

Quality of life of postgraduate students in Dentistry: an analysis through the WHOQOL-bref domains

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ABSTRACT

The objective of the study was to assess the quality of life (QoL) of postgraduate students in Dentistry through the domains of the *World Health Organization Questionnaire for Quality of Life-bref* (WHOQOL-bref). This is a cross-sectional study, with 88 students enrolled in a postgraduate program in Dentistry. Data were collected between June and August 2015, including sociodemographic information and a quality of life questionnaire, the WHOQOL-bref. Sociodemographic information was associated with the domains of the questionnaire used. Bivariate analysis, followed by the multinomial logistic regression model were carried out, with $p < 0.05$ being considered significant. The majority (55.7%) of students were classified in the “satisfaction” category in terms of quality of life. In the domains, the highest score found was in Social Relations (15.23 ± 2.72), and the lowest, in Physical (12.82 ± 1.56). There was an association between the frequency of religious practice ($p=0.046$) and the year of postgraduate school ($p=0.025$) with the Physical domain; gender ($p=0.016$) and consider yourself religious ($p=0.008$) with the Psychological domain; and marital status with the Social Relations ($p=0.017$) and Environment ($p=0.008$) domains. The QoL of postgraduate students in Dentistry was measured in the region of satisfaction, which can be influenced by factors such as religiosity, year of graduation, gender and marital status.

Descriptors: Quality of Life. Dentistry. Education, Dental, Graduate.

1 INTRODUCTION

Quality of life (QoL) is defined as the

individual's perception of his role in life, in the context of culture, and of the value system in which he lives and in relation to his goals, expectations, standards and concerns¹. A direct impairment in the QoL of individuals can impact real problems in daily life, including reflecting on mental health.

The mental health of the university population has become the focus of studies^{2,3}, as it faces challenges and changes in lifestyle, such as separation from family and friends, greater independence and responsibilities, which can lead to exposure to various health risks⁴. With postgraduate students, it's no different.

Often the QoL of students in the academic field is affected, especially those in the *stricto sensu* postgraduate program, courses characterized by different requirements, such as an extensive volume of publication⁵, the lack of time, both for study and for private life⁶ in addition to the uncertainty regarding employability⁷.

A survey carried out by the "Science, Technology and Innovation Action Plan: Main Results and Advances", of the Ministry of Science and Technology⁸, highlighted a notable growth in the *stricto sensu* postgraduate program system in Brazil. However, perhaps as an unwanted effect of this escalation, the advancement of postgraduate studies in the country has brought notable consequences, especially for students, having been characterized by high pressure⁶.

In this context, research involving QoL in postgraduate students has been more frequent in the international literature. Research with this audience has already investigated psychological well-being⁹; the different strategies for coping with stress¹⁰; health-related quality of life, where perceived and acculturative stress negatively impacted¹¹ on the QoL of these students. Another survey also showed that variables such as gender, marital status and year of postgraduate study directly impacted the QoL¹².

In Brazil, a study involving the QoL of

undergraduate and postgraduate students in Dentistry in São Paulo allowed the early diagnosis of the difficulties experienced by students, assisting in the design of strategies that benefited the search for solutions to conflicts that affected QoL¹³. Another survey of postgraduate students in Dentistry in Ceará assessed the effect of distance learning activities implemented due to social isolation in the COVID-19 pandemic, with the Psychological domain being the most affected¹⁴.

However, studies that analyzed the QoL of postgraduate students through the *e World Health Organization Questionnaire for Quality of Life-bref* (WHOQOL-bref), analyzing the domains of this instrument in relation to the students' sociodemographic factors, have not been so evident. The WHOQOL-bref was the instrument chosen for demonstrating good internal consistency, discriminant, concurrent and content validity, and test-retest reliability¹⁵. Thus, the need to carry out this study is justified, whose objective was to assess the quality of life of postgraduate students in Dentistry through the domains of the WHOQOL-bref.

