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Social Well-being, Emotional Intelligence, and Quality of Life in Medical Sciences Students in Northeastern Iran

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Abstract:

Introduction: Assessment of social health and quality of life among students, as future healthcare service providers, constitutes a vital and essential undertaking. The present study was conducted with the objective of examining the relationship between social well-being, emotional intelligence, and quality of life among medical students.

Methods: In this cross-sectional study, 154 students from Shahroud University of Medical Sciences were selected in 2025 and assessed using validated questionnaires measuring social well-being, emotional intelligence, and quality of life. Between-group mean comparisons were conducted using t-tests, and the relationships between variables and quality of life were examined through multivariable regression modeling.

Results: The mean age of students was 22.4±2.9 years. The mean social well-being score was 89.6±11.7. Seventy-nine participants (51.3%) demonstrated moderate social well-being, while 75 participants (48.7%) exhibited poor social well-being status. The mean emotional intelligence score was 106.2±11.0. The mean quality of life score among students was 55.17±9.31. Within the quality of life domains, the highest scores were observed in the physical health dimension, whereas the lowest scores were recorded in the social health dimension. In the final regression model, social well-being, emotional intelligence, age, and paternal occupation were identified as significant predictors of students' quality of life scores.

Discussion: The mean scores for social well-being status, emotional intelligence, and quality of life among medical sciences students were at moderate levels.

Conclusion: It appears that interventional measures aimed at improving social well-being status, along with the implementation of orientation and educational programs focusing on lifestyle approaches within academic environments and enhancement of emotional intelligence, could be effective in improving their quality of life.

Keywords: Social well-being, Emotional intelligence, Quality of life, Mental health, Medical student, Iran.

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1. INTRODUCTION

The stressful nature of medical education can significantly impact the physical and psychological health of medical sciences students and, consequently, their quality of life [1, 2]. The World Health Organization defines quality of life as individuals' perceptions of their position in life within the context of cultural and value systems in which they live, and in relation to their goals, expectations, and standards [3]. Quality of life represents the degree of physical, psychological, and social well-being that individuals perceive, reflecting their level of satisfaction with life's endowments [4]. Quality of life is an individual's subjective perception of well-being and the achievement of personal goals within cultural and social contexts, and it is a multidimensional construct encompassing four domains: physical health, psychological health, social health, and environmental factors [1, 5-10]. Therefore, quality of life serves as an important indicator for assessing individual health status and decision-making processes, as well as for evaluating overall community health and social well-being [11]. Today, attention to social health alongside physical, psychological, and spiritual health as one of the dimensions of health has gained extensive significance and importance [12, 13]. The importance of focusing on the social dimension of health, as well as the World Health Organization's emphasis on this aspect, has resulted in social health being considered a shared concern among sociologists and development planners in recent years across various societies [14, 15]. Some scholars define social well-being as the ability to effectively and efficiently fulfill social roles, encompassing an individual's assessment and understanding of their functioning within society and the quality of their relationships with others, close associates, groups, social institutions, and social customs [6, 16, 17]. The social dimension of health encompasses levels of social skills, social functioning, and each individual's capacity for self-recognition as a member of the broader community. In assessing social well-being, attention is directed toward how individuals engage within their social networks and relationship structures. The significance of social well-being is evidenced by the fact that individuals with higher levels of social well-being can more successfully cope with challenges arising from fulfilling primary social roles within society [16-18]. On the other hand, social well-being represents the most complex aspect of health, playing a pivotal role in the quality of social life, and its absence can predispose individuals to psychological, social, and physical health problems or exacerbate existing conditions [6]. Results from several studies indicate that factors including socioeconomic status, educational level, age, degree of social support received, marital status, and other variables can influence social well-being, and correspondingly, attention has been directed toward social well-being as one of the factors affecting individuals' quality of life [6, 19]. The quality of life of medical sciences students, as future healthcare service providers who will bear the responsibility of protecting their own, their families', and society's health, is associated with the conditions and circumstances in which they live and influences their academic success and future knowledge acquisition [20].

