

A Study of Quality of Life in relation to Stress and Life Satisfaction among Women Students

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ABSTRACT

In India women stand different in society; which may be due to variety of reasons such as harsh living conditions, difficult life situations, gender discrimination, lack of support from family and others, and lack of job and educational opportunities; render women at risk for stress, depression and psychological disorders. The aim of the present study is to investigate the quality of life in relation to stress and life satisfaction among women students. The sample comprised of 50 post graduate women students with mean age of 22.760 (SD = 1.349), from Aligarh Muslim University, Aligarh, India. The PGI Quality of Life Scale (Moudgil, Varma, & Kaur, 1998), Perceived Stress Scale (PSS-14; Cohen, Kamarck, & Mermelstein, 1983), and Satisfaction with Life Scale (Diener, Emmons, Larson, & Griffin, 1985) were used to measure the Quality of Life, Stress and Life Satisfaction, respectively. Results of correlation analyses revealed that quality of life of women students was significantly negatively related with experiencing stress while positively correlated with satisfaction of life. Moreover, it was also found that stress was negatively correlated with satisfaction of life among women students. Furthermore, results of t-test analyses revealed that women living with high quality of life scored significantly low on stress level, and high on satisfaction with life as compared to women living with low quality of life. Findings became a basis warning model to development of quality of life among women students for reducing the stress level and to improve life satisfaction.

Key words: Quality of Life, Stress, Life Satisfaction, Women students

Date of Submission: 26-12-2020

Date of Acceptance: 07-01-2021

I. INTRODUCTION AND REVIEW OF THE LITERATURE

Quality of life is an important and unavoidable aspect of human life which play a vital role in overall mental and physical health and wellbeing of each person. According to Zullig, Valois, Huebner and Drane (2005) Quality of Life (QOL) has been conceptualized from objective and subjective perspectives. Objective QOL refers to external conditions that contribute to QOL such as income levels, housing quality, friendship networks, access to health services, and air quality. In contrast, subjective QOL refers to individuals' perceptions of the quality of their lives. Oztasan, Ozyrek, and Kilic (2016) said that Quality of life is defined as "one's perception style of his own situation in the system of his culture and values. In this concept, physical health, mental health, independency level, social relations, environmental factors and personal beliefs take part on the basis of subjectivity." The World Health Organization (WHO) defined quality of life as culture, situation, expectations, goals, standards, and value systems of individuals based on their perceptions on how they experience their own living conditions (WHO, 2017). de Oliveira et al. (2017) said that the life style determines the human being health and consequently influences in their routine activities such as - eating habits, physical and or leisure and also the professional activities. Further they explained that the life style is closely connected to quality of life, the individual who manages to have healthy habits, ends up balancing his or her homeostasis and consequently well-being, thus lowering his or her stress levels. Oztasan et al. (2016) revealed, in a study among 429 university students in Turkey, that when students' quality of life decreased, their mental symptoms increased.

The term 'stress' is used in every day vocabulary to capture a variety of human experiences that are disturbing or disruptive. Subjective sensations commonly experienced in conjunction with "feeling stressed" are headache, shortness of breath, light-headedness or dizziness, nausea, muscles tension, fatigue, gnawing in the gut, palpitations, loss of appetite or hunger, and problem with sleep. Behavioral manifestations of stress commonly reported are crying, smoking, excessive eating, drinking alcohol, fast talking, and trembling. Sarafino and Smith (2011) defined stress as "the circumstance in which transaction lead a person to perceive a

discrepancy between the physical or psychological demands of a situation and the resources of his or her biological, psychological, or social systems.”