2 METHODOLOGY

An observational, cross-sectional and quantitative study was carried out with students from the *Stricto Sensu* Postgraduate Program in Dentistry at the Federal University of Ceará (PPGO/UFC). Cross-sectional studies are widely used in epidemiological investigations, as they are low-cost, have analytical simplicity, in addition to high descriptive power and simplicity in data collection¹⁶.

The PPGO/UFC is located in Fortaleza, capital of the state of Ceará, Brazil. Data collection took place between June and August 2015, in the PPGO/UFC classrooms, laboratories and clinics. The data were collected by three female researchers, and their training was discarded because it is an easily used instrument, combined

with the high intellectual level of the respondents.

The inclusion criteria included students regularly enrolled in PPGO/UFC in 2015, while exclusion criteria involved those students who would be away from PPGO due to sick leave, suspended enrollment or who are studying abroad. The universe of students was made up of 88 students, including master's, PhD and post-PhD students. This number coincided with the sample, as all participated in the study, justifying the non-performance of the sample calculation.

The research notebook contained sociodemographic data of the participants, such as gender, marital status, whether they had children, work, monthly income, questions about religiousness, scholarship, course and year in postgraduate school, in addition to the WHOQOL-bref, an instrument of QoL measurement, self-reported, cross-cultural, translated and validated in Brazil¹⁵.

For the completion of the WHOQOL-bref, the interviewee should consider the fifteen days prior to the application of the instrument. It contains 26 questions, each with five options for answers on a *Likert* scale, ranging from 1 (nothing/very bad/never) to 5 (extremely/completely/very good/always). The first two questions are general, while the others are divided into four domains: Physical, Psychological, Environment and Social Relations¹⁷.

The Physical domain consists of seven questions, which involve questions about pain and discomfort, energy and fatigue, sleep and rest, mobility, activities of daily living, use of medications and work capacity. The Psychological domain encompasses six questions, which deal with positive and negative feelings, thinking and learning, memory and concentration, body image and spirituality. The Social Relations domain is formed by three questions, which cover personal relationships, social support and sexual activity.

The Environment domain comprises eight issues, which include physical security and protection, the home environment, financial resources, the availability and quality of health and social care, opportunities to acquire new information and skills, leisure activities, the physical environment and transport¹⁸.

All participants were previously informed about the research objectives and invited to sign the Informed Consent Form, guaranteeing the confidentiality and anonymity of those involved.

The data were tabulated and exported to the *Statistical Package for the Social Sciences* (SPSS) v. 17.0 (IBM, Armonk, NY, USA), and the analysis were performed considering a 95% confidence level and significance with $p < 0.05$. The scores obtained were transformed into a linear scale that ranged from 0-100, these being, respectively, the least and most favorable values of QoL, according to the syntax proposed by the WHOQOL *group*¹⁸. For the analysis of QoL scores, an adapted scale¹⁹ was used, being categorized as follows: values between 0 and 40 were considered a region of "dissatisfaction"; from 41 to 69, they corresponded to the "uncertainty" region; and, above 70, as the region of "satisfaction". For the purposes of the statistical analysis, the variables were compiled in two groups, as only 1 student was classified in the category uncertainty: "dissatisfaction/uncertainty" and "satisfaction". Scores below 70 were considered as "dissatisfaction/uncertainty" with QoL and those above this value as "satisfaction".

The score values for each domain were submitted to the Kolmogorov-Smirnov test, so that they could be standardized and the normal distribution of data was observed. These were analyzed by the ANOVA test, for repeated measures, followed by the Bonferroni post-test, to assess the difference between the measured domains. The data were described in absolute and percentage frequencies, and analyzed using the chi-square test (χ^2). The multinomial logistic regression

model was also used in order to verify the causal relationship between the QoL category and the investigated sociodemographic data.

The study was approved by the UFC Research and Ethics Committee, under the opinion of 1.113.226.

