



## QUALITY OF LIFE CHARACTERISTICS AMONG UNIVERSITY STUDENTS

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### Abstract

*The study investigates quality of life characteristics among students from Romania and the Republic of Moldova from a psychological perspective, building on the multidimensional approaches presented in the specialised literature. Quality of life is analysed as a complex construct integrating physical, psychological, social and value-based dimensions and depends on individuals' subjective perceptions of their own existence. The research was conducted on a sample of 420 students using standardised instruments (the Quality of Life Inventory (QOLI - Quality of Life Inventory), Michael B. Frisch, and the Questionnaire for assessing satisfaction with quality of life, R.S. Elliot). The findings indicate a high prevalence of low and very low levels of overall quality of life, highlighting significant psychosocial vulnerabilities among students. Comparative analyses reveal differences by gender, background, academic achievement, age and national socio-cultural context. Higher academic performance, older age and stronger perceived social support are associated with higher levels of life satisfaction and adaptive coping mechanisms. The conclusions underscore the need to develop psychological interventions aimed at strengthening students' personal and social resources in order to optimise quality of life.*

**Keywords:** *quality of life, psychological well-being, life satisfaction, adaptive coping mechanisms, student.*

### 1. Literature review

Quality of life is one of the central concepts in contemporary socio-human sciences and is used to describe individuals' overall well-being in relation to objective living conditions and subjective appraisals of their own existence. In the university environment, the analysis of quality of life is particularly relevant, as students simultaneously face academic, professional, relational and identity-related challenges. The transition into adulthood, pressures to achieve academically, uncertainties about the future and adaptation to diverse socio-cultural contexts can significantly influence psychological well-being. From this perspective, studying students' quality of life is not limited to evaluating general satisfaction; it requires investigation of emotional, social, value-based and adaptive dimensions. This article aims to analyse quality of life characteristics among students from Romania and the Republic of Moldova from an integrative psychological perspective, highlighting the individual and contextual factors contributing to the observed differences.

The World Health Organization defines quality of life as individuals' perception of their social situations within the context of the cultural value systems in which they live and in relation to their own needs, standards and aspirations. Quality of life describes a concept through which living conditions, standard of living, population standards and lifestyle can be evaluated in all their complexity (Sârbu & Potâng, 2015).

The concept of quality of life was analysed and developed in advanced societies, more specifically in North American society, when the US President Lyndon Johnson argued that the achievements of American society could be measured through the quality of life of the native population. The starting point was that material abundance cannot represent everything that people need in order to be satisfied with their way of life, which implies the need for broader, global and specific evaluations of people's life problems (Bătrânescu & Gorobievski, 2014).

Concerns about quality of life did not emerge from the internal logic of scientific development; rather, they were imposed on science from outside. They represented a response to a particular crisis of growth specific to contemporary society, in the view of I. Mărginean (2002).

In Romania, the Institute for Quality of Life Research was established in 1990, with objectives including conducting research in the field of quality of life in the context of the political, economic and social transformations after 1989 and developing methodologies for assessing quality of life levels. In a study published in the journal "Calitatea vieții", I. Mărginean (1991) presents a list of word associations vis-a-vis this concept proposed by different authors. Some of these include: conditions necessary for happiness - McCall (1975); subjective satisfaction - Terhune (1973); adaptive potential - Colby (1987); the extent to which a person fulfils life goals - Cella and Cherin (1987); the meaning of life for the person - Zamfir (1993); subjective importance attributed to life - Jolles and Stalpers (1978). Specialists have not agreed on a single definition of quality of life, and empirical measurement practice often involves less relevant comparisons (Veenhoven, 2000). Quality of life is understood as physical, psychological and social well-being, as well as the capacity to perform usual tasks in everyday life (Sârbu & Potâng, 2015).

In the Republic of Moldova, quality of life has been addressed primarily from an economic perspective (A. Cojuhari, V. Childescu, 2012) and a sociological perspective (T. Dăniș, 2004). From this standpoint, quality of life is a socio-economic concept through which living conditions, standard of living, population standards and lifestyle can be evaluated in their full complexity (T. Dăniș, 2004). An overview of Moldovan researchers' evaluations of quality of life identifies positive points that function as supportive elements in people's lives, while other components remain within negative limits, constituting permanent sources of dissatisfaction and representing risks of marginalisation and social exclusion (Sârbu & Potâng, 2015). Recently, psychological research has addressed quality of life in relation to students' social competencies (S. Rusnac & N. Musienko, 2022, 2025).

