

## ORIGINAL ARTICLE

<https://doi.org/10.61910/ricm.v8i1.254>

# The disparity in the quality of life between the students of different health courses of a private college

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## ABSTRACT

**Introduction:** The cultural context and values in which the individual is inserted are related to their goals and expectations. One of the ways used by the World Health Organization to measure the quality of life of the population is through the WHOQOL, which analyzes functional capacity, pain, general health status, vitality, social and emotional aspects and mental health. By addressing the quality of life (QoL) among academics, reflections can be made that, when combined with theoretical and practical coursework, contribute to an overall improvement in QoL. **Objectives:** This study aims to analyze the differences in quality of life of health academics of a private college. **Method:** This is a quantitative, non-experimental and descriptive field research conducted in a private college. A sociodemographic questionnaire and the WHOQOL-BREF were used to assess student satisfaction and analyze the relationship between spirituality, religion, personal beliefs, and quality of life. Numerical variables were presented as mean  $\pm$  standard deviation and categorical variables as absolute and relative frequencies. To compare the results of the WHOQOL-BREF domains, ANOVA with multiple comparisons by Tukey test was used. To verify the association between WHOQOL-BREF questions and the courses, the chi-square test with simulated p-value was used. **Results:** Analyzing the students' profiles, it becomes evident that the quality of life is subjective and difficult to comprehend. **Conclusion:** Most of the students are satisfied with their quality of life, but differences in socioeconomic conditions among the Physiotherapy, Nursing, Medicine, and Psychology courses are relevant factors that contribute to disparities in quality of life.

**Descriptors:** Quality of life, Students, Mental Health.

## INTRODUCTION

The perception of an individual regarding their quality of life can vary depending on the cultural context and value systems in which they live, as well as in relation to their goals, expectations, standards, and concerns<sup>1</sup>. Quality of life is associated with various aspects of human existence in subjective and individual proportions, according to one's perspective<sup>2</sup>. Studying this theme in the healthcare field becomes essential to broaden health

promotion strategies in order to encompass the diversity of variables.

Mialich et al. (2014) emphasize Higher Education Institutions (HEIs) as suitable settings for the development of integrated health promotion actions<sup>3</sup>. The transition to college represents a significant phase regarding lifestyle, requiring an adaptation period during which students encounter moments of new responsibilities and common frustrations<sup>4</sup>. In this context, undergraduate courses in the healthcare field, due to their extensive workload and quantity of tasks, as well as the difficulty in balancing these factors, may negatively impact both academic and personal life and consequently, the student's quality of life<sup>5</sup>. Increased responsibility without adequate preparation can negatively affect adaptive capacity, leading to impairments in quality of life, social relationships, and even academic performance<sup>6</sup>. Stress can impair academic performance through decreased attention, concentration, and loss of decision-making abilities<sup>7</sup>.

The student possesses a subjective perception of their quality of life, primarily related to the socioeconomic factors surrounding them, making it valid to investigate how the context of different undergraduate courses in the healthcare field impacts this theme. Given the above, addressing quality of life among students allows for reflections that, combined with theory and practice in courses, contribute to an improvement in the student's own quality of life, as well as their learning and readiness for health guidance in their future professional practice. Stressful situations can arise both from a lack of basic repertoires to deal with certain situations and from external events that occur during the university period<sup>6</sup>.

Thus, this study aims to analyze the quality of life of students from different healthcare courses at a private HEI in Belo Horizonte–MG, comparing the sociode-

mographic profile of participants and possible associations with reported quality of life.

## METHODOLOGY

This is a quantitative, observational, descriptive, and cross-sectional field research. The quantitative method adopts a systematic, objective, and rigorous strategy to produce knowledge<sup>8</sup>. The study was carried out at Faculdade de Ciências Médicas de Minas Gerais, a private institution in Belo Horizonte, MG, which offers Nursing, Physiotherapy, Medicine, and Psychology courses. The following inclusion criteria were considered: students from all courses and periods, aged 18 years and older, and regularly enrolled. All research participants met the participation criteria. The exclusion criterion used would be irregular students in the course. It is worth noting that the Informed Consent Form (ICF) was described so that students were informed about the research and could agree or disagree with the questionnaire's continuation; thus, all participants completed this document before filling out the form.

