

**A COMPARATIVE STUDY OF QUALITY OF LIFE
BETWEEN IRANIAN AND MALAYSIAN
POSTGRADUATE STUDENTS**

By

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**Thesis Submitted in Fulfillment of the Requirements
for the Degree of
Master of Arts**

June 2013

ACKNOWLEDGMENTS

I thank God, the Almighty, for enlightening my mind and making me understand and giving me confidence to study and pursue Master studies; and for giving me strength and hope.

I would like to acknowledge the help and insightful guidance of my supervisor, Associate Professor Dr. Abdul Rashid Mohamad, for his invaluable support, guidance, and encouragement during the course of the thesis project. Without his moral support, persistent help, and continuous guidance, this dissertation would not have been possible.

I sincerely thank all the faculty members at the School of Educational Studies for their help during my Master program. I would also like to express my gratitude to all the staff members at the Universiti Sains Malaysia. I would like to express my gratitude to all the people who have helped me accomplish this work through their advice, collaboration, and support. Without their assistance, finalizing my thesis would have been more difficult, if not impossible.

Finally, I would like to thank my husband, Jalal, for his support and patience throughout this project and also my parents that their continued moral made the completion of this long journey possible.

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LIST OF ABBREVIATIONS

QOL	Quality of life
WHO	World Health Organization
WHOQOL-100	World Health Organization Quality of Life Assessment
WHOQOL-BREF	World Health Organization Quality of Life assessment, short form
USM	Universiti Sains Malaysia
Et al	and others
SD	Standard Deviations
\bar{X}	Mean
SPSS	Statistical Package for Social Sciences
BC	Before Christ
HIV	Human Immunodeficiency Virus
GDP	Gross domestic product

KAJIAN TENTANG PERBANDINGAN KUALITI HIDUP ANTARA PELAJAR PASCA SISWAZAH IRAN DAN MALAYSIA

ABSTRAK

Kualiti Hidup (QOL) adalah satu konsep penting yang menjadi pengantaraan antara kesihatan mental dengan seseorang individu. Justeru, kajian ini bertujuan untuk menganalisis kualiti hidup (QOL) antara pelajar pasca siswazah Iran dan pelajar pasca siswazah Melayu di Malaysia. Sejumlah 370 pelajar pasca siswazah terdiri daripada 185 pelajar Iran dan 185 pelajar Melayu telah dipilih secara rawak untuk dijadikan sampel. Instrumen WHOQOL-BREF telah digunakan dan ditadbir dalam ujian pra dan ujian pasca. Instrumen ini mengandungi 26 soalan dibahagikan kepada empat domain iaitu kesihatan, fizikal, psikologi kesihatan, hubungan sosial, dan alam sekitar. Selain itu, teknik temu bual separa berstruktur dikendalikan ke atas tiga orang pelajar lelaki dan tiga orang pelajar perempuan. Ciri-ciri sampel telah ditentukan menggunakan min, sisihan piawai, dan ujian t bebas bagi melihat perbezaan nilai QOL setiap domain. Dapatan kajian menunjukkan jumlah nilai QOL antara pelajar pasca siswazah Iran dengan pelajar Melayu adalah amat ketara ($63,11 \pm 10,04$ dan $66,20 \pm 8,13$). Selain daripada kesihatan fizikal dan domain hubungan sosial, kesemua domain lain menunjukkan perbezaan ketara antara kedua-dua kumpulan. Skor QOL bagi kesihatan secara global dan psikologi kesihatan dalam kalangan pelajar Iran adalah lebih tinggi dibandingkan dengan pelajar Melayu ($P < 0,001$). Sebaliknya, pelajar Melayu mempunyai skor lebih tinggi dari pelajar Iran bagi domain persekitaran. Sementara itu,

nilai skor min bagi domain QOL secara global menunjukkan pelajar lelaki dan perempuan Iran lebih tinggi ($P = 0.027$) dibandingkan dengan pelajar Melayu ($P = 0.564$). Perbandingan skor min QOL antara pelajar lelaki dan perempuan pula menunjukkan perbezaan yang signifikan bagi domain persekitaran dan hubungan sosial di mana skor pelajar wanita adalah lebih rendah. Perbezaan ketara wujud dalam semua domain antara pelajar Iran yang belum berkahwin dibandingkan dengan pelajar Melayu kecuali bagi domain kesihatan fizikal. Sebaliknya, wujud perbezaan ketara antara pelajar Iran dan Melayu yang sudah berkahwin kecuali bagi domain persekitaran dan psikologi kesihatan. Kajian juga menunjukkan tiada perbezaan yang signifikan bagi domain kesihatan fizikal dan hubungan sosial antara pelajar PhD Iran dengan Melayu. Walau bagaimanapun, perbezaan ketara wujud bagi domain kesihatan fizikal, kesihatan psikologi, dan domain persekitaran antara pelajar Master Iran dengan Melayu. Sebagai kesimpulan, WHOQOL-BREF berguna untuk penyelidikan berkaitan dengan kesihatan mental pelajar dan merupakan maklumat penting untuk meningkatkan lagi kualiti pendidikan pelajar tempatan dan luar negara.

