

Low Academic Performance and Its Effect on Quality of Life: A Study of Eastern Province Students

Dr Saba Firdos

Assistant Professor
Department of Clinical Neurosciences,
College of Medicine, King Faisal University,
Al- Ahsa, Kingdom of Saudi Arabia.
skhan@kfu.edu.sa, sabaphd@gmail.com

Mariam Abdulazizkhalid Alshehab

College of Medicine,
King Faisal University,
Al- Ahsa, Kingdom of Saudi Arabia

Rawan Salem Saleh Alkhammas

College of Medicine,
King Faisal University,
Al- Ahsa, Kingdom of Saudi Arabia

Ridha Mohammed Ahmed Alhussain

College of Medicine,
King Faisal University,
Al- Ahsa, Kingdom of Saudi Arabia

Farah Alghamdi

College of Medicine,
King Faisal University,
Al- Ahsa, Kingdom of Saudi Arabia

Fahad Khader Qubayl Alanazi

College of Medicine,
King Faisal University,
Al- Ahsa, Kingdom of Saudi Arabia

Dr Md Amanullah

Assistant Professor
Department of Clinical Neurosciences,
College of Medicine, King Faisal University,
Al- Ahsa, Kingdom of Saudi Arabia.
mail2amanullah@gmail.com

Abstract

Background:Quality of life can be defined as student's overall well-being, which is assessed by their physical, emotional, and mental health, as well as their social relationships, and ability to manage stress and challenges. Consequently, quality of life is a critical factor in students' academic performance and future professional success, as it reflects their ability to handle challenges, emotional resilience, and skill development.

Objective: To study the relationship between quality of life and poor academic performance through lying behavior among medical students.

Methodology:A cross-sectional study design was employed for this research by Using purposive sampling, with 407 medical students aged 18 to 24 (mean age: 20.2 ± 1.7 years). Data were collected via an online questionnaire, available in both English and Arabic, from February to March 2024. Statistical analyses were conducted using two-tailed tests, with a significance level set at 0.05; results were considered significant if the P value was less than or equal to 0.05.

Results: Notably, 194 students (47.7%) reported lying to their parents about their academic performance. Among those, 121 (62.4%) attributed their dishonesty to feelings of shame and incompetence, while 73 (37.6%) cited fear of punishment. The physical quality of life was significantly higher among students from rural areas than their urban counterparts ($M=66.8$ $SD=16.2$ vs. $M=63.5$ $SD=16.2$, $p\text{-value}=0.049$), similarly, 22-24 ($M=66.3$ $SD=16.8$ vs 65.8 $SD=16.4$, $p\text{-value}=0.019$) age group students having better physical quality of life than other age groups. Additionally, female students demonstrated a higher psychological quality of life than male students ($M=67.8$ $SD=11.4$ vs. $M=65.6$ $SD=13.2$, $p\text{-value}=0.048$). Students who lied due to feelings of shame and incompetence exhibited poorer psychological quality of life ($M=68.5$ $SD=11.2$) compared to those who lied due to fear of punishment ($M=65.3$ $SD=12.6$, $p\text{-value}=0.047$).

Conclusion: The study highlights that lower academic performance is associated with a reduced quality of life, particularly in the

psychological domain. Moreover, students who deceive their parents due to feelings of shame and incompetence face significant psychological distress. These findings emphasize the necessity for direct interventions that address the emotional well-being of students struggling academically and create supportive environments to enhance their quality of life.