3 RESULTS

Approximately 55.7% of students were classified in the region of satisfaction regarding QoL; 61.4% were female, half were married and 73.9% reported not having children; 34.1% of students reported dedicating themselves exclusively to postgraduate activities; and 59.1% had a monthly income of more than four minimum wages. Religious practice was

affirmed by 89.8% and 75.0% considered themselves religious. 68.2% of the participants had a postgraduate fellowship. 53.4% of the students were attending the PhD or post-PhD course, while 46.6% were in the second year of the postgraduate course. Postgraduate students were included because the purpose of the work was to cover all postgraduate students, and these were grouped to PhD students because they represented a small percentage of students (3.40%), being only 3 students.

The Physical domain showed the lowest average (12.82 ± 1.56), showing significance ($p < 0.001$) when compared to the other domains. The Social Relations domain had the highest average (15.23 ± 2.72) (table 1).

Table 1. Individual average of WHOQOL-bref domains

Domains	Average	SD	Median	Minimum	Maximum	p-Value
Physical*	12.82	1.56	13.14	8.57	16.57	<0.001
Psychological	14.12	1.48	14.00	11.33	18.00	
Social Relations	15.23	2.72	15.33	8.00	20.00	
Environment	14.35	1.64	14.50	10.50	18.00	

* $p < 0.05$ versus all groups. ANOVA/Bonferroni test. SD: Standard Deviation.

Table 2 depicts the association between sociodemographic data and the Physical domain. Significance was observed when associating the frequency of religious practice and year of postgraduate studies with the Physical domain. The “always” frequency of this practice was significantly associated with the region of dissatisfaction/uncertainty ($p = 0.046$); while the “sometimes” classification was significantly associated with the region of satisfaction ($p = 0.046$) (95% CI: 1.1 - 77.9). There was also a significant association between students in the third year of postgraduate school with the satisfaction rating in this domain ($p = 0.025$) (95% CI: 1.8 - 6310.3).

Table 3 shows the association between sociodemographic data and the Psychological domain. The female gender showed a significant association with dissatisfaction/lack of definition in the referred domain ($p = 0.016$); the male, on the other hand, showed a significant association with satisfaction in this domain ($p = 0.016$) (95% CI: 1.4 - 28.9). Considering oneself religious was significantly associated with dissatisfaction/lack of definition in this domain ($p = 0.008$), while not considering oneself religious was significantly associated with the region of satisfaction with aspects of that domain ($p = 0.008$) (95% CI: 2.1 - 177.1).

Table 2. Association between sociodemographic data and the Physical domain

Variables	Physical Domain		p-Value*	p-Value [†]
	Dissatisfaction/Uncertainty n (%)	Satisfaction n (%)		
<i>Gender</i>				
Male	25 (36.8)	9 (45.0)	0.506	
Female	43 (63.2)	11 (55.0)		
<i>Marital Status</i>				
Single	37 (54.4)	6 (30.0)	0.055	
Married/Divorced	31 (45.6)	14 (70.0)		
<i>Children</i>				
Yes	14 (20.6)	9* (45.0)	0.029	
No	54* (79.4)	11 (55.0)		
<i>Work - Exclusive dedication</i>				
No	45 (66.2)	13 (65.0)	0.922	
Yes	23 (33.8)	7 (35.0)		
<i>Work - Dental surgeon</i>				
No	32 (47.1)	9 (45.0)	0.871	
Yes	36 (52.9)	11 (55.0)		
<i>Monthly income</i>				
Up to 2 MW	13 (19.1)	2 (10.0)	0.093	
2 to 4 MW	19 (27.9)	2 (10.0)		
>4 MW	36 (53)	16 (80.0)		
<i>Practice of some religion</i>				
Yes	62 (91.2)	17 (85.0)	0.423	
No	6 (8.8)	3 (15.0)		
<i>Frequency of religious practice</i>				
Never	5 (7.4)	2 (10.0)	0.431	0.046
Rarely	6 (8.8)	4 (20.0)		
Sometimes	30 (44.1)	9 [†] (45.0)		
Always	27 [†] (39.7)	5 (25.0)		
<i>Consider yourself religious</i>				
Yes	52 (76.5)	14 (70.0)	0.557	
No	16 (23.5)	6 (30.0)		
<i>Fellowship holder</i>				
Yes	47 (69.1)	13 (65.0)	0.728	
No	21 (30.9)	7 (35.0)		
<i>Postgraduate course</i>				
Master's	34 (50)	7 (35.0)	0.237	
PhD/Post-PhD	34 (50)	13 (65.0)		
<i>Postgraduate year</i>				
First	23 (33.8)	6 (30.0)	0.016	0.025
Second	35 (51.4)	6 (30.0)		
Third	5 (7.4)	7* [†] (35.0)		
Fourth	5 (7.4)	1 (5.0)		