A COMPARATIVE STUDY OF QUALITY OF LIFE BETWEEN IRANIAN AND MALAYSIAN POSTGRADUATE STUDENTS

ABSTRACT

Quality of Life (QOL) is a highly important concept because of its mediating impact on mental health. Therefore, the aim of this study is to investigate the quality of life (QOL) between Iranian and Malay Malaysian postgraduate students. A total of 370 postgraduate students whom are 185 Iranian and 185 Malay Malaysian postgraduate students were randomly picked up as samples in this study. An instrument of WHOQOL-BREF questionnaire was administered in the pre and post-test. The instrument consists of 26 questions divided into four main domains, i.e. physical health, psychological health, social relationship, and environment. Besides, a semi-structured interview was employed to six samples, three male and three female. Sample characteristics were determined using means, standard deviation, and independent t-tests to consider differences for the QOL domain in the two groups of the postgraduate students. The finding indicated that the total QOL measures among Iranian and Malay Malaysian postgraduate students are significantly different (63.11 ± 10.04 and 66.20 ± 8.13 , respectively). Apart from the physical health and social relationship domains, all the other domains were significantly different between the two groups. Among the postgraduate students, the scores of QOL on global health and psychological health among Iranians were higher than those of Malays ($P < 0.001$), but the scores in the environment domain were higher for the Malays. Differences in global QOL mean scores between males and females were greater for Iranians ($P = 0.027$) than Malays

($P=0.564$), the value of which indicates no significant difference. Besides, comparison of mean scores of QOL in males and females indicates a statistically significant difference in the environment and social relationship domains, where females obtained lower scores. Significant differences were observed in all domains between single Iranian and Malay Malaysian postgraduate students, except for the physical health domain. By contrast, significant differences were observed between married Iranian and Malay Malaysian postgraduate students in the environment and psychological health domains. This study also indicated that there are no significant differences in physical health and social relationships between PhD Iranian and Malay Malaysian postgraduate students. However, significant differences exist in physical health, psychological health, and environment domains between Master Iranian and Malay Malaysian postgraduate students. As a conclusion, the WHOQOL-BREF is a useful research inventory for the determinants of health-related QOL and provides comprehensive information in order to improve the educational quality of local and international students.

CHAPTER 1

INTRODUCTION

1.0 Introduction

Quality of life (QOL) means a good life with high quality of living. QOL has been defined as “a person’s sense of well-being which is based on the satisfaction or dissatisfaction with the areas of life that are important to him/her”(Sigstad, Stray-Pedersen, & Frøland, 2005). QOL is a seemingly simple concept. Everyone, including social scientists, politicians, and journalists, has his/her own definition of QOL. In such case, the definition of QOL is simply aggregated from the definitions of people under predominant economic and social conditions or from the level of well-being experienced by individuals (Bouare & Nkau, 2006). QOL is a multifaceted concept that includes not only the material aspects of life, such as level of living, but also the availability of physical and social facilities and the less palpable aspects of life, such as good health and opportunities for amusement and play. However, unlike the standard of living of QOL, these facilities and aspects cannot be measured directly. This study provides a conceptual and operational definition of the terms above and a conceptual framework. This chapter presents the background and purpose of the study, the statement of the problem, the research objectives, the research questions, and the significance of the study.

1.1 Background of the study

The term QOL was first introduced by Pigou in 1920 (Wood-Dauphinee, 1999) in his book about economics and welfare. He mentioned governmental support for the lower classes and its impact on national finances. The concept of QOL did not receive significant attention at that time and even disappeared until after the Second World War. Rapid developments in QOL evaluation began when the World Health Organization (WHO) included psychometric components in its definition of health (Wood-Dauphinee, 1999). These developments included the assessment of various areas of health by using various evaluation instruments (Wood-Dauphinee, 1999).

In 1970, social scientists at the Michigan University introduced the assessment of QOL for the general public. At that time, the assessment of QOL covered different areas, such as education, health, family and personal life, environment, financial condition, and work. However, in 1987, Ware pointed out that “jobs, neighborhood, housing and school” are outside the scope of 48 health-related QOL areas and are under social welfare (Varni et al., 1998).

Although many studies have investigated QOL, only few studies focused on QOL in non-Western countries (Ying & Miller, 1992). For example, a study compared the levels of subjective well-being of various countries, wherein the Swiss, Norwegians, Danes, Swedes, Dutch, Irish, and Australians had reported higher levels of well-being compared with the Spanish, Japanese, French, and Greeks (Foroughi, 1995). These observed differences had been attributed to tentative explanations, as the level of cultural norms, equality, affluence, and democracy, which were considered as mediating variables of effective on life quality.