In the first semester of 2019, there were 1772 enrolled students. The sample calculation was based on another study by Bolfarone et al.<sup>9</sup> using the WHOQOL-BREF questionnaire<sup>10</sup>, a manual consisting of 26 questions developed by the WHO to assess the relationship between spirituality, religion, and personal beliefs regarding health-related quality of life in a similar population. Applying a significance level of 5%, a margin of error of 2.06, and a standard deviation of 19.5, the sample size was 289 participants: 38 from Nursing, 33 from Physiotherapy, 166 from Medicine, and 52 from Psychology. The instrument applied has four domains: Physical, Psychological, Social Relationships, and Environment. The instrument was chosen for its objectivity and quick completion, with satisfactory psychometric characteristics. Since this research model does not address social and demographic aspects,

another questionnaire was designed to supplement the additional data.

The research was approved by the Ethics and Research Committee of the College under number: CAAE 09717119.0.0000.5134. Data collection took place from June to August 2019 through the “Survey Monkey” platform. It is of utmost importance to emphasize that the research was guided by the ethical principles outlined in resolution 466/2012 of the Ministry of Health<sup>11</sup>.

It was necessary to obtain the email addresses of class representatives from all periods and courses. They disseminated the questionnaire by forwarding the email to each student in their class. The invitation to participate contained the research title, objectives, a brief description, the researchers’ names, and a link to access the online questionnaire. Before filling out the form, the Informed Consent Form (ICF) was described to ensure that participants were aware and could agree or disagree with the questionnaire’s continuation. The same email was sent four times; the repetition served to reinforce the invitation and meet the sample calculation requirement. The “WhatsApp” application, a widely used social network with established class groups, further facilitated the distribution and access to questionnaires. Any form of student identification was blinded, ensuring participant anonymity.

Numeric variables were presented as mean  $\pm$  standard deviation, and categorical variables as absolute and relative frequencies. For data that followed non-parametric distribution, ANOVA with multiple comparisons by Tukey’s test was used to compare the results of WHOQOL-BREF domains. To verify the association between WHOQOL-BREF questions and courses, the Chi-square test with simulated p-value was used. The data were analyzed using the R software.

## RESULTS

This study involved 355 undergraduate students, mostly from the Medicine course, followed by Nursing, Psychology, and lastly Physiotherapy, with an average age of  $22.4 \pm 5.4$  years, predominantly female, white, single, residing with parents in their own home, without children, not working simultaneously with their undergraduate studies, religious, and in full-time study. Nursing and Psychology students, for the most part, were using scholarships or financing, according to Table 1.

**Table 1 - Descriptive analysis of sociodemographic data. Belo Horizonte, MG-2019.**

	n (%)
<b>Gender</b>	
Female	299 (84,2)
Male	56 (15,8)
<b>Age</b>	22,4 $\pm$ 5,4
<b>Color</b>	
Asian	2 (0,6)
White	208 (58,8)
Indigenous	1 (0,3)
Brown	131 (36,9)
Black	13 (3,7)
<b>Marital Status</b>	
Single	324 (91,3)
Common-law marriage	4 (1,1)
Marriage	23 (6,5)
Separated	1 (0,3)
Divorced	2 (0,6)
Widowed	1 (0,3)
<b>Lives with</b>	
With mother and/or father and/or siblings	267 (75,2)
With other(s) relatives	19 (5,4)
With a partner and/or child	25 (7,0)
With a friend(s)	26 (7,3)
Alone	18 (5,1)
<b>Residence</b>	

Owned	268 (75,5)
Rented	75 (21,1)
Other	12 (3,4)
<b>Child</b>	14 (3,9)
<b>Work</b>	
No	246 (69,3)
Extracurricular internship	59 (16,6)
Self-employed	10 (2,8)
Informal employed	11 (3,1)
Formal employed	29 (8,2)
<b>Religion</b>	241 (67,9)
<b>Course</b>	
Nursing	84 (23,7)
Physiotherapy	37 (10,4)
Medicine	177 (49,9)
Psychology	57 (16,1)
<b>Period</b>	4,7 ± 3,2
<b>Shift</b>	
Day time/full time	180 (50,7)
Mornings	100 (28,2)
Night	75 (21,1)

	Nurs.	Physio.	Med.	Psycho.
<b>Do you have a scholarship or student financing?</b>	54 (64,3)	15 (40,5)	21 (11,9)	33 (57,9)

Table 2 reveals that the majority of participants, across all courses, responded that they assess their quality of life as “Good.” Regarding health, the largest portion of students states being “Satisfied,” except for the Physiotherapy students, where the majority claim to be “Dissatisfied” with this criterion.

