



Akademik Eğitim ve Sosyal Bilimler Dergisi (AJESS Journal)

Quality of Life and its Relationship with Health Behavior Among University Students: A Clinical Psychology

Dr. AMROUCHE Mohammed, Laboratory of Quality of Programs in Special Education and Adapted Education (LQPESEA)

Kasdi Merbah University of Ouargla, Algeria, amrouchem@yahoo.com

Dr. FECIOU Salah, Department of Psychology, Faculty of Humanities and Social Sciences, University of Blida 2, Lounici Ali, Algeria., s.feciou@univ-blida2.dz

Dr. TELLİ Abderrahmane, Department of Psychology, Faculty of Humanities and Social Sciences, University of Blida 2, Lounici Ali, Algeria., a.telli@univ-blida2.dz

Dr. ELKEDİM Amina, Department of Psychology, Faculty of Humanities and Social Sciences, University of Blida 2, Lounici Ali, Algeria., aminapsy3@gmail.com

Dr. TAZİ Amina, Department of Psychology, Faculty of Humanities and Social Sciences, University of Blida 2, Lounici Ali, Algeria., a.tazi@univ-blida2.dz

Dr. BELAKAB Raouf, Department of Psychology, Faculty of Humanities and Social Sciences, University of Blida 2, Lounici Ali, Algeria., raouf.81@hotmail.fr

Article History

Received: 31/07/2026; Accepted: 25/09/2026; Published: 30/09/2026

Abstract

This empirical study aims to explore the correlational relationship between quality of life (QoL) and health behavior among a sample of university students within the Algerian academic context, drawing upon the theoretical frameworks of clinical and positive psychology. The sample consisted of 101 male and female students from various university institutions, selected according to specific criteria to ensure sound methodological representation. To achieve the study, two main instruments were administered after rigorous verification of their psychometric properties (validity and reliability), the abbreviated version of the World Health Organization Quality of Life assessment (WHOQOL-BREF) and the Health Behavior Scale. Statistical analyses revealed that the level of QoL among university students falls within the moderate category (Mean = 83.90, SD = 9.584), which also applies to the level of health behavior, which emerged at a moderate degree (Mean = 42.81, SD = 7.371). Furthermore, the results demonstrated a statistically significant positive correlation between QoL and health behavior ($r = 0.373$, $p = 0.01$). These findings are discussed extensively in light of cognitive and ecological models, highlighting the urgent need to design clinical and preventive interventions aimed at enhancing health awareness and modifying behavioral patterns to elevate physical and psychological well-being in university settings.

Key Words: Quality of life; Health behavior; Positive psychology; university students.

Introduction and Theoretical Framework

Contemporary clinical psychology has increasingly expanded its focus beyond psychopathology to encompass human strengths, well-being, and positive psychological functioning (Seligman & Csikszentmihalyi, 2000)

which for decades confined its focus to the study of psychological disorders and deficits, to open up to the horizons of positive psychology (ETCP, 2024) This modern approach (Positive psychology) formally established in the late 1990s, emphasizes the study of human strengths, emotional well-being, and optimal functioning. Initiated by Martin Seligman during his presidency of the American Psychological Association, this approach seeks to shift the focus from merely treating mental illness to enhancing the positive aspects of human life, thereby illuminating what makes life worth living (Siddiqui et al., 2024). At the heart of this positive approach emerges the concept of Quality of Life (QoL) as a pivotal psychological variable that reflects a comprehensive and dynamic evaluation of an individuals