Previous studies have shown that an increase in QOL is associated with health. (Burckhardt, Woods, Schultz, & Ziebarth, 1989); (Bradbury & Catanzaro, 1989); (Germano, Misajon, & Cummins, 2001); (Downe-Wamboldt & Melanson, 1998). On the other hand, certain diseases, such as arthritis, led to economic deprivation (Grant, Elliott, Giger, & Bartolucci, 2001), diminished independence, decreased work and social roles, decreased involvement in family (Germano, et al., 2001), and a reduced ability to engage in physical and leisure activities (Liang, Dunn, Gorman, & Stuart-Harris, 1990).

In 1993, Guyatt introduced the concept of health-related QOL involving both social well-being and personal health, which are in accordance with the definition of the WHO on health (Wood-Dauphinee, 1999). Other researchers suggested that QOL is a multidimensional, subjective, and dynamic concept (Wood-Dauphinee, 1999).

Some researchers believed that QOL is composed of many domains and insisted that QOL is multidimensional. Michalos (Wiklund, Glise, Jerndal, Carlsson, & Talley, 1998) determined at least 13 domains of life that may affect one's overall QOL. These dimensions include "health, finances, occupation, family, friends, living partner, education, recreation, housing, transportation, government, services, and human-made and natural environments"(Wiklund, et al., 1998). Similar to Michalos, Cummins (Cummins, 1997) also believed that QOL is multidimensional. Cummins stated seven domains that influence an individual's QOL. These domains include well-being, safety, health, intimacy, productivity, community, and emotional well-being.

The current study aims to evaluate the difference in the QOL of Iranian and Malaysian students, who both have high population growth rate, and to identify factors that significantly affect the QOL of these students.

1.2 Statement of the Problem

This study aims to discover the truth about life and the pursuit of QOL. Moreover, some elements in relation to Iranian and Malay Malaysian postgraduate students of Universiti Sains Malaysia (USM) in Penang are designed. Around 4000 BC, Asklyptus, with his daughter Hyzhy, thought instead of treating patients (sick people) do not take action. Thereafter, the term “hygiene” was derived from the name Hyzhy. In the current industrial world, countries spend approximately 4%–14% of their gross domestic product (GDP) on health care, which is an important part of the Health Policy (Wilkinson & Marmot, 2003). According to the international standards set by the WHO, the definition of health includes not only physical aspects, but also the psychological, emotional, and social conditions of a person, that is, a perfectly healthy person does not display any signs of illness and neurosis. Thus, aside from death and disease rates, traditional health indicators are also essential for health assessment. Moreover, the perception of people about their QOL should also be considered. QOL is an important component of overall health (Park, 2009) that has played a mediating role in mental health in recent years. The QOL of students should be investigated because students are the future managers. QOL includes humanistic elements of well-being and health and it is one of the criteria for the assessment of health care delivery systems, evaluation of treatment, and assessment of cost-effectiveness (Groupt, 1993).

Simple to complex instruments on QOL and functioning instruments have been introduced in health care literature. Researchers have invariably incorporated an array of objective and subjective indices that measure the impact of diseases and impairments on daily activities and behavior, perceived health measures, and disability/functioning statuses (McGee, O'Boyle, Hickey, O'Malley, & Joyce, 1991); (Hunt, 1997);(Becker et al., 1997).

As early as 1948, the WHO (Abdel-Khalek, 2010), without using the term “quality of life,” defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or weakness.” This definition provides equal importance to somatic, social, and psychological components. The WHO recently produced its own assessment of QOL (Masthoff, Trompenaars, Van Heck, Hodiament, & De Vries, 2006) and worked at a fundamental level in expressing assessment tools of 15 countries simultaneously. The WHO defined QOL as follows:

“Individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns, It is a broad ranging concept affected in a complex way by the persons’ physical health, psychological state, level of independence, social relationships and their relationship to salient features of their environment” (Breek, Hamming, De Vries, Aquarius, & van Berge Henegouwen, 2001).

This definition reflects the view that QOL refers to a subjective evaluation that is embedded in cultural social and environmental contexts (Harper & Power, 1998). Therefore, QOL is a subjective psychological state, implying that a self-reported

questionnaire is the most appropriate method for the measurement of QOL (Skevington & Wright, 2001).

According to this comprehensive definition, QOL is closely related to physical status, psychology, personal beliefs, range of sufficiency, social relationships, and environment. In addition, Cella (1994), Cynthia (1998), Eysenck (1998), and Evanse and Cope (1979) stated that QOL is the individual satisfaction from the aspects of life, including psychological, social, economical, cultural, spiritual, and sexual contexts (Cella, 1994) (Cynthia & Hinds, 1998) . On the one hand, many studies on the QOL of people in different countries focused on specific areas and population, such as adults and people with chronic pains, cancer, and HIV diseases or those who have been in the middle and late years of their lives.