In the view of Faraquhar (1995), quality of life is the most multidisciplinary term in current use. Within this approach, the concept of quality of life is studied from the perspective of multiple disciplines: psychology, philosophy, medicine, economics, environmental sciences and sociology (Sârbu & Potâng, 2015). In the same context, in the view of Revicki and Kaplan (1993), quality of life reflects preferences for certain health states that permit reductions in morbidity and mortality. Emotional or psychological well-being as an indicator of quality of life may be illustrated by happiness, self-contentment, a sense of personal identity, avoidance of excessive stress, self-esteem, richness of spiritual life and a sense of safety. Specialists are increasingly interested in the psychological aspects of emotional well-being or subjective well-being. Beyond material prosperity, the perception of one's own quality of life results from "filtering" lived experiences

through schemes or value judgements about what constitutes life satisfaction and happiness (Mărginean, I., 2010; 2013).

Several quality of life dimensions are identified by R.L. Schalock (1996): 1. Emotional or psychological well-being, 2. Interpersonal relations, 3. Material well-being, 4. Personal development, 5. Physical well-being, 6. Independence, 7. Social inclusion, 8. Safeguarding fundamental human rights.

The WHO (2012) quality of life assessment questionnaire highlights six domains: 1. Physical health, 2. Psychological health, 3. Level of independence, 4. Social health or quality of life in social relations, 5. Living environment, 6. Spiritual quality of life. In research conducted by E. Zaharia (1991) and I. Mărgineanu (1991; 2002; 2013), it is emphasised that the psychological dimension of quality of life constitutes an essential link within the broader construct.

The review of the specialised literature makes it possible to examine the quality of life dimensions defined by various authors. These are presented in Table 1.

Table 1. Quality of life dimensions defined by different authors

<b>Felce (1996)</b>	<b>Cummins (1997)</b>	<b>Hagerty (2001)</b>
Physical well-being	Health	Health
Material well-being	Material well-being	Material well-being
Social well-being	Community well-being	Being part of the community
Productive well-being	Work and productive activities	Work and productive activities
Emotional well-being	Emotional well-being	Emotional well-being
Civic well-being	Social and family connections	Relationships with friends and family
-	Safety	Personal safety

The comparative analysis indicates conceptual convergence across the authors presented, who define quality of life through similar dimensions: health, material, social and emotional well-being. Differences arise from the emphasis placed on community participation (Hagerty, 2001) and on safety (Cummins, 1997; Hagerty, 2001), suggesting a shift towards a more integrative and contextual approach to human well-being.

Against this background, the following sections address selected quality of life characteristics among students from a psychological perspective.

## **2. OBJECTIVES AND HYPOTHESES**

### **2.1.OBJECTIVE**

The aim of the study is to identify and analyse quality of life characteristics among students from a psychological perspective by reference to relevant socio-demographic, academic and cultural variables. The study seeks to: identify and characterise levels of perceived quality of life (measured using the Quality of Life Inventory (QOLI - Quality of Life Inventory) and the Questionnaire for assessing satisfaction with quality of life, R.S. Elliot adapted by N. Vodopianova) among students; determine quality of life characteristics as a function of multiple factors; analyse the overall level of students' quality of life; identify specific domains of satisfaction and psychological vulnerability; examine gender differences (female/male), differences by background (urban/rural), age (18-21 years, 22-34 years, over 35 years), and the

relationship between academic achievement and quality of life; and compare quality of life profiles between students from Romania and the Republic of Moldova.

## **2.2. HYPOTHESES**

1. H1. It is assumed that students' quality of life levels are predominantly low or moderate.
2. H2. It is assumed that there are significant differences in quality of life by gender.
3. H3. It is assumed that there are significant differences in quality of life between students with different levels of academic achievement.
4. H4. It is assumed that there are differences between students from Romania and the Republic of Moldova in perceived quality of life.
5. H5. It is assumed that there are significant differences in students' quality of life by age (18-21 years, 22-34 years, over 35 years).

## **3. METHOD**

### **3.1. Group of participants**

The research sample comprises 420 participants, selected voluntarily and anonymised in accordance with the ethical principles of psychological research. All participants were students enrolled in higher education institutions in Romania and the Republic of Moldova: universities in Bucharest (61.2%) and in Chisinau (38.8%). This distribution provides a cross-border, culturally comparative perspective on the investigated psychological phenomena, relatively proportional to the population size of the two countries. The distribution confers a transnational comparative dimension, providing a framework for analysing cultural differences in quality of life.

### **3.2. Instruments**

A Psychosocial Survey was used, including indicators related to: gender (female/male), background (urban/rural), cycle of studies (Bachelor's/Master's), year of study, study profile (humanities/sciences), age (18-21 years, 22-34 years, over 35 years), marital status (married/unmarried), use of essential oil aromas (yes/no), prior diagnosis of anxiety (yes/no), current treatment for anxiety (medication/therapy/other methods), and use of aromas to reduce anxiety (yes/no). It is noted that only selected results are presented in this paper.