satisfaction with their lived reality (Siddiqui et al., 2024). The World Health Organization (WHO) has provided a comprehensive normative definition of QoL, describing it as 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, standards, and profound concerns (Zetola, 2019). This definition reflects the multidimensional nature of the concept, where components of physical health, psychological state, personal beliefs, level of independence, the nature of social relationships, as well as the individual's continuous interaction with their surrounding environment, intricately intertwine (Bacci & Bartolucci, 2012). To understand the structural complexity of QoL, it is essential to review the theoretical models that establish this concept. The cognitive and ecological perspective, specifically Lawton's theory, provides an explanatory framework that links an individual's perception of their QoL to their interaction with two primary circumstances, the spatial circumstance and the temporal circumstance. The spatial circumstance refers to the direct effects of the environment on health, and the indirect effects that carry positive indicators reflected in the individual's feeling of satisfaction with their surroundings (Wahl, 2015). In parallel Schalock and Verdugo conceptualize quality of life (QoL) as a multidimensional construct comprising eight essential domains, emotional well-being, physical well-being, material well-being, personal development, interpersonal relationships, social inclusion, rights, and self-determination. The model recognizes both objective and subjective components of QoL and emphasizes the influence of personal and environmental factors, as well as their interaction, on individuals' quality of life (Amor et al., 2023). From a psychological perspective, Ryff's model conceptualizes psychological well-being as a multidimensional construct comprising six dimensions: autonomy, referring to self-determination and the ability to resist social pressures; environmental mastery, reflecting competence in managing one's environment and making effective use of available opportunities; personal growth referring to openness to new experiences and continued personal development; positive relations with others, characterized by warm, trusting, and meaningful interpersonal relationships; self-acceptance, involving a positive attitude toward oneself and acceptance of both positive and negative aspects of the self and purpose in life, referring to the possession of goals and beliefs that provide life with meaning and direction (Ryff, 1989). Together these dimensions provide a multidimensional framework for understanding psychological well-being and positive psychological functioning. Within this broader perspective health behavior represents an important behavioral factor that may contribute to health and quality of life. Health behavior can broadly be understood as individual actions undertaken to promote, protect, maintain, or regain health, including behaviors related to disease prevention, health maintenance and health promotion (WHO, 2021). Examples include preventive practices such as vaccination and health screening, health-maintenance behaviors such as healthy nutrition and adequate sleep and health-promotion behaviors such as regular physical activity and stress management. To explain why individuals adopt maintain or refrain from health behaviors, health psychology has developed several theoretical models addressing the cognitive, motivational, interpersonal and environmental determinants of health behavior. The Health Belief Model posits that individuals assess their perceived susceptibility and severity of illness, weigh perceived benefits against barriers, and respond to cues to action, influencing their decision to engage in health-promoting behaviors (Green & Murphy, 2014).

In addition, the Theory of Reasoned Action and the Theory of Planned Behavior (TPB) focus on behavioral intention as the primary determinant of action (Ajzen, 1991). Behavioral intentions are shaped by attitudes, subjective norms, and perceived behavioral control (Ajzen, 1991). Complementarily, Protection Motivation Theory (PMT) proposes that responses to health threats depend on threat appraisal and coping appraisal, including perceived severity, vulnerability, response efficacy, and self-efficacy (Maddux & Rogers, 1983). University students constitute an important population for research because the transition to university involves significant academic, personal, and social adjustments, including increased academic demands, greater expectations for independence, and changes in social relationships (Baker & Stryk, 1984).

These accumulated stressors may contribute to unhealthy coping behaviors, including poor nutrition, physical inactivity, sleep deprivation, and harmful substance use, which are associated with poorer physical health and psychological well-being (Streram et al., 2025). Studying health behaviors and quality of life among university students is essential for informing effective preventive interventions and promoting public health World Health Organization (WHO, 2018). Previous research has reported mixed findings on university students' quality of life. For example, Kazem and Al-Bahadli's comparative study of Omani and Libyan university students reported relatively high levels of quality of life (Kazem & Al-Bahadli, 2007). Previous research has reported variability in university students' quality of life across different contexts. In Algeria, (Touati et al., 2018) found significant differences in several QoL domains, including public health, family life, and social life, among university students. Similarly, evidence indicates that health-related behaviors, particularly physical activity, are associated with quality of life among university students (Abrantes et al., 2022). Meanwhile, health-promoting behaviors represent an important aspect of university students' overall health and well-being, highlighting the need to strengthen healthy lifestyle practices within this population. In light of this theoretical foundation and the variability observed across contexts, the problem of the current study centers on examining the levels of QoL and health behavior among university students in Algeria and investigating the strength of the correlational relationship between them. Accordingly, three main hypotheses were formulated for statistical testing:

The level of QoL among university students is high.