Key Words: Quality of Life, Academic Performance, Lying Behavior

Introduction

Academic performance is one of the significant key indicators of students' achievements. The student's academic performance has always been a topic of serious concern because it plays an important role in their growth. Studies have shown that students' educational performance can predict their later occupational potential (Tartas et al., 2011). Many factors that affect academic performance, such as student characteristics, lifestyle, learning environments, and instruction activities, contribute to their achievement (House, 2002). Similarly, study skills, study habits, study attitudes, and motivation for study exhibit relationships with academic performance (Credé & Kuncel, 2008). Besides, quality of life is one of the essential strengths of the students, which supports them in sustaining their careers (Shareef et al. 2015). Quality of life (QOL) is a leading concept that represents experiences, states, appraisals, behaviors, capacities, and emotional reactions to circumstances (Skevington & Bounce, 2018). WHO defines "quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and concerning their goals, expectations, standards, and concerns" (WHOQOL, 2019). In other words, quality of life describes various aspects of a person's lifestyle, which may reflect their overall life satisfaction (Mazaheri, 2010; Campbell & Rogers, 1976). Research indicates a significant relationship between academic performance and quality of life (QOL) among students in various health professions due to high-intensity courses, heavy loads, and training. Indeed, it is vital to examine the quality of life of medical students due to the stress of college, heavy study loads, and stressful examinations (Backovic et al. 2013). One study reported

that the mental health domain of medical students' quality of life was poorer than physical health, particularly among female students (Sarwar et al. 2019). Similarly, medical students with depressive symptoms had lower scores in all domains of QOL, and female students had lower health-related quality of life (HRQL) than males (Paro et al. 2010).

Studies using the WHOQOL-BREF questionnaire have found that higher academic performance positively correlates with better QOL across physical, psychological, social, and environmental domains (Shareef et al. 2015; Chattu et al. 2020). However, low academic performance has been associated with impairment in the social domain of QOL (Díaz Cárdenas et al. 2017). Interestingly, the impact of QOL on academic performance appears consistent across different health disciplines, including medicine, dentistry, and nursing (Chattu et al. 2020). A study conducted in Riyadh, Saudi Arabia, among medical students, found an interplay between students' academic performance and their quality of life (Shareef et al. 2015). Similarly, study reported that overall quality of life has a positive connection with the academic performance of students in medical and health professions (Chattu et al. 2020). Studies using the WHOQOL-BREF questionnaire have found that higher academic performance positively correlates with better QOL across physical, psychological, social, and environmental domains. In this context, the current study aimed to investigate the impact of medical students' lying behavior (can be defined as academic dishonesty especially fake or misinterpretation about grades, due to fear of punishment or insult) on their quality of life due to low academic performance with the following objectives: To assess demographic information and the quality of life of students in the Eastern Province. To study the relationship between personal factors (lying behavior), demographic information, and various dimensions of quality of life among students in the Eastern Province.

Materials and Methods

A total of 407 medical students participated in the study between February to March 2024, using purposive sampling. The age of the students ranged from 18 to 24 years, with a mean age of 20.2 years.

and a standard deviation of ± 1.7 . Most participants were female students; 217 (53.3%) and 332 (81.6%) lived in urban areas. The data were collected through Google Forms. This online questionnaire was distributed to potential participants via email and other networking sites. Verbal consent was clearly stated in the questionnaire, and well-informed consent was taken from all medical participants before administering the questionnaire. An online questionnaire in both English and Arabic was prepared and distributed, containing two sections.

Demographic information and lying behavior of the students

The first part of the questionnaire, designed to obtain the students' characteristics, consisted of five items: the participants' age, gender, residence, and whether they had ever given false information to their parents about their academic performance or grades. If they had done so, the questionnaire also sought to understand the reasons behind this deception.

World Health Organization Quality of Life – BREF

WHOQOL-BREF is a self-administered, well-accepted cross-cultural questionnaire comprising various items for assessing four major domains: physical health, psychological health, social relations, and environment (Development of the World Health Organization, 1998; Skevington & Bounce, 2018). The questionnaire had various items with certain response options. These options were followed by a 5-point Likert scale and ranged from (very poor/not at all/very dissatisfied/ never) to (very good/entirely/very satisfied/always).

Procedure

The institutional review of the Deanship of Scientific Research of King Faisal University approved the study, reference number KFU-REC-2023-DEC-ETHICS1708. The students were informed about the purpose of the research and all the participants were assured that the results would remain confidential and be used only for the study. For the collection of data, a self-reported questionnaire was distributed via email and social networking accounts to the potential participants. No specific identifying questions were asked through the questionnaire.