To study personality-related quality of life, the Quality of Life Inventory (QOLI - Quality of Life Inventory) was administered. The questionnaire was developed by Michael B. Frisch, consists of 32 items, and aims to determine quality of life levels. The instrument evaluates how satisfied a person is with certain aspects of life, such as work or health, using specific definitions for terms such as "money", "work" and "play". Respondents indicate how important certain life areas are and how satisfied they are with them. "Importance" refers to the extent to which the evaluated domain contributes to the individual's overall happiness, using three levels ("Unimportant" - scored 0 points, "Important" - scored 1 point and "Very important" - scored 2 points). "Satisfaction" refers to the extent to which the individual's needs, goals and wishes are met in relation to the measured domain. Satisfaction is measured using six response options ranging from "Very dissatisfied" (-3) to "Very satisfied" (+3). Life areas assessed include: health, self-esteem, goals and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighbourhood and community. Interpretation refers to a weighted satisfaction profile, identifying several levels: high, moderate, low and very low.

Another instrument used in the research to study personality-related quality of life was the Questionnaire for assessing satisfaction with quality of life, R.S. Elliot adapted by N.

Vodopianova. This instrument was developed by the Institute of Stress Medicine (USA) in 1993 to help patients balance the effect of stress on their behavioural choices, thereby supporting the process of overcoming stress. In its original version it comprises 40 categories assessing individual perceptions of strain on a scale from 1 to 9 points. The higher the satisfaction for each category, the lower the level of existential stress or the higher the perceived quality of life. The total quality of life index (ICV) is then computed and is considered to represent subjective satisfaction in the self-realisation of personal resources.

The adapted version contains 36 items reflecting satisfaction in the following life categories: work/service (career), personal aspirations and achievements, health, communication with friends, social support, optimism, psychological balance/tension (physical and psychological discomfort), self-control and emotional states. According to the scoring key, a score is calculated for each category. Subscale estimates correspond to satisfaction across different life domains. The lower the score, the higher the mental strain and the lower the satisfaction with quality of life in that domain. The overall quality of life index is also calculated as the mean of points obtained across all subscales.

### **3.3. Procedure**

Questionnaires were completed in paper format, ensuring compliance with ethical codes and GDPR legislation. All questionnaires were completed using pencil-and-paper. All participants were informed about the theme and purpose of the research and provided consent, being fully aware that their identities were anonymised and that results would be processed statistically at the sample level.

## **4. RESULTS**

As noted, determining levels of the overall quality of life score was considered important. By administering the Quality of Life Inventory (Michael B. Frisch), the level of quality of life development (overall index) was determined across the following components: health, self-esteem, goals and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighbourhood and community. The results for the overall quality of life index are presented in Table 2.

Table 2. Levels of development of the overall quality of life index

<b>Variable</b>	<b>Levels</b>	<b>Frequency</b>	<b>%</b>
Quality of life	high level	29	6,9
	moderate level	27	6,4
	low level	235	56,0
	very low level	129	30,7
Quality of life	Total	420	100

In Table 2, the distribution of frequencies for participants' reported quality of life levels is presented, according to scores obtained on the QOLI inventory. The results indicate a distribution strongly skewed towards lower quality of life levels.

- High level of quality of life was reported by 29 participants (6.9%), suggesting a very small minority with a positive global perception of their own existence. Participants with high QOLI scores are clearly above average in life satisfaction. They form the top 20% of the standardisation sample.
- Moderate level is present in 27 participants (6.4%), indicating an even smaller segment situated in a zone of relative balance between satisfaction and dissatisfaction. Respondents with

moderate scores typically function well in their ability to achieve satisfaction in valued life areas.

- Low level characterises 235 participants (56.0%), representing the majority of the sample. This indicates that negative perceptions of quality of life predominate, with potential clinical and social implications. Respondents with low scores are typically unhappy and somewhat unable to obtain what they want from life, satisfy basic needs and fulfil goals across several important areas.
- Very low level is found in 129 participants (30.7%), a worryingly high proportion suggesting marked deterioration in psychosocial functioning and an increased likelihood of associations with emotional, cognitive or adjustment difficulties. Respondents with very low scores are extremely unhappy and unfulfilled and, in general, do not succeed in obtaining what they most want from life.

Considering cumulative QOLI percentages, approximately 69.3% of respondents fall within the low and very low categories, confirming the general tendency towards negative perceptions of quality of life in the investigated sample.