The level of health behavior among university students is high.

There is a statistically significant positive correlation between QoL scores and health behavior scores among the participants.

Method

Participants

The primary study sample consisted of 101 male and female students enrolled in various academic levels across multiple Algerian university institutions (including the University of Blida2, the University of Algiers2, and the University of Yahia Fares in Medea). Participants were selected using a purposive sampling method, applying strict inclusion criteria that included actual affiliation with the university and regular attendance during the academic year in which the study was conducted. To ensure data quality and analysis reliability, questionnaires failing to meet the conditions were excluded, specifically those containing missing values exceeding the statistically allowable limit. The demographic characteristics of the sample are presented below. The following tables show the statistical distribution of participants according to gender, marital status, and other relevant demographic characteristics.

Table 1. Distribution of Participants by Gender

Gender	Count	(%) Percentage
Males	11	10.9
Females	90	89.1
Total	101	100

The gender distribution shows a clear predominance of female participants, who represented 89.1% of the sample, compared with 10.9% for male participants.

Table 2. Distribution of Participants by Marital Status

Marital Status	Count	(%) Percentage
Married	8	7.9
Unmarried	93	92.1
Total	101	100

Regarding marital participants were unmarried married. This distribution is characteristics of the university student population.

status, the vast majority of (92.1%), while only 7.9% were consistent with the demographic

Table3 . Distribution of Participants According to Employment Status

Employment	Count	(%) Percentage
Employed	19	18.8
Unemployed	82	81.2
Total	101	100

Regarding employment (81.2%) were unemployed, while pursuing their academic

status, the majority of participants whereas 18.8% were employed studies.

Measures

To collect quantitative data, two standardized measurement tools with robust psychometric properties tailored to the cultural and clinical context of the study were employed:

The World Health Organization Quality of Life - Brief Version (WHOQOL-BREF) To evaluate the comprehensive perception of well-beingthe abbreviated Arabic version of the QoL scale originally developed by the , World Health Organization was utilized. This scale is a reliable universal tool for measuring health-related quality of life (HRQOL), and cross-cultural studies, including Arabic translations, have proven its high construct validity and impressive internal consistency The scale consists of 26 items covering four vital domains: Physical Health (7 items measuring pain, energy, sleep, capacity to work,etc.), Psychological Health (6 items measuring positive and negative feeling, spirituality, and self-esteem), Social Relationships (3 items measuring personal relationships and social support) and Environment (8 items measuring safety, physical environment, and financial resources). In addition, there are two items assessing the overall perception of QoL and healthresponsesare recorded on a 5-point Likert scale, and the total

score ranges between 26 and 130, where higher scores indicate a better QoL. For analysis purposes, scores were divided into three levels based on the theoretical mean: low (26 - 58.33) moderate (58.34 - 91.67), and high (91.68 - 130) To verify the psychometric properties of the tool in the local context, a pilot study was conducted on a sample of 37 students. The results demonstrated good internal consistency validity, as the correlation coefficients of each item with the total score of the scale ranged between (0.35) and (0.59), all of which were statistically significant. The scale also recorded excellent reliability, with a Cronbach's alpha value of (0.75) confirming the scale's ability to provide stable and accurate measurements of the studied phenomenon.