Data analysis

The data were collected, reviewed, and then fed to Statistical Package for Social Sciences version 26 (IBM Inc., Armonk, NY, USA). All statistical methods were two-tailed with an alpha level of 0.05, considering significance if the P value is less than or equal to 0.05. Descriptive analysis was done by prescribing frequency distribution and percentage for study variables, including students' personal data, residence, academic performance data, and quality of life items frequency distribution. The mean score with standard deviation and range was used to display transformed scores for different QoL domains. Cross tabulation for showing the relation between students' personal data and academic performance with their QoL based on independent samples t-test and One-Way ANOVA with post hoc test for categories differences..

Results

Table 1. Personal characteristics of Eastern Province Medical students, Saudi Arabia (n=407)

Personal Data	N	%
Age in Years		
18-19	167	41.0%
20-21	160	39.3%
22-24	80	19.7%
Mean $\pm$ SD	20.2 $\pm$ 1.7	

Personal Data	N	%
Gender		
<i>Female</i>	217	53.3%
<i>Male</i>	190	46.7%
Residence		
<i>Urban</i>	332	81.6%
<i>Rural</i>	75	18.4%
Have you ever lied to your parents in terms of your academic performance/grades?		
<i>Yes</i>	194	47.7%
<i>No</i>	213	52.3%
If yes, why did you lie?		
<i>Fear of punishment</i>	73	37.6%
<i>Feeling of shame and incompetence</i>	121	62.4%

A total of 407 students participated in the study, with ages ranging from 18 to 24 years and a mean age of 1.7 ± 20.2 years. Of the participants, 217 (53.3%) were female, and 332 (81.6%) lived in urban areas. Besides, 194 (47.7%)

students admitted to lying to their parents about their academic performance. Among those who lied, 121 (62.4%) did so due to feelings of shame and incompetence, while 73 (37.6%) reported fear of punishment as their reason. (Table 1).

Table 2. Quality of Life among Eastern Province Medical Students,SaudiArabia

Domain	Items	Options	Response	Percentage
Overall Quality of Life and General Health	How would you rate your quality of life?	Very poor	13	3.2%
		Poor	26	6.4%
		Neither poor nor good	97	23.8%
		Good	140	34.4%
		Very good	131	32.2%
	How satisfied are you with your health?	Very dissatisfied	19	4.7%
		Fairly Dissatisfied	58	14.3%
		Neither satisfied nor dissatisfied	117	28.7%
		Satisfied	132	32.4%
		Very satisfied	81	19.9%
Physical Quality of Life	How healthy is your physical environment?	Not at all	21	5.2%
		Slightly	69	17.0%
		Moderately	133	32.7%
		Very	113	27.8%
		Extremely	71	17.4%
	To what extent do you have the opportunity for leisure activities?	Not at all	20	4.9%
		Slightly	85	20.9%
		Moderately	127	31.2%
		Very	106	26.0%
		Extremely	69	17.0%
	How satisfied are you with your sleep?	Not at all	46	11.3%
		Slightly	118	29.0%
		Moderately	104	25.6%
		Very	79	19.4%
		Extremely	60	14.7%

Domain	Items	Options	Response	Percentage
Psychological Quality of Life	How much do you enjoy your life?	Not at all	6	1.5%
		Slightly	26	6.4%
		Moderately	125	30.7%
		Very	137	33.7%
		Extremely	113	27.8%
	To what extent do you feel your life to be meaningful?	Not at all	9	2.2%
		Slightly	41	10.1%
		Moderately	110	27.0%
		Very	141	34.6%
		Extremely	106	26.0%
	How well are you able to concentrate?	Not at all	17	4.2%
		Slightly	73	17.9%
		Moderately	134	32.9%
		Very	126	31.0%
		Extremely	57	14.0%
	How satisfied are you with yourself?	Not at all	34	8.4%
		Slightly	64	15.7%
		Moderately	116	28.5%
		Very	105	25.8%
		Extremely	88	21.6%
	How often do you have negative feelings such as blue mood, despair, anxiety or depression?	Not at all	18	4.4%
		Slightly	59	14.5%
		Moderately	118	29.0%
		Very	118	29.0%
		Extremely	94	23.1%
Social Quality of Life	How satisfied are you with the support you get from your friends?	Not at all	31	7.6%
		Slightly	62	15.2%
		Moderately	95	23.3%
		Very	123	30.2%
		Extremely	96	23.6%