Next, results from the Questionnaire for assessing satisfaction with quality of life, developed by R.S. Elliot and adapted by N. Vodopianova, are presented. This instrument yields nine subscales/domains and an overall quality of life index. The subscales are: work (career), personal aspirations and achievements, health, communication with friends (close others), social support, optimism, psychological balance, self-control and emotional states.

The following analysis addresses the distribution of satisfaction with quality of life (SCV) scores by domain.

#### 1. Domain “Work/Career”.

Low satisfaction in the professional domain was reported by 33 participants (7.9%), indicating a small segment experiencing marked dissatisfaction with their professional trajectory. This may suggest difficulties with occupational integration, lack of meaning in work, or perceived stagnation.

Moderate level was reported by 143 respondents (34.0%), representing an intermediate category with fluctuating but relatively stable satisfaction, potentially reflecting a transitional or ambivalent professional position.

High satisfaction in career is reported by 244 participants (58.1%), the largest proportion of the sample, indicating a positive and functional perception of professional development, with a general sense of adaptation, meaning and personal fulfilment in work or study.

These results suggest that “Work/Career” is among the most valued and satisfying life domains for most respondents.

#### 2. Domain “Personal aspirations and achievements”.

Low satisfaction regarding aspirations and personal achievements was recorded for 40 participants (9.5%), signalling a vulnerable segment that perceives a substantial gap between personal objectives and actual achievements, potentially associated with chronic dissatisfaction and demotivation.

Moderate level was reported by 138 respondents (32.9%), indicating a sizeable group in an intermediate zone, likely experiencing partial achievements alongside unmet aspirations, oscillating between adaptive acceptance and latent frustration.

High satisfaction in this domain was expressed by 242 participants (57.6%), the largest share of the sample, suggesting a positive perception of personal progress, achievements and

congruence between the ideal self and concrete accomplishments, frequently associated with higher self-efficacy, resilience and psychological well-being.

This domain is closely connected to self-actualisation, placed at the top of the hierarchy of needs (Maslow, 1943) and widely regarded as a direct predictor of overall life satisfaction.

### 3. Domain “Health”.

Low satisfaction with health was reported by 91 participants (21.7%), indicating a substantial proportion who perceive their health as unsatisfactory. This appraisal may be associated with persistent physical or psychosomatic symptoms (e.g., chronic pain, fatigue, insomnia), the influence of anxiety on bodily perception and physiological functioning, or heightened physical/psychological vulnerability.

Moderate level is present in 171 respondents (40.7%), representing the largest category and a fragile balance in which health is perceived as acceptable but not optimal, possibly marked by concerns about fatigue, stress or disease prevention.

High satisfaction with health is reported by 158 individuals (37.6%), indicating a sizeable proportion who perceive their physical and psychological health as good or very good; these individuals are likely to be more physically active, more emotionally resilient and better able to manage stress or minor symptoms without perceiving health as significantly impairing their lives.

Satisfaction in the health domain is critical for quality of life as it influences global life appraisal, functional capacity in social roles (student, employee, partner, etc.) and general emotional state through the health-affectivity-anxiety interplay.

### 4. Domain “Communication with friends (close others)”.

Low satisfaction in communication with friends is present in 46 participants (11.0%), indicating a relationally vulnerable subgroup that may experience social isolation, difficulties with emotional expression or lack of consistent affective support, potentially linked to social anxiety or limited support networks.

Moderate level was reported by 140 respondents (33.3%), reflecting partially satisfactory relating, likely marked by intermittent communication, unresolved conflict or selective dependence on certain persons; this suggests a relative but fragile balance between relational openness and affective restraint.

High satisfaction is reported by 234 participants (55.7%), the majority of the sample, indicating functional and reciprocally supportive friendships, emotional openness and the capacity for self-regulation through social contact, as well as stable interpersonal networks operating as protective factors against psychological distress.

Communication with friends is a core component of mental health and relational quality of life, contributing to emotional regulation through dialogue and empathy, validation of personal identity in social contexts, and support in crisis or affective disequilibrium.

### 5. Domain “Social support”.

Low social support was reported by 47 participants (11.2%), representing a vulnerable minority who may experience social isolation, limited support from family/friends, difficulties in building trusting relationships and psychological insecurity in the absence of relational resources.

Moderate level was identified in 159 participants (37.9%), suggesting partial support that may be insufficient to buffer the effects of stress and anxiety, and may be perceived as inconsistent, maintaining emotional uncertainty.

High social support is reported by 214 participants (51.0%), the largest category, indicating access to functional support networks (family, friends, colleagues) perceived as mutually validating and supportive; this is essential for psychological resilience and subjective well-being.