Among the concepts that have been emphasized in recent years for the development of medical sciences students as the most important healthcare service providers are emotional intelligence [21] and their critical thinking skills [22]. Emotional Intelligence (EI) is defined as “a subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions” [23]. In other words, emotional intelligence has been described as the capacity and cognitive skill for perceiving, evaluating, and managing emotions in oneself, others, or groups of individuals [24, 25]. Emotional intelligence is recognized as an important factor for enhancing interpersonal skills when dealing with patients, for more effective coping with high levels of occupational stress, and for improving performance [26, 27]. Emotional intelligence is considered one of the most significant individual-personality difference variables that influences students' quality of life [25] and can assist individuals in coping with life situations and understanding them from multiple perspectives [28, 29]. Several studies have indicated the existence of a relationship between quality of life and emotional intelligence [25, 28, 30-35], while others have reported no such relationship [36]. The results of one study demonstrated that medical students had lower quality of life scores compared to other students. In the same study, lack of leisure time and fatigue were identified as the primary reasons for this difference [37].

In consideration of the aforementioned content, the assessment and evaluation of social health, emotional intelligence, and quality of life among medical sciences students, as future healthcare service providers who will bear the responsibility of protecting the health of themselves, their families, and society, constitutes a vital and essential undertaking. Attention from authorities to their health would represent an important step toward enhancing health outcomes in this population. Given the importance of this topic, the limited research conducted in northeastern Iran in this area, and the absence of studies that simultaneously examine the three variables of social health, emotional intelligence, and quality of life and their interrelationships among students, the present study was conducted with the objective of investigating and determining the relationship between social well-being, emotional intelligence, and quality of life among students at Shahroud University of Medical Sciences.

2. METHODS

This study was conducted as a cross-sectional study in 2025. In this study, 170 students who were currently enrolled were selected through convenience sampling, of whom 154 participants provided complete responses to the questionnaire items. Ten classes were sampled from all university classes during the study period. The researcher attended each class, explained the study's

objectives, and then distributed questionnaires. Participation was voluntary and based on informed consent. Students were ineligible if they were on internships or did not have classes. According to a previous study on medical students, the mean quality of life score was 90.5±13.1 [6], and the sample size was estimated at 152 using α=0.05 and a power of 80 percent.

In this study, questionnaires assessing social well-being, emotional intelligence, and quality of life among students were utilized. The questionnaires included sociodemographic information such as gender, age, academic major, educational level, place of residence, and economic status, as well as specific questions pertaining to social well-being, emotional intelligence, and quality of life among students.

2.1. Social Well-being Questionnaire

The Persian version of Keyes' Social Well-being Questionnaire [6, 38-40], consisting of 33 items, was used to assess social well-being status. This questionnaire comprises five subscales: “Social Adaptation (items 1, 11, 13, 20, 22, 29, 33),” “Social Coherence (items 2, 9, 10, 12, 16, 21),” “Social Participation (items 3, 4, 24, 26, 28, 32),” “Social Actualization (items 5, 7, 15, 17, 18, 25, 30),” and “Social Acceptance (items 6, 8, 14, 23, 27, 31). Item scoring is conducted using a five-point Likert scale with the following anchors: “strongly agree = 5,” “agree = 4,” “neutral = 3,” “disagree= 2,” and “strongly disagree = 1”. The minimum and maximum possible scores for this questionnaire range from 33 to 165. It should be noted that items 1, 2, 5, 6, 7, 9, 10, 12, 14, 15, 19, 21, 23, 24, 25, 26, 27, 29, 32, and 33 are reverse-scored. The total social health score represents the sum of all questionnaire item scores and indicates the level of social well-being. Scores ranging from 33 to 88 indicate a poor social well-being status. Scores between 89 and 143 represent moderate social well-being status, while scores above 143 indicate good social well-being status [39]. The reliability of the questionnaire has been reported across various studies using Cronbach's alpha coefficient for the entire instrument, ranging from 0.73 to 0.81 [6, 41]. In the present study, the instrument's reliability was calculated with a Cronbach's alpha coefficient of 0.81.