Table 2. Quality of life among study students, Eastern Province, Saudi Arabia. Generally, ‘n 271 (66.6%)’ of the study students rated their quality of life as good/very good, and ‘n 213 (52.3%)’ were satisfied with their health. As for the physical quality of life, ‘n 184 (45.2%)’ feel a healthy physical environment, ‘n 175 (43%)’ have high opportunities for leisure activities, and ‘n 139 (34.1%)’ are satisfied with their sleep. Considering the psychological quality of life, ‘n 250 (61.5%)’ highly enjoy their life, ‘n 247 (60.6%)’ feel their life to be meaningful, ‘n 193 (47.4%)’ are satisfied with themselves, and ‘n 183 (45%)’ can concentrate. On the other hand, ‘n 212 (52.1%)’ have negative feelings such as blue mood, despair, anxiety, or depression. As for the social quality of life, ‘n 219 (53.8%)’ of the study students were satisfied with the support they got from their friends.

Figure 1. Quality of life level among EasternProvince Medical Student,SaudiArabia

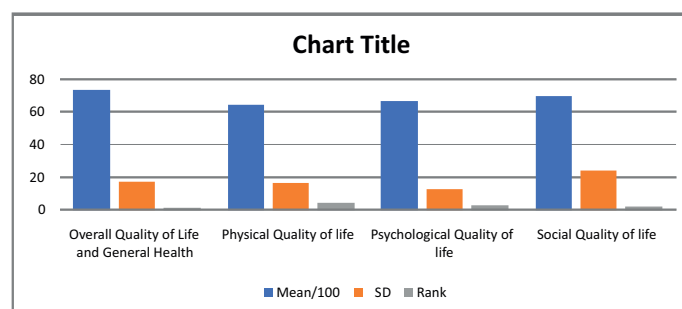


Figure 3. Showing the highest scores for students were on overall quality of life and General Health perception (73.5 ± 17.6), followed by social quality of life (69.4 ± 24.4). Psychological quality of life was (66.8 ± 12.3) and the lowest score was for physical quality of life (64.1 ± 16.2).

Table 3. Personal factors and Academic Performance revelation with Quality of Life among Eastern Province Medical student, Saudi Arabia

Factors	Overall Quality of Life and General Health		Physical QoL		Psychological QoL		Social QoL	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age in years								
18-19	72.5	18.7	61.4	15.4	67.2	12.5	71.9	22.7
20-21	73.6	16.5	65.8	16.4	65.5	11.9	67.9	25.3
22-24	75.3	17.2	66.3	16.8	68.6	12.8	67.3	25.7
p-value	0.500		0.019*		0.151		0.230	
Gender								
Male	72.6	17.0	63.8	15.6	65.6	13.2	69.4	24.7
Female	74.2	18.1	64.4	16.7	67.8	11.4	69.4	24.2
p-value	0.342		0.694		0.048*		0.989	
Residence								
Urban	73.9	17.8	63.5	16.2	66.5	12.7	69.6	24.7
Rural	71.7	16.6	66.8	16.1	68.2	10.5	68.5	23.1
p-value	0.345		0.049*		0.266		0.738	
Have you ever lied to your parents in term of your academic performance/grades?								
Yes	72.0	17.7	64.8	16.6	66.5	12.2	68.4	25.1
No	74.8	17.4	63.5	15.9	67.0	12.5	70.3	23.7
p-value	0.111		0.395		0.679		0.414	
If yes, why you lied?								
Fear of punishment	73.0	18.3	66.8	17.1	68.5	11.2	68.2	26.0
Feeling of shame and incompetent	71.4	17.3	63.7	16.3	65.3	12.6	68.4	24.7
p-value	0.541		0.213		0.047*		0.955	