According to the specialised literature, social support is one of the most important predictors of mental health and psychosocial adjustment, contributing to reduced perceived stress intensity, increased belonging and emotional security, and strengthened self-efficacy and adaptive coping.

#### 6. Domain “Optimism”.

Low optimism was reported by 61 participants (14.5%), reflecting a vulnerable subgroup predisposed to negative interpretations of everyday events, perceiving the future as uncertain or threatening, and at greater risk of anxiety and depressive symptoms through catastrophic cognitive mechanisms.

Moderate optimism occurs in 219 respondents (52.1%), the largest proportion, indicating a relatively balanced attitude oscillating between hope and doubt; the outlook tends to be cautious rather than enthusiastic.

High optimism is present in 140 participants (33.3%), approximately one third of the sample, indicating a positive attitude towards life and the future, increased capacity to identify opportunities in stressful situations, and a higher likelihood of using proactive and adaptive coping strategies, supporting psychological resilience.

Optimism is recognised as a predictor of mental and physical health (Scheier & Carver, 1985) and is associated with lower psychological distress, higher quality of life, better academic and professional performance, and increased psychosocial adaptability.

#### 7. Domain “Psychological balance”.

Low psychological balance was reported by 76 participants (18.1%), indicating a vulnerable subgroup experiencing difficulties with emotional regulation, heightened anxiety and stress, and affective instability (e.g., irritability or psychological exhaustion), and therefore requiring increased attention with respect to psychological support.

Moderate level is present in 251 participants (59.8%), the largest proportion, indicating partial balance without severe dysfunction, but with pressures and emotional fluctuations that can affect daily functioning; this represents a fragile equilibrium where additional stressors may destabilise adjustment.

High psychological balance is reported by 93 participants (22.1%), indicating greater emotional stability, capacity to manage stress and robust internal resilience resources. This subgroup reflects healthy and functional adaptation to academic and social demands.

Psychological balance is a central indicator of mental health and is strongly associated with anxiety levels; optimism and social support act as protective factors, and balance is closely linked to overall quality of life (QOLI).

#### 8. Domain “Self-control”.

Low self-control was reported by 90 participants (21.4%), indicating difficulties in managing impulses and negative emotions, reduced frustration tolerance and reduced behavioural control under stress; clinically, this group is predisposed to emotional disorganisation, intensified anxiety symptoms and lower psychosocial adaptability.

Moderate level is present in 285 participants (67.9%), the large majority. Self-control is functional but variable: emotions and behaviours can be regulated in ordinary situations, but control may diminish under intense stress, allowing impulsivity or withdrawal. Social support, optimism and psychological balance may substantially influence behavioural stability.

High self-control is reported by only 45 participants (10.7%), indicating advanced emotional and behavioural self-regulation, greater tolerance to stress and frustration, maintenance

of adaptive behaviour under pressure, and use of functional coping strategies (e.g., planning, cognitive reappraisal, positive thinking).

Self-control is a fundamental psychological competence, strongly correlated with anxiety levels (low self-control favours escalation of anxious reactions), emotional resilience and social adaptation, as well as academic performance and the maintenance of functional interpersonal relationships.

#### 9. Domain “Emotional states”.

Low level was reported by 123 participants (29.3%), indicating a substantial segment likely characterised by predominance of negative emotions (anxiety, sadness, irritability), emotional instability and difficulties maintaining positive mood, and increased risk of emotional and adjustment disorders.

Moderate level is present in 196 respondents (46.7%), the largest proportion, reflecting a relatively neutral but fragile emotional state with oscillations between positive and negative emotions, influenced by stress, personal resources and social support.

High emotional satisfaction is reported by 101 individuals (24.0%), indicating greater affective stability, predominance of positive emotions and emotional resilience, making these participants less vulnerable to the effects of anxiety and stress.

Emotional states are fundamental for quality of life and psychosocial adaptability. The specialised literature (Fredrickson, 2001) indicates that positive emotions facilitate cognitive processes, openness to relationships and the consolidation of internal resources, whereas repeated or intense negative emotions are associated with anxiety, depression and social withdrawal.

Distribution of SCV scores - overall score. This aggregated variable integrates evaluations across multiple domains (career, health, relationships, social support, psychological balance, emotional states, self-control, optimism, etc.) and has a central role in analysing psychosocial adaptability.

Low overall score was reported by 32 participants (7.6%), representing a small but vulnerable subgroup likely characterised by negative perceptions across multiple life domains, difficulties with emotional and social adjustment, and increased risk of anxiety or depressive disorders.