*Test χ^2 (*p<0,05); [†]Multinomial Logistic Regression ([†]p<0,05). Blank boxes indicate no significant association. MW - Minimum wage (R\$ 788,00).

Table 3. Association between sociodemographic data and the Psychological domain

Variables	Psychological Domain		p-Value*	p-Value [†]
	Dissatisfaction/Uncertainty n (%)	Satisfaction N (%)		
<i>Gender</i>				
Male	14 (29.2)	20* [†] (50.0)	0.046	0.016
Female	34* [†] (70.8)	20 (50.0)		
<i>Marital Status</i>				
Single	26 (54.2)	17 (42.5)	0.276	
Married/Divorced	22 (45.8)	23 (57.5)		
<i>Children</i>				
Yes	12 (25.0)	11 (27.5)	0.790	
No	36 (75.0)	29 (72.5)		
<i>Work - Exclusive dedication</i>				
No	30 (62.5)	28 (70.0)	0.460	
Yes	18 (37.5)	12 (30.0)		
<i>Work - Dental surgeon</i>				
No	23 (47.9)	18 (45)	0.785	
Yes	25 (52.1)	22 (55%)		
<i>Monthly income</i>				
Up to 2 MW	10 (20.8)	5 (12.5)	0.585	
2 to 4 MW	11 (22.9)	10 (25.0)		
>4 MW	27 (56.3)	25 (62.5)		
<i>Practice of some religion</i>				
Yes	42 (87.5)	37 (92.5)	0.441	
No	6 (12.5)	3 (7.5)		
<i>Frequency of religious practice</i>				
Never	5 (10.4)	2 (5.0)	0.820	
Rarely	5 (10.4)	5 (12.5)		
Sometimes	21 (43.8)	18 (45.0)		
Always	17 (35.4)	15 (37.5)		
<i>Consider yourself as religious</i>				
Yes	39 [†] (81.2)	27 (67.5)	0.138	0.008
No	9 (18.8)	13 [†] (32.5)		
<i>Fellowship holder</i>				
Yes	31 (64.6)	29 (72.5)	0.427	
No	17 (35.4)	11 (27.5)		
<i>Postgraduate course</i>				
Master's	22 (45.8)	19 (47.5)	0.876	
PhD/Post-PhD	26 (54.2)	21 (52.5)		
<i>Postgraduate year</i>				
First	19 (39.6)	10 (25.0)	0.021	
Second	19 (39.6)	22* (55.0)		
Third	4 (8.3)	8* (20.0)		
Fourth	6* (12.5)	-		

*Test χ^2 (*p<0,05); [†]Multinomial Logistic Regression ([†]p<0,05). Blank boxes indicate no significant association. MW - Minimum wage (R\$ 788,00).

The association between sociodemographic data and the Social Relations and Environment domains were shown in Tables 4 and 5, respectively. Single marital status was significantly associated with the category of dissatisfaction/indifference, both in the Social Relations ($p=0.017$) and Environment ($p = 0.008$) domains. The variable married/divorced marital status was significantly associated with the satisfaction category in the Social Relations ($p=0.017$) and Environment ($p=0.008$) domains.