The Health Behavior Scale To assess the extent to which students adopt health-promoting behavioral patterns, the Health Behavior Scale for Adults was used. This scale consists of 35 items covering a wide spectrum of daily practices such as nutritional habits, preventive checkups, physical activity, personal hygiene, and the avoidance of risky behaviors. Respondents answer on a 3-point graded scale (never sometimes, always), which are assigned weights (0,1,2) respectively. Accordingly, the total range of scores is between 0 and 70. Statistical evaluation categories were defined as follows: low level (0-23) moderate level (24-46) and high level (47-70). The results of the pilot study yielded strong psychometric indicators for this scale as well. The correlation coefficients between the items and the total score ranged between (0.36) and (0.55), indicating cohesive construct validity. Moreover the Cronbach's alpha reliability coefficient recorded a high value of (0.776) providing complete scientific confidence in using the tool to analyze the sample's behaviors.

Design and Procedures

This study was framed according to the descriptive correlational approach, which is considered the most scientifically appropriate procedure for exploring psychological and clinical phenomena in their natural conditions, describing them with quantitative precision, and determining the nature and direction of associative relationships between them without resorting to direct experimental intervention. The researchers adhered to strict ethical guidelines for scientific research. Necessary administrative approvals were obtained from the respective universities, and participants were assured of the voluntary nature of their participation and the absolute confidentiality of the extracted data, to be used exclusively for academic research purposes. Data were collected manually over a period of several months to ensure reaching a sufficient sample size. Data were processed using the Statistical Package for the Social Sciences (SPSS), where descriptive statistics (arithmetic mean and standard deviation) were used to evaluate the levels of the variables, and inferential statistics (Pearson correlation coefficient) to test the hypothesis of the relationship between the two variables.

Results

Statistical analysis was directed to test the three study hypotheses sequentially, and below is a detailed presentation of the extracted results

1. Level of Quality of Life Among University Students

The first hypothesis concerned the expectation that the level of QoL among university students is high. To verify this, descriptive statistics were extracted for the total scores obtained on the WHOQOL-BREF scale.

The following table summarizes these results

Variable	Statistical Range	N	Mean	Standard Deviation	Level of Judgment
Quality of Life	130 - 26	101	83.90	9.584	(91 - 59) Moderate

(83.90) The data show that the arithmetic mean for the sample's scores on the QoL scale reached accompanied by a standard deviation of (9.584). Comparing this mean with the predetermined categories, it is clearly evident that it falls within the moderate range (58.34 - 91.67). The relatively low standard deviation indicates that the majority of scores are concentrated around this mean and there is no severe dispersion in responses. Delving deeper into proportional analysis, it was found that 74.5% of the sample members (i.e., 76 students) had their scores concentrated in the moderate level, while 25.5% succeeded in reaching the high level, and no responses were recorded in the low level.)students 25) This result leads to the refutation of the first hypothesis, which assumed a high level of QoL, as the character of moderation dominates the general perception of life quality among these students.

2. Level of Health Behavior Among University Students

The second hypothesis dealt with an expectation of a high level of health behavior among the sample members. The following table illustrates the descriptive statistics associated with this variable

Variable	Statistical Range	N	Mean	Standard Deviation	Level of Judgment
Health Behavior	70 - 0	101	42.81	7.371	(46 - 24) Moderate

The results indicate that the arithmetic mean for health behavior scores settled at (42.81) with a standard

deviation of (7.371). This mean clearly falls within the boundaries of the moderate category (24-46)¹. Based on this quantitative reading, the second hypothesis, which bet on a high level of health behavior, was not realized. Despite this, it is worth noting that the recorded arithmetic mean (42.81) statistically approaches the threshold of the high level, which begins at 47 points, reflecting the presence of an acceptable behavioral baseline that can be built upon.