Moderate level is present in 214 respondents (51.0%), the largest category, indicating moderate but unstable satisfaction and a fragile balance. Participants in this group may oscillate between periods of adaptive functioning and moments of vulnerability depending on personal resources and social context.

High level is reported by 174 individuals (41.4%), indicating a sizeable proportion with a positive global life perception, with resilience, optimism and psychological balance supporting good adjustment in the face of stress and everyday challenges.

The overall SCV score functions as an integrative indicator of life satisfaction and is associated with overall quality of life (QOLI).

Next, quality of life characteristics are examined as a function of selected factors. From a statistical perspective, the independent-samples t-test was used. As noted, comparative analyses by gender were considered relevant. This analysis compares psychological performance between male (N = 72) and female (N = 348) students across psychological variables associated with quality of life. The instruments used are scientifically validated and support the investigation of gender differences from an integrative psychological perspective.

Although most SCV subscales and QOLI do not indicate significant gender differences (e.g., QOLI,  $p = 0.462$ ; SCV Optimism,  $p = 0.929$ ), certain dimensions such as perceived social support and emotional states show statistically significant differences.

Table 3. T-test results for quality of life by gender

<b>Variables</b>	<b>Male mean</b>	<b>Female mean</b>	<b>t</b>	<b>df</b>	<b>p</b>	<b>Mean difference</b>
SCV – Social Support	2.25	2.43	-2.027	418	0.043	-0.178
SCV – Emotional States	2.13	1.91	2.279	418	0.023	0.214

The differences reflect gender-differentiated socialisation, whereby women tend to invest more in social relationships, while men may exhibit more positive emotional attitudes, potentially as a coping strategy. The comparative analysis indicates several statistically significant differences of modest magnitude. Overall, women report higher perceived social support and greater satisfaction with socio-communicative needs; by contrast, men report more positive emotional states and a higher level of positive (facilitating) anxiety. These differences may be explained by: gender-differentiated socialisation (women are encouraged to develop interpersonal networks and express emotions, whereas men may be encouraged to develop self-control and performance orientation); differentiated coping strategies (women more frequently use emotion- and relationship-focused strategies, whereas men focus more on action or on avoiding emotional expressiveness); and implications for psychological interventions, including programmes to strengthen support networks among men and interventions for anxiety regulation and the development of positive emotional states among women.

A comparative analysis by background aimed to identify significant psychological differences between students from urban ( $N = 337$ ) and rural ( $N = 83$ ) environments with respect to quality of life-associated variables.

Table 4. T-test results for quality of life by background

<b>Variables</b>	<b>Urban mean</b>	<b>Rural mean</b>	<b>t</b>	<b>df</b>	<b>p</b>	<b>Mean difference</b>
SCV – Career (work)/ Professional Orientation	2.54	2.35	2.450	418	0.015	0.191
SCV – Emotional States	1.98	1.81	1.965	418	0.050	0.175

According to the results, QOLI (overall quality of life) does not show significant differences between groups ( $p = 0.238$ ). Comparative analysis between students from urban and rural backgrounds indicates a limited but significant number of differences.

Students from urban environments demonstrate clearer professional orientation, higher adaptive capacities, better psychological stability and emotional regulation, and higher eco-social satisfaction. Students from rural environments show higher levels of behavioural and general school-related anxiety and greater challenges in integrating into an urbanised university context.

For this research, a comparative analysis of psychological differences by academic achievement was also conducted. The aim was to examine statistically significant differences between students with different levels of academic achievement in relation to quality of life assessed using standardised instruments. Academic achievement was operationalised through

semester grade averages and classified into three categories: Grades 9-10 (N = 139), Grade 8 (N = 111), and Below grade 7 (N = 74).

ANOVA indicates statistically significant differences ( $p < .05$ ) across the three groups for the psychological variables (from a broader set), with F values ranging between 3.056 and 14.821. Post-hoc tests identified group pairs with significant differences, with most relevant differences occurring between the group with high grades (9-10) and the other two groups.

Table 5. Quality of life results (significant differences) by academic achievement

<b>Variables</b>	<b>Psychological description</b>	<b>F</b>	<b>p-value</b>	<b>Post-hoc differences</b>
SCV – Career Satisfaction	Perceived evaluation of satisfaction in the vocational domain	5.776	.003	9–10 > 8; 9–10 > <7
SCV – Personal Aspirations and Achievements	Perceived level of personal achievement	5.599	.004	9–10 > 8; 9–10 > <7
SCV – Health	Perception of general health status	3.604	.028	9–10 > <7
SCV – Social Support	Perceived social support	4.442	.013	9–10 > <7
SCV – Optimism	Positive expectations about the future	4.956	.008	9–10 > <7
SCV – Self-Control	Capacity for behavioural regulation	3.564	.029	9–10 > <7
SCV – Emotional States	Quality of affective states	3.745	.025	9–10 > <7
SCV – General Coping Score (SCV_GCS)	Aggregate of personal values and coping strategies	4.452	.012	9–10 > <7