On the other hand, a community that pays attention to the states of health, mental, social, cultural, and spiritual interests and provides a context for realization of a vibrant and healthy life ensures the health of the community for years to come. Thus, researchers believed that considering QOL and seeking ways to promote it are important in the health of individuals and social life.

Students are the future leaders, and their health and QOL affect their learning, knowledge, and success. Navvabi Nezhad (2006) stated that students tackle a wide range of problems, including academic, financial, marriage, personality, and social behavior problems. Kafi et al. (1995) introduced the student life and stated that student campuses are stressful. QOL and health factors are considered important for students.

A short version of the World Health Organization Quality of Life-100 (WHOQOL-BREF) with 26 items and four domains of health, namely, physical,

psychological, social relationships, and environment domains, was used in the current study (Power, Bullinger, & Harper, 1999).

This study investigates the effects of marital status, gender, grade, state of health, and the number of daily contacts of the students. Students may not have enough time for sleep, rest, and leisure activities because of the significant amount of time they spend on studying and doing research. This problem can affect the physical health and environment domains of the WHOQOL-BREF. Furthermore, sexual life is a sensitive topic in Iranian culture, and thus, the responses of Iranian students may be unrealistic and inadequate, consequently providing problems for the evaluation of social relationships. Iranian students, particularly the married ones, experience transportation problems given the poor public transportation system and the relatively high taxi fare in Penang. Another important problem for international students is the lack of transport facilities for students commuting from the main campus to the engineering campus during school hours. For example, in some families, both the husband and the wife are university students and must commute to the engineering campus for projects. However, they waste time and pay high costs to reach their educational goals because of the shortage of transportation facilities. Moreover, majority of the Iranian students lack financial support from their own government. In addition, the high costs of health services in Penang may pose a dilemma for all students, including their family members. These problems can affect the environment domain in the WHOQOL-BREF questionnaire. Many problems, including great distance from family, specific condition of youth era, difficult school work, economic problems, and unclear future job affect the QOL of postgraduate students.

Therefore, the current study investigates the QOL of postgraduate students in USM. QOL studies seem to be highly suitable means for assisting in the complete understanding of the present processes and future possibilities among Iranian and Malay Malaysian postgraduate students in USM. Furthermore, access to extensive and useful information about QOL can help improve the life quality of international students in USM. Therefore, considering the health issues and cognitive aspects of the students, as well as their emotional and mental QOL, seem imperative. The students who want to improve their learning environments and QOL should share their health situation and attitude towards health and QOL. The current study aims to determine the steps that need to be taken to achieve such goal.

1.3 Rationale of the study

To the best of my knowledge, no other studies have investigated the QOL of postgraduate students. There are only a few studies conducted in Iran but it is more focused on the QOL of the postgraduate students. Thus, the current study focuses on the QOL of Iranian and Malaysian students. This study investigates the difference in the QOL of Iranian and Malay Malaysian postgraduate students for the first time. This study aims to alleviate the issues and problems that the students encounter in their current situation. Moreover, the findings of this study can help foreign students who are planning to pursue further studies in Malaysia.

1.4 Objective of the study

The aim of this study is to provide a better understanding of QOL as mentioned by WHOQOL. The objectives of this study are as follows:

- 1.4.1** To investigate the differences physical health domain (e.g. activity of daily living, dependence on medicinal substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest, work capacity) between Iranian and Malaysian postgraduate students.
- 1.4.2** To investigate the difference between psychological domain (e.g. bodily image and appearance, negative and positive feelings, self-esteem, spirituality/religion/personal beliefs, thinking, learning, memory and concentration) of Iranian and Malaysian postgraduate student.
- 1.4.3** To investigate the difference between social relationships domain (e.g. personal relationships, social support, sexual activity) of Iranian and Malaysian postgraduate students.
- 1.4.4** To investigate the difference between environmental domain (e.g. financial resources, physical safety and security, health and social care, home environment, physical environment (pollution, noise, traffic, climate) and transport) of Iranian and Malaysian postgraduate students.
- 1.4.5** To investigate the difference between relation predictor variables (sex, marital status, grade) of Iranian and Malay postgraduate students QOL.

1.5 Research Question

The research questions are very important aspect to begin the study. They guide the researcher or the respondent to understand the main procedures involved. This study will try to answer the following research questions:

- 1.5.1** What is the differences between physical health domain (e.g. activity of daily living, dependence on medicinal substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest, work capacity) of Iranian and Malaysian postgraduate students?
- 1.5.2** What is the difference between psychological domain (e.g. bodily image and appearance, negative and positive feelings, self-esteem, spirituality/religion/personal beliefs, thinking, learning, memory and concentration) of Iranian and Malaysian postgraduate students?
- 1.5.3** What is the difference between social relationship domain (e.g. personal relationships, social support, sexual activity) of Iranian and Malaysian postgraduate students?
- 1.5.4** What is the difference between environment domain (e.g. financial resources, physical safety and security, health and social care, home environment, physical environment (pollution, noise, traffic, climate) and transport) of Iranian and Malaysian postgraduate students?
- 1.5.5** What is the difference between predictor variables (e.g. sex, marital status, and grade) of Iranian and Malaysian postgraduate students?