2.2. Emotional Intelligence Questionnaire

In this study, the Persian version of Shring's 33-item Emotional Intelligence Questionnaire was utilized [42, 43]. The questionnaire comprises five dimensions: Self-awareness (items 6, 10, 12, 14, 24, 27, 32), Self-management (items 2, 5, 11, 16, 18, 23, 30), Motivation (items 1, 9, 15, 20, 21, 26, 31), Empathy or Social Awareness (items 3, 4, 17, 22, 25, 29), and Relationship Management or Social Skills (items 7, 8, 13, 19, 28, 33).

Responses to the items are based on a 5-point Likert scale ranging from “never (score 1)” to “always (score 5).” The total score range is between 33 and 165, with higher scores indicating greater emotional intelligence. The reliability of the Persian version of the questionnaire has been reported as 0.84 using Cronbach's alpha coefficient [42]. In the present study, the instrument's reliability was calculated with a Cronbach's alpha coefficient of 0.80.

2.3. Quality of Life Questionnaire

The World Health Organization Quality of Life Questionnaire (WHOQOL-BREF) is a 26-item instrument that measures four domains: physical health (items 2, 3, 4, 10, 15, 16, 17, 21), psychological health (items 1, 5, 6, 7, 11, 12, 13, 14, 18, 19, 26), social relationships (items 20, 22), and environmental health (items 8, 9, 23, 24, 25) [44]. The questionnaire is scored using a 5-point Likert scale ranging from “never = 1” to “always = 5”.

The minimum possible raw score is 26, and the maximum is 130, where higher scores indicate better quality of life. After obtaining raw scores for each subscale, they must be transformed to a standardized score ranging from 0 to 100 [45]. The instrument's reliability for the 26 items has been reported as 0.90 based on Cronbach's alpha coefficient [46]. The validity and reliability of the Persian version have been confirmed by Nejat *et al.*, with reported reliability of 0.83 for healthy individuals and 0.85 for patients [47]. In the present study, the instrument's reliability was calculated with a Cronbach's alpha coefficient of 0.85.

2.4. Ethical Consideration and Statistical Analysis

In this study, questionnaires were anonymous and without identifying marks, and participation was voluntary. The study protocol was reviewed and approved by the Research Ethics Committee of Shahroud University of Medical Sciences with the code IR.SHMU.REC.1403.015. The questionnaires were distributed by trained interviewers after explaining the research objectives and obtaining informed consent from students, and were collected after self-completion. Data were entered into SPSS version 22 and analyzed using t-tests and regression analysis. QoL as a continuous variable entered into the regression model as the dependent variable. Multicollinearity was assessed using the Variance Inflation Factor (VIF). Level less than 5 indicates minimal concern. The significance level for all tests was set at 0.05.

3. RESULTS

Examination of the study population regarding the measured variables revealed that 69 participants (44.8%) were male students, and the remainder were female. A total of 137 participants (89%) were single. Ninety-one participants (59.1%) were non-native residents, and the remainder were native residents. Sixty-two participants (40.3%) resided in dormitories, 35 participants (22.7%) lived in rental housing, and 57 participants (37%) lived in their parental homes.

A total of 148 participants (96.1%) had monthly household incomes above $300 per month. Additionally, 39 participants (25.3%) engaged in economic activities alongside their studies. Seventy-six participants (49.4%) lived in four-member households. Regarding interest in their field of study, 5 participants (3.2%) reported very low

interest, 42 participants (27.3%) reported low interest, 94 participants (61%) reported high interest, and 13 participants (8.4%) reported very high interest in their academic discipline.