These results indicate that higher academic performance is associated with higher satisfaction in the professional domain, clearer personal aspirations, optimism and positive emotional states. Overall SCV scores indicate more robust psychological resilience and more functional coping mechanisms. These findings support theoretical models linking self-efficacy and goal orientation to subjective well-being. No significant differences were identified in overall quality of life: QOLI ( $p = .604$ ) or SCV - communication with close others and psychological balance.

Next, comparative analyses between students from Romania and the Republic of Moldova regarding perceived quality of life are presented. This analysis investigates differences between students from Romania (N = 257) and the Republic of Moldova (N = 163) in relation to quality of life evaluated using standardised instruments: the Quality of Life Inventory (QOLI) and the Coping and Values Scale (SCV). The analysis uses the independent-samples t-test ( $\alpha = .05$ ), with equality of variances checked via Levene’s test. Where variances were unequal, the appropriate corrections were applied (Welch/Satterthwaite). Students from Romania report higher levels of perceived quality of life and a more pronounced orientation towards adaptive coping resources. Although statistically significant, differences are small to moderate in magnitude (Cohen’s  $d \approx 0.25-0.45$ ). This profile may be explained by differences in educational and social resources across the two contexts, without indicating individual-level deficits.

Table 6. Quality of life results by country (Romania vs Republic of Moldova)

Variables	M RO	M MD	t	df	p	ΔM
QOLI – Quality of life	3.19	2.98	2.661	418	.008	+0.21
SCV – Career (work)/ Professional Orientation	2.59	2.37	3.476	418	.001	+0.22
SCV – Social Support	2.51	2.21	4.479	418	<.001	+0.30
SCV – Optimism	2.26	2.08	2.672	418	.008	+0.18
SCV – Emotional States	2.07	1.75	4.561	418	<.001	+0.33

According to the results, Romanian students appear to benefit from a more positive appraisal of life and more consolidated coping resources, which may be influenced by socio-educational context and access to support services. Differences reflect group-level trends rather than individual-level evaluations. No differences were recorded for SCV - self-control ( $p = .416$ ). Overall, the results support the view that distinct socio-educational contexts influence students' experiences in Romania and the Republic of Moldova.

Another dimension of the research examined comparative analyses by age. The aim was to identify statistically significant differences between three student age categories - 18-21 years ( $N = 144$ ), 22-34 years ( $N = 119$ ) and over 35 years ( $N = 113$ ) - with respect to the psychological variable quality of life. The results indicate a significant increase in perceived quality of life and coping efficiency with increasing age. Students in the “over 35 years” category recorded the highest scores, reflecting higher psychological resilience, emotional balance and consolidated value integration.

Table 7. Quality of life results by age

Variables (Instruments)	18-21 years	22-34 years	Over 35 years	F	df	p
QOLI – Quality of Life	2.94	3.12	3.38	7.664	2/373	0.001
SCV – Career (work)/ Professional Orientation	2.33	2.51	2.75	11.247	2/373	<0.001
SCV – Personal Aspirations	2.29	2.50	2.74	15.990	2/373	<0.001
SCV – Health	2.00	2.18	2.38	7.802	2/373	<0.001
SCV – Communication with friends (close others)	2.35	2.42	2.65	6.478	2/373	0.002
SCV – Social Support	2.19	2.43	2.65	18.456	2/373	<0.001
SCV – Optimism	2.05	2.21	2.40	8.970	2/373	<0.001
SCV – Psychological Balance	1.94	2.03	2.23	6.688	2/373	0.001
SCV – Self-Control	1.80	1.90	2.05	6.879	2/373	0.001
SCV – Emotional States	1.75	1.95	2.24	15.430	2/373	<0.001
SCV – Overall Score	3.20	3.34	3.58	15.064	2/373	<0.001

The findings suggest that biological age is a relevant predictor for psychological adaptation in the academic environment. For QOLI - quality of life, a more positive life appraisal is associated with maturity and stability. For SCV - work (career), professional orientation is more consolidated among mature adults. For SCV - personal aspirations, self-efficacy and personal fulfilment are higher at older ages. SCV - health indicates a more positive appraisal of one's own health. SCV -

communication with close others reflects improved interpersonal relating with age. SCV - social support indicates stronger social networks among adults, effective in reducing stress. SCV - optimism reflects a positive attitude towards the future, associated with constructive coping. SCV - psychological balance reflects superior emotional stability. SCV - self-control indicates increased ability to regulate impulses. SCV - emotional states suggests significantly more effective emotion management. SCV - overall score indicates generally more adaptive coping with increasing age. Students over 35 years demonstrate a positive psychological profile with effective coping. By contrast, younger students (18-21 years) show less consolidated coping, underscoring the need for preventive psychological interventions to support their adaptation.