Sugara, Rakhmat, Nurihsan, and Iffiandra (2020) conducted a more recent study among 469 university students to examine the relationship between quality of life and burnout (burnout is defined as a condition where individuals experience emotional exhaustion, depersonalization and reduce self-efficacy). They showed no significant difference in the quality of life of men and women and the relationship between quality of life and burnout was found to be negatively correlated. Krishnan, Shanthi, and Ruckmani (2019), who conducted a study among 50 post-graduate students (both male and female), showed negative relation of stress with general well-being, life satisfaction and resilience. Moreover, they found no difference in levels of stress and general well-being related to Gender and year of study. Moreover they found that the first year post graduate students especially female were found to have severe stress and low well-being levels. Assana, Laohasiriwong, and Rangseekajee (2017) conducted a study among 1,112 high school students in the Northeast of Thailand and showed that the factors significantly associated with high QOL were - not having depression, had high level of general well-being and had low to moderate level of anxiety. Opoku-Acheampong et al. (2017), among undergraduate pharmacy students, reported the significant correlations between stress and various domains of quality of life. Recently, Alkatheri et al. (2020) assessed quality of life and stress levels among 479 Health Professions students and found that scores of all four domains of QOL (i.e., physical health, psychological health, social relationships, and environment) were negatively correlated with perceived stress, indicating that better QOL is strongly and highly significantly related to lower perceived stress levels. They also found that perceived stress scores were independently and significantly associated with QOL scores in the physical and psychological health domains. Ribeiro et al. (2017) reviewed the literature and highlighted that the negative association between stress and QOL in university students, through the deterioration of various aspects related to physical and mental health.

Shin and Johnson (1978) express that life satisfaction is the cognitive assessment of one’s life as a whole. Proctor, Linley, and Maltby rightly mentioned that in arriving at overall evaluations of life, individuals typically use their own set of criteria and standards in weighting the different aspects of their lives (Diener et al., 1985; Pavot & Diener, 1993; Shin & Johnson, 1978; all cited in Proctor et al., 2009). According to Raphael, Rukholm, Brown, Hill-Bailey, and Donato (1996), life satisfaction has been defined as a cognitive judgment of the degree of positivity of a person’s overall life or with specific life domains, such as family or school experiences.

Previous study also showed that income and social class have correlated with life satisfaction (George, 1990). Zullig et al. (2005) explored the relationship between health-related quality of life and perceived satisfaction with life in a sample of 13–18-year-old adolescents (n = 4914) in South Carolina, USA, and found that self-rated health, poor physical health days (past 30 days), poor mental health days (past 30 days), and activity limitation days (past 30 days) were significantly related to reduced life satisfaction, regardless of race or gender. Moreover, they found that as the number of reported poor health days increased, the greater the odds of reporting life dissatisfaction. A study conducted by Bailey and Miller (1998) among college students showed that the life style one follows is the determinant of life satisfaction. They also found that male and female students, who had more demanding life styles, were more likely to have higher life satisfaction and lower personal stress than other students with less demanding life styles. They argued that their findings indicate the importance of fulfilling interpersonal relationships and an individual’s approach to life in determining overall life satisfaction. Moreover, Borg and Blomquist (2006) conducted a study among 522 persons who were randomly selected from a cross-sectional survey of the Older Americans’ Resources Schedule and Life Satisfaction Index to examine the life satisfaction and its relation to living conditions, overall health, and self-care capacity. They found that life satisfaction in older people with reduced self-care capacity is determined by several factors, with financial, social, physical, and mental aspects probably interacting with each other; especially feeling lonely, degree of self-care capacity, poor overall health, feeling worried and poor financial resources in relation to needs. Jan and Masood (2008) among 120 women who were selected from Jammu and Kashmir depicted that women have average level of life satisfaction at all age levels and with an increase in age, the overall life satisfaction decreases; whereas, with an increase in personal income, the overall life satisfaction increases. Moreover they found that with an increase in family income, the overall life satisfaction of women also increases. Alleyne, Alleyne, and Greenidge (2010) conducted a study among 172 undergraduate university students in Barbados and revealed that students were more satisfied with relationships, self-image and physical appearance, while they were dissatisfied with campus facilities, quality of teaching, financial security and job situation. Their study also found that higher levels of perceived stress were associated with lower levels of satisfaction with life. Further, they also found that the major predictors of students’ life satisfaction were the living environment, campus facilities, and perceived stress. Yildirim, Kilic, and Akyol (2013), among 396 nursing students, found a significant correlation between life satisfaction and the four main domains of quality

of life scores (i.e. physical domain, psychological domain, social relationships domain, and the environmental domain) and that there was a significant positive correlation between life satisfaction and quality of life.