1.6 Hypothesis Question

- 1.6.1** Is there a significant difference between physical health domain (e.g. activity of daily living, dependence on medicinal substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest, work capacity) of Iranian and Malaysian postgraduate students?
- 1.6.2** Is there a significant difference between psychological domain (e.g. bodily image and appearance, negative and positive feelings, self-esteem, spirituality/religion/personal beliefs, thinking, learning, memory and concentration) of Iranian and Malaysian postgraduate students?
- 1.6.3** Is there a significant difference between social relationship domain (e.g. personal relationships, social support, sexual activity) of Iranian and Malaysian postgraduate students?
- 1.6.4** Is there a significant difference between environment domain (e.g. financial resources, physical safety and security, health and social care, home environment, physical environment (pollution, noise, traffic, climate) and transport) of Iranian and Malaysian postgraduate students?
- 1.6.5** Is there a significant difference between predictor variables (e.g. sex, marital status, and grade) of Iranian and Malaysian postgraduate students?

1.7 Significance of the study

The concept of QOL involves changes whereby a society and social system move away from a condition of life that is widely perceived as unsatisfactory to a

situation or condition of life that is regarded as materially and spiritually better (Roode, Speight, Pollock, & Webber, 2004). Therefore, QOL not only includes economic development, but also social, psychological, cultural, and environmental domains.

To the best of my knowledge, this study is the first to investigate the difference in the QOL of Iranian and Malay Malaysian students in USM. Thus, this study provides comprehensive information that can be applied for the improvement of the quality of education of national and international students. The results of this study can also help Iranian students who are planning to pursue further studies in USM.

1.7.1 University

University should be informing students to increase their QOL could be effective steps to help students improve their studies.

1.7.2 Students

The students can improve their Quality of life with gathering information about life issues and problems before coming to the University.

1.7.3 Government

The Education ministry of Iran can be providing additional financial support to postgraduate students. Given the best financial position, several problems such as transportation, QOL region, and medical services for postgraduate students, could be solved.

1.8 Definition of the Terms

1.8.1 Conceptual Definition

i. Concept of Quality of life

QOL is the concept of formlessness. Although the term “quality” implies the degree of completeness of a characteristic, different people may value different areas of life. Therefore, the definition of QOL may vary with people. The field of QOL can be defined as the set of elements related to the social, political, health, cultural, physical, economic situation in which people live, the nature and content of their activities, the characteristics of the social relations and processes to which they partake and the services they have access to, the consumption patterns they accepted, their styles and way of life, evaluation of the results and circumstances of the activities that conform to the population’s expectations, happiness, the subjective states of satisfaction /dissatisfaction, and frustration, among others.

- Schalock (Lachapelle et al., 2005) stated that QOL is a complex construct that can be viewed from multiple perspectives and operational in many ways and that has achieved increasing importance as a principle in human services. Schalock (Lachapelle, et al., 2005) suggested that QOL is best viewed as an arrangement concept that can guide policies and that can be practiced to improve the living conditions of all people. Moreover, Schalock proposed that QOL is composed of core tenets and dimensions. The eight core principles introduced by Schalock accentuate that QOL comprise the same factors and is important for all people, is

experienced when basic needs of a person are met, and is increased by enabling and by integrating individuals to partake in decisions that affect their lives. The core dimensions of QOL include material well-being, emotional well-being, physical well-being, interpersonal relations, personal development, self-determination, social inclusion, and rights (Wehmeyer & Mithaug, 2006).

- The WHO defined QOL as “individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, standards, expectations, and concerns. It is a broad-ranging concept affected in a complex way by the person’s physical health, psychological state, and level of independence, social relationships, and their relationships to salient features of their environment. QOL refers to a subjective evaluation which is embedded in a cultural, social and environmental context” (Orley, Saxena, & Herrman, 1998)

ii. Iranian postgraduate students

"Student" means a university student who is studying in a university either on full time or part time basis (Section 15 and 16, University Act and College Act, 1971, Ministry of Education) but this refers to a postgraduate Iranian students studying in USM.

iii. Malaysian postgraduate students

"Student" means a university student who is studying in a university either on full time or part time basis (Section 15 and 16, University Act and College Act, 1971, Ministry of Education).

1.8.2 Operational definition

- i. Quality of life:** In this study QOL is referred to individual perceptions of their position in life in the context of the culture and value systems in which they live. Besides, QOL also means the students goals, expectations, standards and concerns of their daily life.
- ii. Iranian students:** Iranian students are defined as male and female Iranian postgraduate students pursuing their study at master and PhD level at USM.
- iii. Malaysian students:** Malaysian students are defined as male and female Malay postgraduate students pursuing their study at master and PhD level at USM.