## **5. CONCLUSIONS**

The present study confirms that students' quality of life must be interpreted as a multidimensional psychological construct, shaped simultaneously by subjective life satisfaction, emotional regulation, social resources, academic functioning and socio-cultural context. The first major conclusion concerns the general level of quality of life measured through QOLI. The distribution of scores shows a marked concentration in the low and very low categories: 235 students (56.0%) reported low quality of life and 129 students (30.7%) reported very low quality of life, whereas only 29 participants (6.9%) reached a high level and 27 participants (6.4%) a moderate level. Thus, hypothesis H1 is confirmed, with the important specification that the vulnerability profile is stronger than initially expected, as 86.7% of the sample is located in the low or very low QOLI range. This result indicates not only reduced satisfaction with several life domains, but also possible difficulties in fulfilling valued goals and basic psychological needs.

A second conclusion refers to the internal structure of students' life satisfaction. The SCV results reveal a differentiated profile: students report more favourable evaluations in instrumental and relational domains, but greater vulnerability in emotional and self-regulatory domains. High satisfaction is recorded for work/career (58.1%), personal aspirations and achievements (57.6%), communication with friends (55.7%) and social support (51.0%). These domains suggest that many students preserve important functional resources, especially orientation towards professional development, perceived progress and interpersonal connectedness. However, lower results in psychological balance, self-control and emotional states indicate less consolidated affective regulation. For example, only 10.7% report high self-control, while 29.3% show low satisfaction with emotional states. The overall SCV score is mostly moderate (51.0%), with 41.4% high and 7.6% low, suggesting that domain-specific resources coexist with a fragile emotional equilibrium.

The third conclusion concerns gender. Hypothesis H2 is only partially supported. Overall quality of life does not differ significantly by gender (QOLI,  $p = .462$ ), but significant differences appear for social support and emotional states. Female students report higher social support ( $M = 2.43$ ) than male students ( $M = 2.25$ ),  $t(418) = -2.027$ ,  $p = .043$ , whereas male students report more positive emotional states ( $M = 2.13$ ) than female students ( $M = 1.91$ ),  $t(418) = 2.279$ ,  $p = .023$ . These findings suggest that intervention programmes should avoid global gender generalisations and should instead target specific mechanisms: strengthening relational support among men and emotional regulation among women.

A fourth conclusion concerns academic achievement. Hypothesis H3 is confirmed. Students with grades of 9-10 obtain significantly higher scores than students with grade 8 or below 7 in career satisfaction, personal aspirations, health, social support, optimism, self-control, emotional states and the general SCV coping score. The strongest effects are visible for personal aspirations ( $F = 5.599, p = .004$ ), career satisfaction ( $F = 5.776, p = .003$ ) and optimism ( $F = 4.956, p = .008$ ). Academic achievement therefore appears to function not merely as an educational indicator, but also as a marker of perceived competence, goal clarity and adaptive coping.

The fifth conclusion concerns socio-cultural context. Hypothesis H4 is supported, as Romanian students report higher QOLI scores than students from the Republic of Moldova ( $M = 3.19$  vs.  $M = 2.98$ ),  $t(418) = 2.661, p = .008$ . They also obtain higher scores for career orientation, social support, optimism and emotional states, with the largest mean differences in emotional states (+0.33) and social support (+0.30). These results should be interpreted as contextual group-level differences, probably associated with educational resources, perceived opportunities and support infrastructures, not as individual deficits.

Finally, hypothesis H5 is clearly confirmed. Age is one of the most consistent differentiating variables: students over 35 years obtain the highest scores across all analysed indicators, including QOLI ( $M = 3.38$ ), social support ( $M = 2.65$ ), emotional states ( $M = 2.24$ ) and overall SCV ( $M = 3.58$ ). This pattern suggests that maturity, life experience, clearer values and more stable social roles contribute to better quality of life and coping efficiency. Consequently, universities should implement preventive and developmental psychological programmes focused on younger students, students with lower academic achievement and those with weaker emotional regulation. Such interventions should include emotional education, stress management, self-control training, peer support, counselling access and career guidance. In this sense, quality of life becomes not only an outcome of student adjustment, but also a strategic objective for higher education policy.

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