The mean age of students was 22.4±2.9 years. The mean social well-being score was 89.6±11.7, indicating a moderate level. Totally 79 participants (51.3%) had moderate social well-being, and 75 participants (48.7%) had poor social well-being scores. The mean emotional intelligence score was 106.2±11.0. The mean quality of life score was 83.5±9.4, with a mean percentage score of 55.17±9.31, indicating a moderate status. Among the quality of life domains, the highest score was related to the physical health domain, while the lowest score was related to the social health domain. The means and standard deviations of emotional intelligence, social health, and quality of life, and their dimensions are presented in (Table **1**).

Table 1. Mean scores of social health, emotional intelligence, and quality of life among studied students.

Variable	Mean± SD	Minimum	Maximum
Social Well-being	89.6±11.7	61	121
Social coherence	16.4±1.9	12	22
Social integration	18.2±3.6	11	27
Social participation	13.4±3.5	6	24
Social flourishing	15.8±3.8	10	24
Social acceptance	25.9±2.3	18	32
Quality of Life (raw scores)			
Physical health	23.6±3.1	15	31
Mental health	19.5±3.3	10	27
Social health	9.2±1.5	6	15
Environmental health	24.7±3.2	14	36
Quality of Life (questions 1 and 2)	6.5±1.3	4	10
Emotional intelligence	106.2±11.0	62	131
Self-awareness	22.5±2.4	17	30
Self-management	21.7±3.6	10	30
Empathy	20.4±2.7	12	27
Relationship management	20.4±3.7	11	28
Motivation	21.2±2.9	11	29
Quality of Life (transformed scores)	55.17±9.31	25.6	89.6
Mean Percentage of Quality of Life (Questions 1 and 2)	56.7±16.0	25.0	100
Mean Percentage of Physical Health	59.3±11.1	28.6	85.7
Mean Percentage of Mental Health	56.1±13.7	16.7	87.5
Mean Percentage of Social Health	51.5±12.6	25.0	100
Mean Percentage of Environmental Health	52.3±10.0	18.8	87.5

Comparison of mean social health scores by gender, age, current residence, and father's occupation showed no significant differences. However, comparison of mean social well-being scores by semester, academic field, student status, interest in field of study, and engagement in economic activities alongside studies revealed significant differences. Post-hoc analysis demonstrated that students in semesters 1-4 had significantly higher mean social well-being scores compared to those in semester 5 and above. Additionally, students in medical sciences programs (nursing, midwifery, anesthesia, public health, *etc*.) had significantly higher mean scores compared to medical students. Additionally, students residing in dormitories, non-native students, and students with low interest in their field of study had higher social well-being scores compared to other groups (Table **2**).

Table 2. Examining the relationship between sociodemographic variables with social well-being and emotional intelligence.

Variables	Social Well-being	Emotional Intelligence
Gender		
Female	89.1±11.9	106.7±11.8
Male	90.3±11.5	105.7±9.9
t (*P*-value)	-0.6 (0.5)	0.5 (0.6)
Age		
Under 20 year	89.9±12.4	106.2±9.7
Over 20 year	89.5±11.5	106.2±11.6
t (*P*-value)	0.2(0.9)	0. >01(1.0)
Semester		
1-4	94.0±12.6	101. 7±9.9
5 and Over	87.7±10. 8	108.31±10.8
t (*P*-value)	3.2 (0.002)	-3.6 (>001)
Academic Field		
Medical Sciences	91.8±12.4	104.7(11.3)
Medicine	89.7±10.8	107.7(10.5)
t (*P*-value)	2.2 (0.03)	-1.7 (0.09)
Student Status		
Non-native	91.7±10.9	105.0 (11.9)
Native	86.6±12.2	108.0 (9.2)
t (*P*-value)	2.7 (0.007)	-1.7(0.09)
Current Place of Residence		
Non-dormitory	88.5±11.5	107.8±10.1
Dormitory	91.3±11.9	104.0±11.9
t (*P*-value)	-1.5(0.14)	2.1 (0.03)
Interest in Academic Field		
High	88.1±11. 5	107.6±10.0
Low	93.2±11.7	103.1±12. 5
t (*P*-value)	-2.5 (0.01)	2.4(0.02)
Economic Activity Alongside Education		
No	87.8±11.7	108.0±10.3
Yes	95.2±10.1	101.0±11.5
t (*P*-value)	-3.6(0. >001)	3.56(0. >001)
Father's Occupation		
Employee	91.2±12.9	103.8±12.0
Non-employee	88.3±10.5	108.3±9.6
t (*P*-value)	1.5 (0.13)	-2.6 (0.01)