1.9 Conceptual Framework

The concepts and operational definitions of QOL above are integrated into the conceptual framework of the current study, as shown in Figure 1.1. In this conceptual framework of QOL, a person's perception of his/her QOL is conceptualized, but the individual him/herself defines QOL based on his/her perceptions. This conceptualization can be approximated by operational definitions, including the

subjective instruments that measure “life satisfaction” and “subjective well-being.” A less direct approach to measuring QOL includes operationalization of different dimensions of life. Although a single dimension may not consistently predict QOL, these dimensions are hypothesized to have a collective affect on QOL.

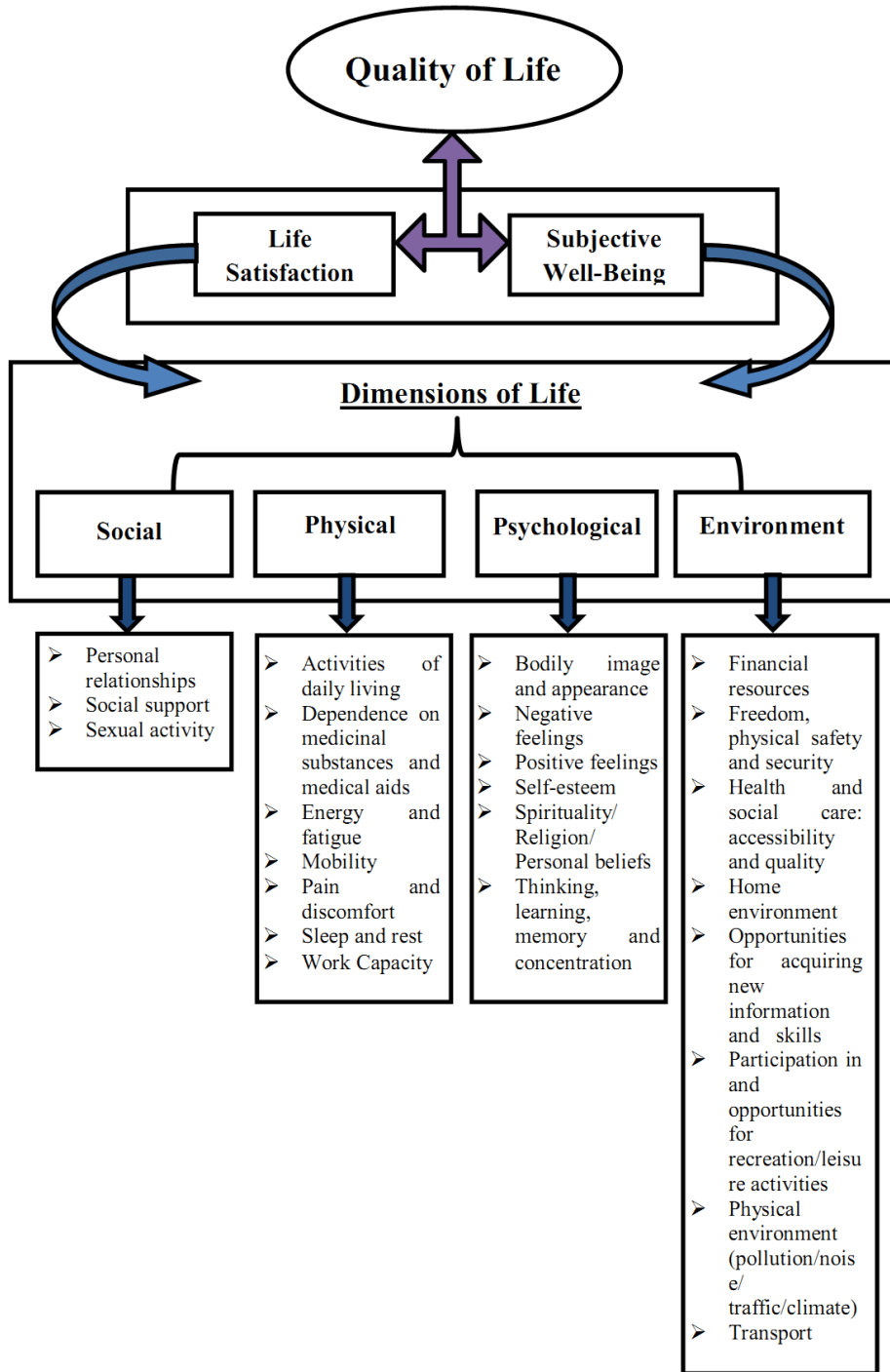


Figure 1.1: Conceptual framework

1.10 Limitation of the study

The sample used in this study represents only students from two countries, namely, Iran and Malaysia. For Malaysian students, only Malay students were chosen because they are Muslims. Thus, the results of this study cannot be generalized to all the Iranian and Malaysian students in USM. Furthermore, only 185 Iranian students were chosen because of the limited number of Iranian students living in Penang. Overall, only 370 students (185 Iranian and 185 Malay Malaysian postgraduate students) were selected in this study.