Mazumdar, Gogoi, Buragohain, and Haloi (2012) showed that Post graduate students experience higher levels of stress in comparison to graduate students. Moreover, Mallinckrodt and Leong (1992) found that in comparison to male, women in graduate programs experienced more stressors, role strain in dealing with their family obligations, less social support and more depression. Many previous studies also showed that most of the female students experience additional stressors due to the effect of managing multiple roles and by the student's perception of the enormity of the task (Giancola, Grawitch, & Borchert, 2009; Glynn, Maclean, Forte, & Cohen, 2009; all cited in Krishnan et al., 2019). In India women play different roles due to economic conditions and social demands which raise high stress and dissatisfaction of life in them. Furthermore, in the present scenario most of the women at post graduation level undergo terrific pressure to develop a career which also develop stress, depression, poor mental and physical health and life dissatisfaction in them. Quality of life and lifestyle is an important factor which influences everyone's health and wellbeing.

To date there is little researches are conducted on quality of life of women post graduate students and how it is related to their experience of stress and life satisfaction. Therefore, the present study was conducted among post graduate women to see the role of quality of life in stress and satisfaction of life.

Aims and Hypotheses: This study sought to explore how quality of life is associated with perceived stress and life satisfaction among women. In order to achieve the mentioned aim and in the light of a variety of previous studies, following hypotheses were formulated in the present study:

1. There will be significant negative relationship between quality of life and perceived stress level of women.
2. There will be significant positive relationship between quality of life and life satisfaction of women.
3. There will be significant difference between women having high quality of life and low quality of life on stress level.
4. There will be significant difference between women having high quality of life and low quality of life on level of satisfaction with life.

II. METHOD

Participants

The sample of the present study consisted of 50 postgraduate women students with the mean age of 22.76 (SD = 1.349), from Aligarh Muslim University, Aligarh. All the respondents were unmarried, nonworking and with no apparent physical or mental illness. In general the subjects were having good health and did not suffer from any serious or chronic ailment.

Measures

The following psychological tests were used for present study:

PGI Quality of Life Scale: Quality of life was measured by PGI Quality of Life Scale developed by Moudgil, Varma, and Kaur (1998). This scale contained 26 items with five alternative response options (e.g., not at all, little bit, somewhat, many times and too much). A score of 1, 2, 3, 4, and 5 was given for responses of tick mark of option 1, 2, 3, 4, and 5, respectively. PGI Quality of Life Scale has a possible range of scores from 26 to 130, with higher the score representing greater quality of life and lower the scores indicating lower quality of life as perceived by the subject. The inter-rater reliability of this scale is 0.89, inter-scorer reliability is 0.99, test-retest reliability is 0.79 and split-half reliability is 0.72.

Perceived Stress Scale (PSS-14): Stress was measured by Perceived stress scale (Cohen, Kamarck, & Mermelstein, 1983), which contains 14 items, including 7 reversed items. The stress scale was coded from 0 to 4, with 5 alternatives responses rated in the form of never, almost never, sometimes, fairly often and very often, respectively. The PSS scores were obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the seven positively stated items and then summing across all scale items. The PSS-14 has a possible range of scores from 0 to 56. Cohen et al. (1983), among college students, have showed a reliability of co-efficient Alpha and test-retest correlation coefficient for PSS as 0.84 and 0.85, respectively. They also showed a good correlation of PSS (r value of 0.65) with physical symptomatology as measured by CHIPS (Cohen-Hoberman Inventory of Physical Symptoms) among college student sample.

Satisfaction with Life Scale: Life satisfaction was measured by using the Satisfaction with Life Scale (Diener, Emmons, Larson, & Griffin, 1985), which contains five items with the 7-point rating scale ranging from strongly disagree to strongly agree. The total score may range from 5 to 35. Diener et al. showed that, the test retest correlation coefficient of Satisfaction with Life Scale is 0.82 (over a two month period) and coefficient Alpha is 0.87. Furthermore, the factor analysis of the inter item correlation matrix identified that their scale had

a single factor accounting for 66% of the variance. This scale was found to be highly reliable, valid and brief tool to tap life satisfaction amongst the various other available tests of life satisfaction (Diener et al, 1985).

Demographic Information: Apart from the above, some question about the personal data was collected to get the demographic information about the students.