The results in Table **2** showed that mean emotional intelligence scores did not differ significantly by gender, age, academic field, or student status. Students in semester 5 and above had higher mean emotional intelligence scores compared to those in semesters 1-4. Additionally, non-dormitory students, students with high interest in their field of study, students without economic activities alongside their studies, and students whose fathers had non-employee (freelance) occupations had higher mean emotional intelligence scores compared to other groups (Table **2**).

In the multiple regression model, the variables of social well-being, emotional intelligence, gender, age, academic field, interest in field of study, father's occupation, academic semester, residence, marital status, family economic status, and economic activity, alongside other variables, were entered. Almost 48 percent of the variance of QoL can be explained by independent variables (R-squared was 0.48). Overall, the regression model statistically significantly predicts the QoL ($F(6,147)=22.1$, $p<0.001$). In the fitted model, the variables of social well-being, emotional intelligence, age, and father's occupation showed significant associations with quality of life scores (Table **3**).

Table 3. Relationship between emotional intelligence, social well-being, and demographic factors with quality of life among students using multiple regression model.

Quality of Life (Raw Score)	Unstandardized Coefficients		Standardized Coefficients Beta	t-test	*P*-value
	Beta	SE			
Social Well-being	9.43	1.62	0.45	5.83	>0.001
Emotional Intelligence	0.31	0.07	0.36	4.70	< 0.001
Age	4.04	1.48	0.20	2.73	0.007
Father's Occupation	-2.77	1.16	-0.15	-2.39	0.02
Semester	-2.82	1.56	-0.14	-1.82	0.07
Economic Status	-1.96	1.17	-0.10	-1.68	0.09
Constant	45.07	6.40	-	7.04	<0.001

4. DISCUSSION

The mean social well-being score was 89.6 (95% CI=87.8-91.5) and was classified as a moderate level. In another study conducted in Gilan province utilizing the 20-item Keyes questionnaire with a mean score range of 1-5 per item and an overall scoring range of 20-100, the mean social well-being score was reported as 3.1±0.8 out of 5 [48]. In a separate investigation at North Khorasan University of Medical Sciences employing the 15-item Keyes questionnaire, the mean social well-being score was 63.1±7.7 [49]. A study conducted in 2015 at Gilan University of Medical Sciences using a completely similar questionnaire with a scoring range of 0-132 reported a mean social well-being score of 74.9±11.9, which was lower than the present results [50]. At Tehran University of Medical Sciences, a study was conducted using the 25-item Keyes questionnaire with a scoring range of 25-125, which reported a mean social well-being score of 90.0±16.3 among students, showing no significant difference with the social well-being score in our study [51]. In another study at Iran University of Medical Sciences using a different questionnaire with a scoring range of 0-108, the mean social well-being score was reported as 54.91 [52]. In another study conducted at Payame Noor University using a completely similar questionnaire, the mean social well-being score was reported as 106.9 at a moderate level [53], which is consistent with our study findings regarding the moderate status. At Golestan University of Medical Sciences, a study was conducted using a completely similar questionnaire, and the mean social well-being score was reported as 104.2±8.5, which was higher than the present results [6]. The differences in mean social well-being scores among students are attributed to variations in measurement instruments and cultural and social environments.

