. CONCLUSION

This study highlights physical and psychological health related quality of life (QoL) among medical students in Konaseema Institute of Medical Science and Research Foundation, Amalapuram that 8.05% students have good QoL, 84.8% students have moderate QoL while 7.15% students have poor QoL. Overall QoL is good among medical students. Medical colleges should implement awareness programs to maintain and improve quality of life and overall well being.

ABREVIATIONS QoL – quality of life

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CONFLICTS OF INTEREST

The author declared no potential conflicts of interest with respect to research, authorship, publication of this article.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institution. Informed consent taken from all participants in study

AUTHOR DETAILS

Konaseema Institute of Medical Science and Research Foundation, Amalapuram, India

REFERENCES

- [1]. Group WH. Development of the WHOQOL: rationale and current status. *Int J Ment Health*. 1994;23:24–56.
- [2]. Pagnin D, De Queiroz V. Comparison of quality of life between medical students and young general populations. *Educ Health*. 2015;28:209.
- [3]. Ibrahim NK, Mahnashi M, Al-Dhaheer A, Al-Zahrani B, Al-Wadie E, Aljabri M, Al-Shanketi R, Al-Shehri R, Al-Sayes FM, Bashawri J. Risk factors of coronary heart disease among medical students in King Abdulaziz University, Jeddah, Saudi Arabia. *BMC Public Health*. 2014;14:411.
- [4]. Firth-Cozens J. Medical student stress. *Med Educ*. 2001;35:6.
- [5]. Saipanish R. Stress among medical students in a Thai medical school. *Med Teach*. 2003;25:502–6.
- [6]. Rosal MC, Ockene IS, Ockene JK, Barrett SV, Ma Y, Hebert JR. A longitudinal study of students' depression at one medical school. *Acad Med*. 1997;72:542–6.
- [7]. Mane Abhay B, Krishnakumar M, Niranjana Paul C, Hiremath Shashidhar G, Mane AB. Differences in perceived stress and its correlates among students in professional courses. *J Clin Diagnostic Res*. 2011;5:1228–33.
- [8]. Roh MS, Jeon HJ, Kim H, Han SK, Hahm BJ. The prevalence and impact of depression among medical students: a nationwide cross-sectional study in South Korea. *Acad Med*. 2010;85:1384–90.
- [9]. Mosley TH Jr, Perrin SG, Neral SM, Dubbert PM, Grothues CA, Pinto BM. Stress, coping, and well-being among third-year medical students. *Acad Med*. 1994;69:765.
- [10]. Chan DW. Depressive symptoms and depressed mood among Chinese medical students in Hong Kong. *Compr Psychiatry*. 1991;32:170–80.
- [11]. Henning MA, Krägeloh CU, Hawken SJ, Zhao Y, Doherty I. The quality of life of medical students studying in New Zealand: a comparison with nonmedical students and a general population



- reference group. *Teach Learn Med.* 2012;24:334–40.
- [12]. Compton MT, Carrera J, Frank E. Stress and depressive symptoms/dysphoria among US medical students: results from a large, nationally representative survey. *J Nerv Ment Dis.* 2008;196:891–7.
- [13]. Pagnin D, Queiroz V. Influence of burnout and sleep difficulties on the quality of life among medical students. *SpringerPlus.* 2015;4:676.
- [14]. 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:e49714.
- [15]. WHOQOL Group. Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychol Med.* 1998;28:551–8.
- [16]. Tsutsumi A, Izutsu T, Kato S, Islam MA, Yamada HS, Kato H, Wakai S. Reliability and validity of the Bangla version of WHOQOL-BREF in an adult population in Dhaka, Bangladesh. *Psychiatry Clin Neurosci.* 2006;60:493–8.
- [17]. Krägeloh CU, Henning MA, Hawken SJ, Zhao Y, Shepherd D, Billington R. Validation of the WHOQOL-BREF quality of life questionnaire for use with medical students. *Educ Health.* 2011;24:545.