*P: Independent samples t-test#: One-Way ANOVA * $P < 0.05$ (significant)*

Physical quality of life (QoL) was significantly higher among students in rural residences than those from urban residences (66.8 vs. 63.5, respectively; p -value = 0.049). Psychological QoL was significantly higher among female students than males (67.8 vs. 65.6, respectively; p -value = 0.048) and among students who lied about their academic performance due to fear of punishment than others who lied due to feelings of shame and incompetence (68.5 vs. 65.3, respectively; p -value = 0.047). Social QoL and general health issues were insignificantly affected by the student's personal characteristics or academic performance.

Discussion

The study aims to investigate the impact of low academic performance through lying behavior on the quality of life among students in the Eastern region. For the study, selected students were divided into two groups: one admitted to lying to their parents about their academic performance, while the other did not. Most of the students who lied about their grades reported feelings of shame and incapability, while a smaller group lied out of fear of punishment. Furthermore, there were significant differences between these groups, indicating that students who lied due to feelings of shame and inadequacy had

poorer psychological quality of life than others. Academic dishonesty, especially fake or misinterpreting grades, is prevalent among students. This phenomenon can be attributed to the high expectations and standards set by parents for their children. It has been reported that motivations for deception include emotional factors and self-protection, while, to some extent, aggression motives. The results also showed an effect on gender, class, economic status, and parents' education domains of deceptive motives (Shaheen & Sarhan, 2020). Similarly, parental and teacher pressure, along with academic anxiety, can contribute to cheating behaviors (Sarita, 2015). Studies have shown that there is a correlation between cheating in education and dishonesty in personal life. Maintaining a good image and spending a lot of time partying may be the reason for this (Zimny et al. 2008).

Interestingly, lying may have some academic benefits up to a certain level, but excessive dishonesty can negatively impact performance (Swaminathan et al. 2021). Factors such as gender, class, economic status, and parental education level can influence deceptive motives (Sarita, 2015). The prevalence of academic dishonesty is high, with one review reporting a mean rate of 70% for total cheating (Zimny et al. 2008). Besides, counterproductive approaches may worsen the situation; for example, when parents use punitive measures, such as physical punishment, to address poor grades or other academic issues, they can inadvertently discourage honesty and open communication. This approach may lead them to hide their true academic performance out of fear of punishment (Elarousy & Shaiqi, 2017).

On the other hand, high grades may contribute to students' better quality of life and improved health (Kamtsios, 2023), and low academic performance has been associated with impairment in the social domain of QOL (Díaz Cárdenas et al. 2017). The impact of QOL on academic performance appears consistent across different health disciplines, including medicine, dentistry, and nursing (Chattu et al. 2020). Regarding this study's physical quality of life, many students reported feeling physically healthy, which is essential for overall well-being. Furthermore, engaging in physical activity enhances physical QoL and influences

other aspects of QoL (Gill, 2013). Students also reported having opportunities for leisure activities, which can improve their overall quality of life (Ahmad, 2022). Another significant finding is the relationship between sleep quality and QoL. A study conducted at Alfaisal University in Riyadh revealed that many students reported poor sleep quality, which correlated with mental and physical health-related quality of life. Moreover, students with good sleep hygiene demonstrated better academic performance (Alhousseini et al. 2022). More than half of the students in this study reported experiencing enjoyment and finding meaning in their lives. However, one study showed that approximately half of the students also reported experiencing negative emotions such as low mood, despair, anxiety, and depression (Chattu et al. 2020). These findings align with previous research showing a relationship between QoL and academic performance, where a higher GPA correlates with increased spirituality, intellect, drive, self-esteem, and reduced depression. (Naidu 2002; Hershner & Chervin, 2014).