Table 3 revealed that there was no significant difference among students of the same course for the psychological and social relationship domains. However,

for the physical domain, there was a significant difference between Physiotherapy and Medicine students, indicating that Medicine students have better results while Physiotherapy students have inferior ones, as the p-value is below 0.05. This domain encompasses pain, discomfort, energy, fatigue, sleep, rest, daily activities, medication or treatment dependence, mobility, and work capacity.

Regarding the environmental domain, there was a significant difference between Medicine students and those from other courses. Thus, Medicine students exhibit an average of 73.5% with a standard deviation of 12.7, demonstrating a significant value compared to other courses. The environmental domain includes physical safety, protection, home environment, financial resources, healthcare and social care availability and quality, recreational and leisure opportunities, and physical environment (such as pollution, noise, traffic, climate, and transportation).

In Table 4, the responses indicate that the majority of Medicine students have sufficient income to meet their needs, unlike Psychology students, who predominantly claim to lack sufficient money to cover their expenses. Statistically, Medicine and Physiotherapy courses showed higher satisfaction regarding their living environment and access to healthcare services. Concerning transportation, dissatisfaction was more pronounced among Psychology and Nursing students. Regarding psychological well-being, a significant portion of students from all courses have experienced negative feelings during their academic journey, especially those in Physiotherapy.

Table 2 – Descriptive analysis of self-rated health by course. Belo Horizonte, MG–2019.

	Nursing	Physiotherapy	Medicine	Psychology
<b>How would you rate your quality of life?</b>				
Very bad	0 (0,0)	0 (0,0)	0 (0,0)	1 (1,8)
Bad	5 (6,0)	4 (10,8)	9 (5,1)	7 (12,3)
Not bad or good	29 (34,5)	8 (21,6)	8 (4,5)	11 (19,3)
Good	41 (48,8)	22 (59,5)	98 (55,4)	28 (49,1)
Very good	9 (10,7)	3 (8,1)	62 (35,0)	10 (17,5)
<b>How satisfied are you with your health?</b>				
Very unsatisfied	1 (1,2)	0 (0,0)	5 (2,8)	2 (3,5)
Unsatisfied	11 (13,1)	14 (37,8)	35 (19,8)	15 (26,3)
Not satisfied or unsatisfied	31 (36,9)	7 (18,9)	36 (20,3)	15 (26,3)
Satisfied	35 (41,7)	13 (35,1)	79 (44,6)	20 (35,1)
Very satisfied	6 (7,1)	3 (8,1)	22 (12,4)	5 (8,8)

Table 3 – Comparison of WHOQOL-BREF domains by course. Belo Horizonte, MG–2019.

	Nursing	Physiotherapy	Medicine	Psychology	Value-p <sup>A</sup>
Physical domain	61,4 ± 12,7	56,6 ± 16,8	64,5 ± 14,3	61,7 ± 14,1	0,014
Psychological domain	56,5 ± 15,4	54,4 ± 18,3	58,5 ± 16,9	56,1 ± 16,8	0,490
Social relationships	60,0 ± 18,8	64,2 ± 23,5	64,8 ± 19,8	61,7 ± 21,6	0,318
Environment	54,7 ± 13,1	61,1 ± 15,4	73,5 ± 12,7	55,4 ± 16,9	< 0,001

<sup>A</sup> ANOVA

Table 4 - WHOQOL-BREF questions with statistical relevance by course. Belo Horizonte, MG, 2019.