3. Correlational Relationship Between Quality of Life and Health Behavior

The third hypothesis sought to uncover the nature of the correlational relationship between QoL and health behavior, expecting a positive and statistically significant correlation. This hypothesis was tested using the Pearson Correlation coefficient. The following table highlights the outcome of this analysis:

Variables	N	Mean	Standard Deviation	Pearson's r	p-value (.Sig)
Quality of Life	101	83.90	9.584	0.373	>) 0.000 (0.01)
Health Behavior	101	42.81	7.371		

The correlation matrix reveals the presence of a positive correlation coefficient valued at ($r = 0.373$), which is a statistically significant and reliable correlation at a significance level of less than (0.011). This indicator explains the existence of a genuine direct relationship between the two variables; as the university student tends to improve the frequency of their adherence to health behaviors (such as good sleep proper nutrition, and physical activity), their self-perception of QoL and psychological well-being rises in parallel. Accordingly, empirical data fully confirm the validity of the third hypothesis, adding solid scientific support for the close interconnectedness between lifestyle patterns and psychological adjustment.

Discussion and Clinical Interpretation

The current study provides important insights into the relationship between quality of life and Health behavior among university students with findings that have implications for psychological theory, clinical practice and preventive health policies within higher education settings. First, the findings that participants reported a moderate level of QoL did not support the first hypothesis which anticipated a high level of QoL. This finding can be interpreted in light of Lawton's ecological perspective which emphasizes the interaction between individuals and their environments (Lawton, 1982). University students navigate a developmental period characterized by increasing academic demands, continuous evaluation, concerns about future employment and career prospects and for some students, financial and material constraints. From the perspective of Ryff's model of psychological functioning (Ryff, 1989).

Social support may also play an important role in this regard. Consistent with the stress-buffering hypothesis, supportive interpersonal networks can reduce the psychological consequences of stressful circumstances (Cohen & Wills, 1985).

Second, the statistical findings indicated that health behavior among the participants was also situated within the moderate range, thereby failing to support the second hypothesis. This findings can be interpreted through the health belief Model (Rosenstock, 1974) and protection Motivation theory (Rogers, 1975). In addition, the theory of planned behavior suggests that perceived behavioral control and perceived barriers can influence the extent to which health related intentions are translated into actual behavior (Ajzen, 1991).

Finally, the most significant findings was the confirmation of the third hypothesis, which demonstrated a positive and statistically significant relationship between health behavior and QoF ($r=0.373$. $p<0.01$). This finding is consistent with perspectives in positive psychology that emphasize health, adaptive functioning and psychological well being as interconnected components of optimal human functioning (Seligman & Csikszentmihalyi, 2000). Physical activity, in particular, has been associated with psychological well being and quality of life (Pucci et al., 2012).

Conclusion

This study concludes by providing solid empirical evidence confirming that health behavior is inseparable from the comprehensive perception of QoL among university students; rather it represents an essential pillar for enhancing it. By adopting a clinical psychology perspective that focuses on positive well-being instead of merely the absence of illness, it became evident that the levels of QoL and health behavior among this demographic still hover in the moderate range, reflecting the impact of environmental and academic pressures and weak preventive awareness. However, the documented positive interconnection between these two variables opens broad horizons for intervention. Institutional investment in targeted health education, and adapting the university campus to be a supportive environment for physical activity and proper nutrition, will not only yield the prevention of organic diseases and psychological burnout among students but will also constitute a driving force to enhance their psychological hardiness, raise their general satisfaction level, and support their academic and professional trajectory. Student care must, therefore, transcend traditional frameworks to adopt an integrated preventive model that recognizes the organic and functional unity between health behavior and quality of life.

References

Abrantes, L. C. S., de Moraes, N. S., Gonçalves, V. S. S., Ribeiro, S. A. V., Sediya, C. M. N. O., Franceschini, S. C.