In support of social quality of life, half of the students expressed satisfaction with the support received from their friends and the reciprocal support they provide. Research indicates that having friends influences QoL positively (Shareef et al. 2015). Factors affecting the quality of life among students in the Eastern Province of Saudi Arabia vary across the different domains. Significant differences were observed in students' physical quality of life between those residing in rural and urban areas; students who were connected to rural showed a higher physical quality of life than students who were 22-24 years also showed the same results. Research indicates that students from rural residences generally reported higher physical QoL than their urban counterparts. Additionally, studies have shown that males exhibit higher physical activity levels across all age groups than females. However, there is a concerning trend of declining physical activity among males at a faster rate than among females (Anwar, et al. 2012).

Our data indicates that psychological quality of life tends to be significantly higher among female students than males in the Eastern Province of Saudi Arabia. Studies have found that females generally report a higher QoL score than males

despite facing various psychosocial stresses and hormonal differences. These factors may contribute to the perception of better psychological well-being among female students (Rania et al. 2022). Conversely, male students are more susceptible to externalizing disorders, such as substance abuse and abnormal behavior disorders. These issues can negatively impact their psychological QoL, leading to lower reported scores than females. The prevalence of externalizing disorders among male youths may contribute to their lower psychological QoL scores when compared to their female counterparts (Rania et al. 2022).

Understanding the gender differences in psychological QoL among students is crucial for developing targeted interventions and support systems to address the unique needs of both male and female students. Helping male students to cope with social and emotional stress can improve their mental health. Providing the right resources can also make their overall quality of life better.

Limitation and implications

The study has limitations, such as selecting only medical students; other fields could have provided some interesting findings. Similarly, the particular province may limit the generalization of the results. The results would have been explorative if other parameters or dimensions had been investigated. It is highlighted that quality of life and its associated factors are essential for students' growth in the educational setting. It recommended that universities and stakeholders be encouraged to design and implement strategies for low-performance students to enhance their QOL.

Conclusion

The findings of this study highlight that lower academic performance is associated with a diminished quality of life, particularly in the psychological domain. Female students tend to experience better psychological well-being than their male counterparts, and students from rural areas report a higher overall quality of life compared to those from urban settings. Moreover, students who deceive their parents due to feelings of shame and incompetence face significant psychological distress. These results emphasize the need for targeted interventions that address the

emotional well-being of students struggling academically and the creation of supportive environments to enhance their quality of life.

Funding

This study was supported by the Deanship of Scientific Research and the Vice President for Graduate Studies and Scientific Research at King Faisal University, Al-Hasa, Saudi Arabia. Grant No: KFU253033

Reference:

- Ahmad, Nafis, Muhammad, Azhar., R., Aldaheri., Y., Alqurashi., W., Alalyani., Albandari, Albandar. (2022). Impact of physical activities on quality of life among female medical students in King Abdulaziz University. *Medical science*, 26(116):1-1. doi: 10.54605/diss/v26i116/ms36e2063
- Alhusseini, Noara G Ramadan, Majed G Almasry, Yazan G Atout, Miral G Hamsho, Khaled G Mahmoud, Mariam G Alnasser, Sara G Shakir, Ismail. (2022). Effects of Sleep Quality on Academic Performance and Psychological Distress Among Medical Students in Saudi Arabia. *Health Scope*. 11.10.5812/jhealthscope-123801.
- Anwar, Al-Nua'im., Yahya, Al-Nakeeb., Mark, Lyons., Hazzaa, M., Al-Hazzaa., Alan, M., Nevill., Peter, Collins., Michael, J., Duncan. (2012). The Prevalence of Physical Activity and Sedentary Behaviours Relative to Obesity among Adolescents from Al-Ahsa, Saudi Arabia: Rural versus Urban Variations. *Journal of Nutrition and Metabolism*, 2012:417586-417586. doi: 10.1155/2012/417586
- Backovic DV, Maksimovic M, Davidovic D, Zivojinovic JI, Stevanovic D. Stress and mental health among medical students. *Srp Arh Celok Lek*. 2013;141(11-12):780-4
- Campbell ACP, Rogers WL. The quality of American life: perceptions, evaluations, and satisfactions. 1976
- Chattu VK, Sahu PK, Seedial N, Seecharan G, Seepersad A, Seunarine M, Sieunarine S, Seymour K, Simboo S, Singh A. An exploratory study of quality of life and its relationship with academic performance