4 DISCUSSION

Postgraduate students in Dentistry were classified in the satisfaction group regarding QoL. Considering the subjectivity in the definition of QoL, and that this has a direct relationship with self-esteem, this result corroborates with the study carried out with postgraduate students from a university in southern Brazil, which verified a high self-esteem in this population²⁰. However, in a study carried out with postgraduate students at the Federal University of Rio de Janeiro, the authors expressed concern about the QoL of students, as they observed a high level of stress among them²¹. Although they are the same type of population, the self-assessment of QoL takes into account subjective and personal criteria, which differ between individuals¹, which may explain the difference in results between the studies cited on this issue.

Among the 88 students involved in the research, the highest average was in the Social Relations domain and the lowest in the Physical domain, similar to that found in a study that evaluated the QoL of undergraduate and postgraduate students in Dentistry in São Paulo¹³. Such results differ from research carried out with postgraduate students in Dentistry in the United States¹², Chinese adults²² and with Iranian adults²³, with the Physical domain having the highest score in these studies. A study carried out with

postgraduate students in Dentistry in Ceará, during the social isolation in the pandemic of COVID-19, observed that the Psychological domain was the lowest average¹⁴. The lowest score in the Physical domain was also found in the study with Brazilian master's and PhD students, and this result is possibly explained by the extensive workload required by the *stricto sensu* postgraduate program, with the student having to reconcile it with other daily activities, such as your personal life and employment⁶, factors that may justify the results found in the Physical domain in this study. As for the Social Relations domain, the result found was probably due to the fact that all students are adults and trained dental surgeons, already having their consolidated social relationships.

The inverse relationship between the frequency of religious practice and the Physical domain of the present study was different from that found in a study that investigated the relationship between religiosity and QoL in people with human immunodeficiency virus²⁴. In it, the relationship between religiosity took place with the Psychological, Social Relations and Environment²⁴ domains. This result can be justified by the fact that religiosity plays a role in favoring psychological well-being and social support for people affected by diseases and other clinical manifestations, as stated by other researches²⁵⁻²⁷, which can impact aspects of the Physical domain, like pain and discomfort, energy and fatigue. In this sense, individuals may be looking to improve these symptoms through spiritual practices. Because it is a cross-sectional study, a causal relationship cannot be established. However, apparently, the search for religiosity by the students occurred in moments of greater physical discomfort, being related to the greater dissatisfaction regarding QoL.

In the Physical domain, statistical significance was also observed between the third year of postgraduate school and satisfaction with QoL.

Table 4. Association between sociodemographic data and the Social Relations domain

Variables	Social relations		p-Value*	p-Value [†]
	Dissatisfaction/uncertainty n (%)	Satisfaction n (%)		
<i>Gender</i>				
Male	9 (37.5)	25 (39.1)	0.893	
Female	15 (62.5)	39 (60.9)		
<i>Marital Status</i>				
Single	15 [†] (62.5)	28 (43.7)	0.117	0.017
Married/Divorced	9 (37.5)	36 [†] (56.3)		
<i>Children</i>				
Yes	7 (29.2)	16 (25.0)	0.692	
No	17 (70.8)	48 (75.0)		
<i>Work - Exclusive dedication</i>				
No	17 (70.8)	41 (64.1)	0.551	
Yes	7 (29.2)	23 (35.9)		
<i>Work - Dental surgeon</i>				
No	12 (50.0)	29 (45.3)	0.695	
Yes	12 (50.0)	35 (54.7)		
<i>Monthly income</i>				
Up to 2 MW	4 (16.7)	11 (17.2)	0.907	
2 to 4 MW	5 (20.8)	16 (25.0)		
>4 MW	15 (62.5)	37 (57.8)		
<i>Practice of some religion</i>				
Yes	23 (95.8)	56 (87.5)	0.251	
No	1 (4.2)	8 (12.5)		
<i>Frequency of religious practice</i>				
Never	1 (4.1)	6 (9.4)	0.547	
Rarely	4 (16.7)	6 (9.4)		
Sometimes	12 (50.0)	27 (42.1)		
Always	7 (29.2)	25 (39.1)		
<i>Consider yourself as religious</i>				
Yes	15 (62.5)	45 (70.3)	0.483	
No	9 (37.5)	19 (29.7)		
<i>Fellowship holder</i>				
Yes	8 (33.3)	33 (51.6)	0.127	
No	16 (66.7)	31 (48.4)		
<i>Postgraduate course</i>				
Master's	8 (33.3)	21 (32.8)	0.917	
PhD/Post-PhD	10 (41.7)	31 (48.4)		
<i>Postgraduate year</i>				
First	4 (16.7)	8 (12.5)		
First	2 (8.3)	4 (6.3)		