	Enf.	Fisio.	Med.	Psico.	Valor-p*
<b>Do you have enough money to provide your needs?</b>					< 0,001
Nothing	8 (9,5)	1 (2,7)	2 (1,1)	6 (10,5)	
Very little	22 (26,2)	8 (21,6)	7 (4,0)	16 (28,1)	
Medium	44 (52,4)	16 (43,2)	43 (24,3)	21 (36,8)	
A lot	9 (10,7)	7 (18,9)	70 (39,5)	10 (17,5)	
Completely	1 (1,2)	5 (13,5)	55 (31,1)	4 (7,0)	
<b>How satisfied are you with the conditions of the place where you live?</b>					< 0,001
Very dissatisfied	3 (3,6)	1 (2,7)	2 (1,1)	6 (10,5)	
Dissatisfied	5 (6,0)	3 (8,1)	9 (5,1)	7 (12,3)	
Neither satisfied neither dissatisfied	21 (25,0)	6 (16,2)	10 (5,6)	12 (21,1)	
Satisfied	32 (38,1)	10 (27,0)	54 (30,5)	23 (40,4)	
Very satisfied	23 (27,4)	17 (45,9)	102 (57,6)	9 (15,8)	
<b>How satisfied are you with your access to health services?</b>					< 0,001
Very unsatisfied	3 (3,6)	4 (10,8)	1 (0,6)	4 (7,0)	
Unsatisfied	12 (14,3)	4 (10,8)	8 (4,5)	14 (24,6)	
Not satisfied or unsatisfied	16 (19,0)	5 (13,5)	14 (7,9)	11 (19,3)	
Satisfied	37 (44,0)	12 (32,4)	50 (28,2)	14 (24,6)	
Very satisfied	16 (19,0)	12 (32,4)	104 (58,8)	14 (24,6)	
<b>How satisfied are you with your mode of transportation?</b>					< 0,001
Very unsatisfied	11 (13,1)	2 (5,4)	3 (1,7)	6 (10,5)	
Unsatisfied	17 (20,2)	6 (16,2)	12 (6,8)	17 (29,8)	
Not satisfied or unsatisfied	32 (38,1)	13 (35,1)	20 (11,3)	12 (21,1)	
Satisfied	19 (22,6)	11 (29,7)	58 (32,8)	19 (33,3)	
Very satisfied	5 (6,0)	5 (13,5)	84 (47,5)	3 (5,3)	
<b>How often do you have negative feelings such as feeling blue, despair, anxiety, or depression?</b>					0,006
Never	0 (0,0)	2 (5,4)	2 (1,1)	4 (7,0)	
Sometimes	27 (32,1)	7 (18,9)	69 (39,0)	21 (36,8)	
Often	27 (32,1)	10 (27,0)	48 (27,1)	13 (22,8)	
Usually	21 (25,0)	9 (24,3)	26 (14,7)	15 (26,3)	
Always	9 (10,7)	9 (24,3)	32 (18,1)	4 (7,0)	

## DISCUSSION

This study indicated that the majority of academics consider their quality of life to be good; however, this concept is difficult to grasp as it encompasses holistic aspects of physical, psychological, and social well-being. With so many aspects involved, it is natural for quality of life to influence personal and academic development.

Academic training in the healthcare field is complex, as students are immersed in unhealthy environments, facing double or triple workloads, and experiencing professional tensions on a daily basis<sup>13</sup>. It is expected that students satisfied with their quality of life and health will be more engaged in cultivating healthy habits to maintain their standards and consequently experience increasing physical and mental benefits, as well as a greater sense of well-being<sup>14,15</sup>.

The first data obtained from the sociodemographic questionnaire demonstrate the predominance of females in healthcare courses, similar to research on the topic, indicating that women are increasingly occupying spaces in higher education institutions<sup>5</sup>. In contemporary times characterized by sociocultural changes, women are gaining ground in the workforce and in universities, although they are still often seen as the primary caregivers at home. Thus, women face a series of challenges in their daily lives, such as multiple workloads, driven by the pursuit of their goals<sup>16</sup>.