Procedure

Students were instructed not to skip any question of the questionnaire and were assured that their answers were strictly confidential and would not be known to anyone. After the collection of data, scoring of the responses was done according to the scoring procedure prescribed for the scales. SPSS 16 of Windows software was used for analysis of data.

III. RESULTS

Table-1: Inter-correlations and Descriptive Statistics of the study variables

Variables	1	2	3
1. Quality of Life	1.00	-.529**	.404**
2. Stress		1.00	-.686**
3. Life Satisfaction			1.00
Mean	86.960	29.760	20.900
SEM	2.865	1.413	.861
SD	20.260	9.993	6.089

Note. N = 50. **p < .01, two tailed.

Table 1 shows inter-correlations among different variables of the study and Mean, SEM, and SD for the total sample. A perusal of the values of r in the table shows that women stress was significantly negatively correlated with quality of life (r = -.529, p < .01), indicating high level of stress among women who had poor quality of life. Whereas, it is observed from Table 1 that life satisfaction was positively correlated with quality of life (r = .404, p < .01) i.e., increased women quality of life was associated with increased life satisfaction. These correlations are in the expected direction. An inspection of Table 1 also reveals that life satisfaction was inversely related to stress, indicating that women perceiving high level of stress are more likely to lower satisfaction with their life, and vice versa: women who perceive low level of stress are more satisfied with their life.

Table-2: Mean differences between women of having High Quality of Life and Low Quality of Life groups on Stress and Life Satisfaction

	High Quality of Life (N = 16)		Low Quality of Life (N = 16)		t-value (df = 30)
	Mean	S.D.	Mean	S.D.	
Stress	22.875	3.981	37.250	37.250	5.566***
Life Satisfaction	23.063	5.092	18.188	6.843	2.286*

Note. *p < 0.05, ***p < .001, two tailed.

On the basis of P30 and P70, the sample was divided into high and low quality of life subjects. Table 2 shows the comparison of high and low quality of life women on stress and life satisfaction. It is observed from the table that women living with high quality of life scored significantly low on stress as compared to women living with low quality of life. It is also observed from the table that women living with high quality of life scored significantly high on life satisfaction as compared to women living with low quality of life.

IV. DISCUSSION

The current study aimed to assess the associations of quality of life with perceived stress levels and life satisfaction among women postgraduate students.

The findings of the correlational analyses of this study showed that women who had poor quality of life are more likely to experience higher level of stress. Thus, the first hypothesis that there will be significant negative relationship between quality of life and perceived stress was confirmed as true. Moreover, results also showed that life satisfaction was inversely related to stress, indicating that women perceiving high level of stress are more likely to lower satisfaction with their life. This finding is consistent with some previous studies conducted by Assana et al. (2017), Opoku-Acheampong et al. (2017), and Alkatheri et al. (2020). The results are moderately consistent with findings of Krishnan et al. (2019), who showed negative relation of stress with general well-being, life satisfaction and resilience.

The second hypothesis that there will be significant positive relationship between quality of life and life satisfaction of women was also confirmed as true. This result is somewhat consistent with findings by Zullig et al. (2005) in a sample of 13–18-year-old adolescents, that poor physical health days, poor mental health days, and activity limitation days were significantly related to reduced life satisfaction. This finding also seems to be similar conducted by Yildirim et al. (2013), who found a significant correlation between quality of life and life satisfaction among nursing students.

Consistent with our third hypothesis, the results of the t-test of the present study add support that women living with high quality of life experience low level of stress as compared to women living with low quality of life.

The present finding is also according to our expectations (hypothesis 4) and support that women living with high quality of life have more satisfaction with their life as compared to women living with low quality of life.

V. CONCLUSION

This study examined the relationship between quality of life, stress and life satisfaction in samples of women postgraduate students. Based on the results of this study suggest need for the development of counseling interventions to improve the quality of life in women students to reduce stress and to increase life satisfaction among them. Moreover, the present study has implications for parents, teachers, and administrators working in the field of education to improve the quality of life in women students.

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Shaheen, H., & Shaheen, S. "A Study of Quality of Life in relation to Stress and Life Satisfaction among Women Students." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 26(01), 2021, pp. 26-31.