*Test χ^2 (*p<0,05); [†]Multinomial Logistic Regression ([†]p<0,05). Blank boxes indicate no significant association. MW - Minimum wage (R\$ 788,00).

Table 5. Association between sociodemographic data and the Environment domain

Variables	Environment		p-Value*	p-Value [†]
	Dissatisfaction/uncertainty n (%)	Satisfaction n (%)		
<i>Gender</i>				
Male	14 (32.6)	20 (44.4)	0.252	
Female	29 (67.4)	25 (55.6)		
<i>Marital Status</i>				
Single	28* [†] (65.1)	15 (33.3)	0.003	0.008
Married/Divorced	15 (34.9)	30* [†] (66.7)		
<i>Children</i>				
Yes	9 (20.9)	14 (31.1)	0.277	
No	34 (79.1)	31 (68.9)		
<i>Work - Exclusive dedication</i>				
No	25 (58.1)	33 (73.3)	0.133	
Yes	18 (41.9)	12 (26.7)		
<i>Work - Dental surgeon</i>				
No	23 (53.5)	18 (40.0)	0.205	
Yes	20 (46.5)	27 (60.0)		
<i>Monthly income</i>				
Up to 2 MW	11 (25.6)	4 (8.9)	0.040	
2 to 4 MW	12 (27.9)	9 (20.0)		
>4 MW	20 (46.5)	32 (71.1)		
<i>Practice of some religion</i>				
Yes	40 (93.0)	39 (86.7)	0.325	
No	3 (7.0)	6 (13.3)		
<i>Frequency of religious practice</i>				
Never	2 (4.6)	5 (11.1)	0.497	
Rarely	5 (11.6)	5 (11.1)		
Sometimes	22 (51.2)	17 (37.8)		
Always	14 (32.6)	18 (40.0)		
<i>Consider yourself as religious</i>				
Yes	30 (69.8)	30 (66.7)	0.755	
No	13 (30.2)	15 (33.3)		
<i>Fellowship holder</i>				
Yes	24 (55.8)	17 (37.8)	0.090	
No	19 (44.2)	28 (62.2)		
<i>Postgraduate course</i>				
Master's	15 (34.8)	14 (31.1)	0.530	
PhD/Post-PhD	22 (51.2)	19 (42.2)		
<i>Postgraduate year</i>				
First	4 (9.3)	8 (17.8)		
First	2 (4.7)	4 (8.9)		

*Test χ^2 (*p<0,05); [†]Multinomial Logistic Regression ([†]p<0,05). Blank boxes indicate no significant association. MW - Minimum wage (R\$ 788,00).

This result differs from that found in a survey with postgraduate students in health sciences from *The American College Health Association's National College Health Assessment (ACHA-NCHA)*²⁸, which related the stress of postgraduate students to the postgraduate program environment. The finding of this study may be related to the timeliness of data collection, since the research was cross-sectional, not taking into account the relationship of activities with the period of all semesters of postgraduate studies.

Most women were classified in the region of dissatisfaction/uncertainty regarding the items covered in the Psychological domain, presenting a result similar to a study that evaluated the stress of UFRJ postgraduate students, with an association between female gender and stress being found²¹. Still, in a study carried out with postgraduate students from all over Brazil, the highest level of stress also occurred in females⁶. This finding can also be justified by the countless activities accumulated by women, such as household chores, taking care of the family, work activities, and postgraduate activities.