A total of 79 students (51.3%) demonstrated moderate social well-being, and 75 students (48.7%) exhibited poor social well-being. The results of a study conducted in Gilan showed that 87.9% of students had moderate social health, 11% had high social health, and only 1% had low social health [50], which is inconsistent with our findings. It appears that to improve social well-being status, interventions should be implemented through strengthening individual and group interactions, encouraging individuals to participate in social activities, promoting student membership in university associations, and reinforcing universities' social networks. These measures can provide an appropriate foundation for improving the quantity and quality of students' social relationships and enhancing social capital at the university level.

The mean emotional intelligence score was 106.2±11.0. The results of a study conducted in Tehran using a completely similar questionnaire reported an emotional intelligence score of 86.5±10.2, which was lower than the present results [43]. The findings of a study conducted in India using a questionnaire with a different scoring range reported a mean emotional intelligence score of 212.5±22.2 [29]. In another study at Hamadan University of Medical Sciences, the mean emotional intelligence score of students was reported as 113.9±13.4 [25], which was slightly higher than the present results.

The results of a study conducted at Zahedan University of Medical Sciences using a 117-item questionnaire with a different scoring range reported an emotional intelligence score of 309.71±31.41 [35]. A study conducted in Malaysia using a 16-item questionnaire with a scoring range of 1-5 reported a mean emotional intelligence score of 3.51±0.78 out of 5 [54]. In a study among students from one of the northern provinces of Iran using a 28-item questionnaire with a scoring range of 100, the mean emotional intelligence score was reported as 52.60±13.97 [55], which was lower than the present results. Some

studies have reported that students with higher levels of emotional intelligence will provide better quality care for future patients [27].

Comparison of mean emotional intelligence scores by gender, age, academic field, and student status showed no significant differences. The findings of a study among students at Kuwait University showed that there were statistically significant differences between men and women in emotional intelligence in favor of female students [28], which differs from our results. In the Hamadan study, there was no significant relationship between emotional intelligence score and gender, marital status, and age [25], which is consistent with our findings. Other studies conducted in Iran and Spain have also shown results contrary to our study findings [35, 56]. Furthermore, comparison of mean emotional intelligence scores by academic semester, students' current place of residence, father's occupation, interest in academic field, and having economic activity alongside education showed significant differences. The results of a study conducted in one of the eastern provinces of Iran (South Khorasan) demonstrated that there was a significant relationship between place of residence and emotional intelligence, which is consistent with our results in this regard [42].

The mean percentage of students' quality of life was 55.17±9.31. The mean quality of life score of Hamadan students was 69.7, which was higher than the mean score of our study [25], while our study results are similar to the mean quality of life score of Zahedan students (83.4±11.0) [35]. It appears that one of the major responsibilities of higher education system officials should be improving students' academic quality of life. This can be achieved through assessing students' expectations and perceptions of the quality of services provided by the university and implementing interventional measures.

In the multiple regression model, the variables of social well-being, emotional intelligence, age, and father's occupation showed significant associations with students' quality of life scores. In another study conducted in Shahroud in 2011, the variables of gender, educational level, academic semester, marital status, place of residence, economic activity, number of family members, and parental survival status were not effective on quality of life, which is consistent with the present results [57]. The findings of a study among students at Kuwait University showed that there were statistically significant differences between men and women in quality of life in favor of female students [28], which differs from our results.

The results of a study at Hamadan University of Medical Sciences showed that there was no significant relationship between quality of life and gender, marital status, and age [25], which is consistent with our findings. The results of a study conducted in India demonstrated that there was a positive relationship between emotional intelligence and quality of life [29], which is consistent with our results. The findings of a study among students at Kuwait University showed that there were statistically positive and significant correlations between emotional intelligence dimensions and quality of life dimensions [28], which is consistent with our results. The results of a study conducted in Italy indicated the existence of a significant relationship between emotional intelligence and quality of life, which is consistent with our findings [58]. In a study at Zahedan University of Medical Sciences, a significant relationship was also reported between emotional intelligence and students' quality of life [35], which is consistent with the present results. In another study conducted in Mazandaran province, one of the northern provinces of Iran, a significant relationship was reported between emotional intelligence and quality of life [59], which is consistent with our findings. Furthermore, in another study conducted in Iran, there was a significant relationship between social well-being and quality of life, which is consistent with our results [53].