1.11 Conclusions

This chapter reviewed the background of the study, the statement of problem, the research objectives, the research questions, and the significance of the study. The next chapter focuses on the literature review based on the topics discussed in this section.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This study is presented a model that based on previous study which explains how people assess the quality of their life. This chapter covers the following aspects: Concept and definitions of QOL, concept of well-being, QOL models and How to Measure of QOL.

2.2 Concept of Quality of life

For having better perception of QOL, it is necessary to research the concept. QOL has multiple meaning and many investigations have various approaches to the concept (van Kamp, Leidelmeijer, Marsman, & de Hollander, 2003). QOL can be found in different disciplines and can be used to refer to health, self-esteem, happiness, life satisfaction, mental health, level of living, well-being, etc (van Kamp, et al., 2003). There is no single generally accepted definition to describe QOL. However, QOL mentions widely to character of peoples' life satisfaction that can be more or less good (van Kamp, et al., 2003). The first researches on QOL were performed by Campbell, converse, Rodgers (A. Campbell, P. Converse, & W. Rodgers, 1976), Andrews, Withey (F. Andrews & Withey, 1976).

Campbell et al. understood that QOL defined life satisfaction in the special field.

And also QOL includes components of job, health, housing, friendships, neighborhood, family life, marriage, literacy and saving.

Andrews and Withey (F. Andrews & Withey, 1976) use open-ended questions, structured interviews, considering the social indicators and personal values raised seven areas on QOL:

- i.** Personal life (health, self-efficacy, physical activity, amount of personal time and leisure)
- ii.** Individual families (marriage, activities related to home, close relatives)
- iii.** Communicate with others (acceptance, fair treatment to others, admiration, intimacy, honesty with others)
- iv.** Economy (income, living standards, housing, apartments, job, fees, tax)
- v.** The local area (local government, against theft, security, communications, neighbors, climate)
- vi.** The larger society (community norms, social media, national government)
- vii.** Other cases (religious beliefs, modus Vivendi)

After 1970 new investigations was performed on the QOL. This research includes studies of Verwayen (Verwayen, 1980), Bestuzhev-lada (Bestuzhev-Lada, 1980), Murell et al,(Murrell, Schulte, Hutchins, & Brockway, 1983) Glatzer (Kloetzel, Falkenburg, Hössl, & Glätzer, 1987); Evans, and cope (Evans, Pellizzari, Culbert, & Metzen, 1993) and Commins (Commins, 2004); Wilcove quotes, Schwerin, and Wolosin(Wilcove, Schwerin, & Wolosin, 2003). Overall most of them have been classified QOL based on needs human, for example job, leisure, health, financial status, communicate with friends, with family members, physical and social environment, and

self-actualization.

Based on citation of Near, Smith, Rice, Hunt (Near, Smith, Rice, & Hunt, 1984), and Hart (HART et al., 1999), Wilcove (Wilcove, et al., 2003), QOL was divided to the two main classes, work and non work. Quality of work life includes job problems and quality of non-work life contains variety of cases such as marriage or close family relationships, neighborhood, sex life, family life, health, residence, friendships, living standards, education and leisure activities.

Operational definitions of QOL are varied, with changeable invigorated not only by individualistic or societal perspectives but also by academic orientations or the applicable range of theoretical models (Felce & Perry, 1995). Some writing has commented on the subject of QOL on this variety. Baker and Intagliata (Lehman, 1988) also according to the lack of agreement to a definition of permanent and integrated, number of QOL definitions know in accordance with the number of peoples. Liu (Liu, 1976) explained that there were as many QOL definitions as people that individuals disagree in what they find important.

Including definitions of QOL can be pointed to the following definitions:

- i. Testa (Testa & Simonson, 1996): QOL is related to the domains of physical well-being, psychological, social that influenced by experiences, beliefs, expectations and perception of individual. Each one of these areas assessed in two domains subjective and objective: Objective evaluations from operation or situation of health and subjective perceptions of health.

- ii. The definition via the influential World Health Organization Quality Of Life

(WHOQOL) Group: “QOL is an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, values and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relations, personal beliefs and their relationship to salient features of their environment. QOL refers to a subjective evaluation which is introduced in a social, cultural and environmental context”(Phillips, 2006).