- C., Amorim, P. R. S., & Priore, S. E. (2022). Physical activity and quality of life among college students without comorbidities for cardiometabolic diseases: Systematic review and meta-analysis. *Quality of Life Research*, 31(7), 1933–1962. <https://doi.org/10.1007/s11136-021-03035-5>
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Amor, A. M., Verdugo, M. Á., Fernández, M., Aza, A., Sánchez-Gómez, V., & Wolowiec, Z. (2023). Development and validation of standardized quality of life measures for persons with intellectual and developmental disabilities. *Behavioral Sciences*, 13(6), 452. <https://doi.org/10.3390/bs13060452>
- Bacci, S. and Bartolucci, F. (2012). A Multidimensional Latent Class Rasch Model for the Assessment of the Health-Related Quality of Life. In *Rasch Models in Health* (eds K.B. Christensen, S. Kreiner and M. Mesbah). <https://doi.org/10.1002/9781118574454.ch11>
- Baker, R. W., & Siryk, B. (1984). Measuring adjustment to college. *Journal of Counseling Psychology*, 31(2), 179–189. <https://doi.org/10.1037/0022-0167.31.2.179>
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
- de l'étudiant universitaire: Étude de terrain sur les étudiants de spécialité psychologie. *Revue des Études Humaines et Sociales*, 8, 163–184. <https://doi.org/10.46315/1714-000-008-009>
- Emerging Trends in Clinical Psychology: An Academic Review*. (2024). <https://doi.org/10.5281/zenodo.14213700>.
- Green, E. C., & Murphy, E. M. (2014). Health Belief Model. 766–769. <https://doi.org/10.1002/9781118410868.WBEHIBS410>
- Kazem, A., & Al-Bahadli, A. (2007). Quality of life in Omani and Libyan undergraduates: Cross-cultural study. *The Journal of the Arab Open Academy in Denmark*, 3, 1–21.
- Lawton, M. P. (1982). Competence, environmental press, and the adaptation of older people. In M. P. Lawton, P. G. Windley, & T. O. Byerts (Eds.), *Aging and the environment: Theoretical approaches* (pp. 33–59). Springer.
- Maddux, J. E., & Rogers, R. W. (1983). Protection motivation and self-efficacy: A revised theory of fear appeals and attitude change. *Journal of Experimental Social Psychology*, 19(5), 469–479. [https://doi.org/10.1016/0022-1031\(83\)90023-9](https://doi.org/10.1016/0022-1031(83)90023-9)
- Pucci, G. C. M. F., Rech, C. R., Fermino, R. C., & Reis, R. S. (2012). Association between physical activity and quality of life in adults. *Revista de Saúde Pública*, 46(1), 166–179.
- Rogers, R. W. (1975). A protection motivation theory of fear appeals and attitude change. *The Journal of Psychology*, 91(1), 93–114. <https://doi.org/10.1080/00223980.1975.9915803>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Rosenstock, I. M. (1974). The Health Belief Model and preventive health behavior. *Health Education Monographs*, 2(4), 354–386. <https://doi.org/10.1177/109019817400200405>
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5–14. <https://doi.org/10.1037/0003-066X.55.1.5>
- Siddiqui, Z. U., Deori, P. B., Hussain, A., Khan, A., & Bari, Md. A. (2024). *Positive Psychology for Holistic Health and Wellbeing*. <https://doi.org/10.70381/978-93-48-059055.2024>
- Streram, S., Burrows, T., Duncan, M. J., & Hutchesson, M. (2025). Health behaviour interventions to improve mental health outcomes for students in the university setting: A systematic review of randomised controlled trials. *International Journal of Behavioral Nutrition and Physical Activity*, 22, 32. <https://doi.org/10.1186/s12966-025-01718-7>
- Wahl, H.-W. (2015). *Theories of Environmental Influences on Aging and Behavior*. https://link.springer.com/content/pdf/10.1007/978-981-287-080-3_132-1.pdf
- World Health Organization. (2018). Health education: Theoretical concepts, effective strategies and core competencies. WHO Regional Office for the Eastern Mediterranean.
- World Health Organization. (2021). Health Promotion Glossary of Terms 2021. Geneva: World Health Organization.
- Zetola, V. F. (2019). *Are we looking to stroke and quality of life*. 4(4). <https://doi.org/10.15406/MOJGG.2019.04.00196>