Among the aspects addressed in the Psychological domain are positive and negative feelings and spirituality. The result found, in which the majority of students who considered themselves religious was classified in the region of dissatisfaction/indifference as to the aspects addressed in this domain, can be explained by the relationship between religion, spirituality and personal beliefs, and QoL in people with compromised health^{26,29}, with *stricto sensu* postgraduate courses being a study program that demands too much from students, and may even generate psychosocial concerns²⁸.

The association between marital status and the Social Relations and Environment domains can be substantiated by the aspects addressed in both. Social support and sexual activity are related to the Social Relations domain, while the home

environment and financial resources with the Environment. Married individuals generally have these elements more adjusted. Such findings corroborate the study that aimed to investigate QoL by gender in patients with schizophrenia, exploring the occupational domain, in which marital status was the most relevant variable, and single women and men presented low QoL when compared to married couples³⁰.

Research in which the WHOQOL-bref has been applied to students of *stricto sensu* postgraduate programs in Dentistry is not frequent in the literature, including the analysis of each domain with this audience, which makes the present study relevant. However, this fact limits the comparison of results. The representativeness of 100% of the researched universe, the presence of students in all postgraduate years and the use of a cross-cultural instrument validated in Brazil to measure QoL are also relevant aspects of this study.

The results of the present paper must be interpreted in the light of the limitations of its cross-sectional design, which does not allow establishing the temporal precedence over the evaluated outcomes, as well as the non-representativeness for students enrolled in other postgraduate programs in Dentistry.

Future investigations involving other aspects relating to *stricto sensu* postgraduate students in Dentistry and QoL, as a longitudinal study, and which analyzes the issues listed in each domain, for investigations in different stages of postgraduate studies, or comparative studies between different institutions are needed.

5 CONCLUSIONS

The QoL of postgraduate students in Dentistry was measured in the region of satisfaction, which may be influenced by factors such as religiosity, year of postgraduate studies, gender and marital status. A careful look at the entire support network that involves

postgraduate students in Dentistry is suggested, such as the family, the course itself, in addition to their work activities, enabling greater support for the student, so that the period of the *stricto sensu* postgraduate course occurs with more QoL.

RESUMO

Qualidade de vida de estudantes de pós-graduação em Odontologia: uma análise por meio dos domínios do WHOQOL-bref

O objetivo do estudo foi avaliar a qualidade de vida (QV) dos estudantes de pós-graduação em Odontologia por meio dos domínios do *World Health Organization Questionnaire for Quality of Life-bref* (WHOQOL-bref). Trata-se de um estudo transversal, com 88 estudantes matriculados em um programa de pós-graduação em Odontologia. Os dados foram coletados entre junho e agosto de 2015, incluindo informações sociodemográficas e um questionário de qualidade de vida, o WHOQOL-bref. Foi realizada associação das informações sociodemográficas com os domínios do questionário utilizado e análise bivariada, seguida do modelo de regressão logística multinomial, sendo considerado significativo $p < 0,05$. A maioria (55,7%) dos estudantes foram classificados na categoria “satisfação” quanto à qualidade de vida. Entre os domínios, o maior escore encontrado foi para Relações Sociais ($15,23 \pm 2,72$), e o menor para o Físico ($12,82 \pm 1,56$). Houve associação da frequência da prática religiosa ($p=0,046$) e do ano da pós-graduação ($p=0,025$) com o domínio Físico; o sexo ($p=0,016$) e considerar-se religioso ($p=0,008$) com o domínio Psicológico; e o estado civil com os domínios Relações Sociais ($p=0,017$) e Meio Ambiente ($p=0,008$). A QV dos estudantes de pós-graduação em Odontologia foi mensurada na região de satisfação, podendo ser influenciada por fatores como religiosidade, ano da pós-graduação, sexo e estado civil.

Descritores: Qualidade de Vida. Odontologia. Educação de Pós-graduação em Odontologia

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