- iii. Haas (Haas, 1999): QOL is a multidimensional survey of the person’s current situation according to the cultural content which the person lives in and beliefs that he believes. Furthermore QOL is subjective perception of well-being and includes dimension of physical, psychological, social, Religious.
- iv. Diener & Eunkook (Diener & Suh, 2000) suggest that there are three original approaches to QOL. The first approach shows QOL as aspects of the ‘good’ life that are guided by norms based on ‘religious, philosophical or other systems’(Diener & Suh, 2000). For example, one may offer that the good life contains being most merciful and beneficial to those who are less lucky due to that is what one’s religion values. Also, the second approach concentrates on the ‘good’ life but is according to ‘satisfaction of preferences’(Diener & Suh, 2000). This approach believes that people will pick at things that will better their QOL with their financial capacity. The

third approach refers to an individual's experience. According to this definition, one who understands their life experiences as fine has a good QOL. This approach places great significance on emotions of pleasure, enjoyment, life satisfaction and happiness (Diener & Suh, 2000) and is generally associated with subjective well-being research. Attendant with the third approach of QOL (Diener, Suh, Lucas, & Smith, 1999), QOL has a subjective dimension. Subjective QOL is explained as an cognitive satisfaction and individual's perception of their experience and its comparison to specific standards (van Kamp, et al., 2003).

- v. Schalock (Schalock, 2004): QOL is determined as a concept that demonstrate a person's desirable conditions of living relevant to home and community living, health functioning and employment. For example, QOL is a subjective phenomenon based on a person's understanding of different aspects of life experiences, covering the perception of significant, personal traits, and objective living conditions others. Therefore, the central problems faced by a person examination do perceive QOL involved comprehension the connection between subjective and objective phenomena. This concept is refers in Figure 2.1, that shown the relationship between a person's perceived QOL and his or her experiences with the three main life domains of home, health functioning and employment.

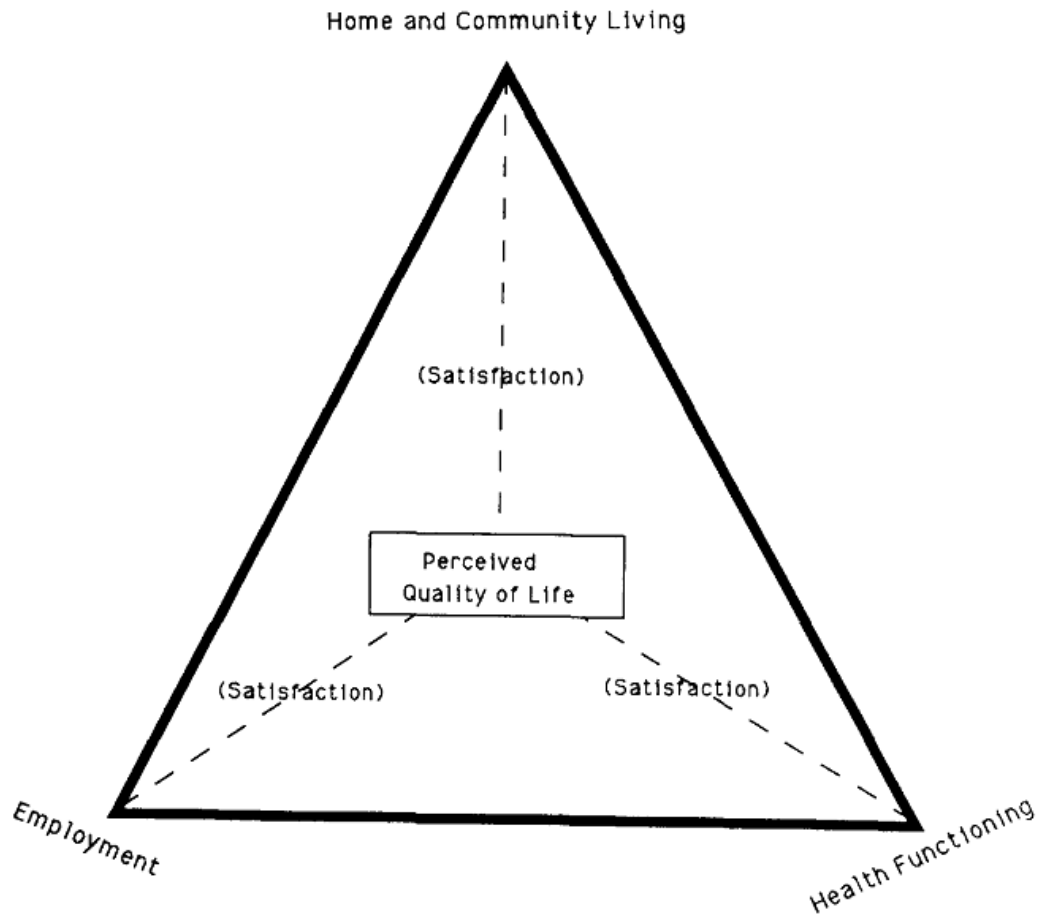


Figure 2.1: Quality of life model (Schalock, 2004)

- vi. Rogerson (Rogerson, 1995) proposed that researches of QOL can be categorized to three types:
- ✓ Type A: using an environmental perspective to survey attributes effect of QOL and considers these attributes; explained, to construct common Methods of measuring objective indicator systems.
 - ✓ Type B: Involving personal characteristics for measurement of