The average age of the students was  $22.4 \pm 5.4$  years, a phase in which individuals tend to become more vulnerable to self-destructive behaviors, such as alcohol and drug use, as signals of support needs, which has repercussions in higher education institutions<sup>17</sup>. After young people enter universities, there is a significant change in routine—extensive hours, stressful environments, and competition—which can lead to anxiety and depression<sup>2,13,18</sup>. Given this, it is common for students to drop out of college, although this is also relat-

ed to financial situations, as some students choose not to study or reduce the time dedicated to undergraduate studies with the goal of entering the job market<sup>19</sup>. This fact, compared to other studies, contradicts the results of this institution, as the majority of students in the survey financially depend on their parents and do not need to work.

The Physiotherapy course reported lower quality of life compared to Medicine in the physical domain, which encompasses sensations such as pain, fatigue, the need for medication, and work performance. Physiotherapy education is very stressful, as in addition to the academic workload, many students undertake paid internships, leading to a hectic routine that negatively impacts physical well-being, such as reduced sleep time, fatigue, and medication dependence. Despite studying the human body and acquiring technical-scientific knowledge about physical activity and healthy habits, Physiotherapy students, according to their responses in the physical domain and previous research, tend to be more sedentary<sup>20</sup>.

The Medicine course revealed better results in the environmental domain, which includes safety, home environment, financial resources, leisure, pollution, noise, traffic, and climate. Satisfaction with financial resources stems from being a course where a large portion of students studied in private schools, with highly educated parents and a median family income of 3 to 10 minimum wages<sup>21</sup>. Despite the higher purchasing power, Medicine students, as demonstrated in the re-

sults, often experience negative feelings and consider stress as a normal element that can even promote desirable effects—tolerance, maturity, and stimulation for knowledge and skill improvement—but can also lead to frustrations<sup>12</sup>.

Students reported satisfaction with access to healthcare. Although the use of public healthcare services has increased, private service predominates. By observing the positive housing profile demonstrated, it is possible to infer that students are likely located in areas with good access to healthcare services, facilitating acquisition and resolution<sup>22,23</sup>. Regarding transportation, entering university causes changes in daily travel. Private transportation allows for greater comfort, speed, and agility, while public transportation requires more effort and longer waiting times due to system overload due to poor infrastructure. This situation justifies the dissatisfaction with the quality of life of students who depend on public transportation, experiencing greater daily wear and tear.

Like other research in the field of quality of life among healthcare students, this study supports the idea that the financial status of the student greatly influences their perception of satisfaction with their routine. Several analyses demonstrate that stress, depression, and anxiety are common feelings among healthcare students, with the main possible causal factors being lack of free time and excessive course demands, leading to sleep deprivation, lack of self-care, and fewer social interactions<sup>24,25</sup>. Despite the similarities with other studies, being a cross-sectional study, it is not possible to infer absolute causal relationships.

The study presented limitations in its formulation and execution. One point to consider is the sample limitation, as despite the research target being students from different healthcare courses at a private college, the sample space had a substantially higher prevalence of Medicine students, making the results less representa-

tive. Furthermore, as data from students from a college located in a state in the southeast region were analyzed, which has a higher income concentration, selection bias may have occurred, as the results may not be reproducible in other states. Finally, since the questionnaires were self-reported, memory bias may have occurred, as participants may present biased and distorted responses, reducing the reliability of the results.

## CONCLUSION

The students were predominantly female, white, young, single, living with their parents in their own homes, religious, not working simultaneously with their undergraduate studies, and studying full-time. They reported satisfaction with their quality of life and health. Differences arose in the physical domain between the other courses and Physiotherapy, where students reported having less energy for daily activities and relying on medications, complaining of lower performance and consequent dissatisfaction. In the environmental domain, among the other courses, Medicine students reported being more satisfied with their safety, home environment, financial resources, health, leisure, physical environment, including transportation.

Despite the statistical differences between some domains among the courses, it is worth noting that students live in various contexts that influence their quality of life. Addressing this concept during undergraduate studies is important because it is a period of academic and personal overload, with significant responsibilities. The experiences of university life contribute to greater self-awareness and self-fulfillment, which are crucial for the future healthcare professional. Thus, it is fundamental to raise awareness among students about the topic of quality of life, aiming for greater promotion of well-being and health among students.

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THE AUTHORS DECLARE THAT THERE IS NO CONFLICT OF INTERESTS IN RELATION TO THIS ARTICLE.