The results of a study at Golestan University of Medical Sciences showed that there was a significant relationship between social well-being and quality of life [6], which is consistent with our findings. Overall, the results of various studies conducted regarding factors affecting quality of life are contradictory, which may be attributed to cultural differences, subjective norms, social environment, and other factors. An important point that exists is the necessity of paying attention to students' quality of life during their academic period. Creating conditions for improving the quality of life can have positive effects on enhancing learning and patient care. Therefore, in order to promote students' quality of life, it is essential that systematic programs and strategies be implemented in universities, including the presence of psychologists and the establishment of mental health workshops, promotion of sports activities, and counseling programs regarding a healthy diet to enhance their quality of life.

5. RESEARCH LIMITATIONS

Given that we employed a cross-sectional research design with convenience sampling to examine relationships between variables, definitive conclusions about factors affecting students' quality of life cannot be asserted with high certainty. Additionally, considering the possibility of common biases in self-report methodology is important. For this purpose, prior to data collection, several procedural corrective measures, such as maintaining respondent anonymity, were implemented to overcome this limitation. Furthermore, the samples in this study included students enrolled at Shahroud University of Medical Sciences (one of the universities affiliated with the Ministry of Health, Treatment, and Medical Education) and were conducted at a single university in Iran. Therefore, generalization of findings to students at other universities under the supervision of the Ministry of Science and Islamic Azad University and other universities is limited due to the restriction of the study to one university. The sound study design and use of standardized questionnaires constitute the strengths of the study.

CONCLUSION

The status of social health, emotional intelligence, and quality of life among medical sciences students is at a moderate level, and the variables of social well-being, emotional intelligence, age, and father's occupation have significant associations with students' quality of life scores. Therefore, to improve social well-being status, steps should be taken toward enhancing students' social capital through creating an environment filled with trust and confidence in the university setting between students and administrators, strengthening individual and group interactions and encouraging individuals to participate in social activities, membership in university associations and strengthening social networks, organizing more seminars and conferences relevant to all university students, holding cultural and recreational camps, establishing various cultural groups at the university and providing material and spiritual incentives for students to participate in them, organizing various religious and ethnic ceremonies in dormitories and universities and delegating related tasks to students, organizing sports competitions, providing financial assistance to students, and creating part-time jobs. Furthermore, by developing programs and strategies such as the presence of psychologists and establishing mental health workshops and launching counseling clinics in university and dormitory environments, conducting orientation and educational courses regarding lifestyle approaches in student environments, increasing sports and recreational facilities and programs, and improving counseling programs regarding healthy diet, the health level of students can be promoted and their quality of life can be improved.

AUTHORS' CONTRIBUTIONS

The authors confirm their contributions to the paper as follows: M.A. and A.R.Gh.: Contributed to the study conception and design; A.Kh. and M.A.: Carried out data collection; M.A.: Responsible for the analysis and interpretation of the results; and M.A. and E.S. Prepared the draft manuscript. All authors reviewed the results and approved the final version of the manuscript.

LIST OF ABBREVIATIONS

EI	=	Emotional Intelligence
WHOQOL-BREF	=	The World Health Organization Quality of Life Questionnaire
VIF	=	Variance Inflation Factor
QoL	=	Quality of Life

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study received ethical approval from the Institutional Review Board of Shahroud University of Medical Sciences (Ethics Committee Approval Number: IR.SHMU.REC.1403.015).

HUMAN AND ANIMAL RIGHTS

All procedures performed in studies involving human participants were in accordance with the ethical standards of institutional and/or research committee and with the 1975 Declaration of Helsinki, as revised in 2013.

CONSENT FOR PUBLICATION

All participants provided informed consent prior to participation.

STANDARDS OF REPORTING

STROBE guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

All data generated or analyzed during this study are included in this published article.

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None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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