- among students in medical and other health professions. *Medical Sciences*. 2020 Jun 9;8(2):23.
- Credé M, Kuncel NR. Study habits, skills, and attitudes: the third pillar supporting collegiate academic performance. *Perspect Psychol Sci*. 2008;3(6):425–453.
 - Development of the World Health Organization. WHOQOL-BREF quality of life assessment. The WHOQOL Group. *Psychol Med*. 1998;28(3):551–8.
 - Díaz Cárdenas S, Martínez Redondo M, Zapata Teherán AM. Academic performance and quality of life related to health in dentistry students. *Revista Salud Uninorte*. 2017 Aug;33(2):139–51.
 - Elarousy W, Shaqiqi W. Effect of physical abuse on academic achievement among secondary school female students in Jeddah. *Journal of Community & Public Health Nursing*. 2017;3(2).
 - Gill, D. L., Hammond, C. C., Reifsteck, E. J., Jehu, C. M., Williams, R. A., Adams, M. M., Lange, E. H., Becofsky, K., Rodriguez, E., G Shang, Y. T. (2013). Physical activity and quality of life. *Journal of preventive medicine and public health = Yebang Uihakhoe chi*, 4C Suppl 1(Suppl 1), S28–S34. <https://doi.org/10.3661/jpmph.2013.46.S.S28>
 - Hershner, S.D.; Chervin, R.D. Causes and consequences of sleepiness among college students. *Nat. Sci. Sleep* 2014, 6, 73–84. [CrossRef]
 - House JD. The independent effects of student characteristics and instructional activities on achievement: an application of the inputenvironment-outcome assessment model. *Int J Instr Media*. 2002;29(2): 225–239.
 - Kamtsios S. The Interplay of Academic Hardiness, Passion for Studies and Affective Experiences in Undergraduates' Happiness and GPA Scores: a Person-Oriented Approach. *Psychological Studies*. 2023 Sep;68(3):359–73.
 - Mazaheri M. Overall, and specific life satisfaction domains: preliminary Iranian students norms. *Iran J Public Health*. 2010;39(2):89–94
 - Naidu, R.S.; Adams, J.S.; Simeon, D.; Persad, S. Sources of stress and psychological disturbance among dental students in the West Indies. *J. Dent. Educ*. 2002, 66, 1021–1030.
 - Paro, H.B.; Morales, N.M.; Silva, C.H.; Rezende, C.H.; Pinto, R.M.; Morales, R.R.; Mendonça, T.M.S.; Prado, M.M. Health-related quality of life of medical students. *Med. Educ*. 2010, 44, 227–235.
 - Rania, E., Mufti., Raghad, O, Aljohani., Shuhrah, M, Kaiwa., Ghaida, T, Alharbi., Lujain, A, Aldarsi., Shadha, M, Jorob., Daliyah, A, Al, Qulaiti., Fahad, S, Al-Shehri.(2022).Psychologicalwell-beingand its effectonsuicidalbehavioramongmedicalstudentsinMadinah.*Medicalscience*,26(126):1-6.doi:10.54605/disssi/v26i126/ms464e2541
 - Sarita RD. Academic cheating among students: Pressure of parents and teachers. *International Journal of Applied Research*. 2015;1(10):793–7.
 - Sarwar, S.; Aleem, A.; Nadeem, M.A. Health Related Quality of Life (HRQOL) and its correlation with academic performance of medical students. *Pak. J. Med Sci*. 2019, 35, 266.
 - Shaheen. M. A. & Sarhan. K. A. A: Motives Behind Resorting to Lying among High School Students at Public Schools in Ramallah and El-Bireh, 2020, Retrieved: <https://api.semanticscholar.org/CorpusID:226752283>
 - Shareef, M.A., AlAmodi, A.A., Al-Khateeb, A.A. et al. The interplay between academic performance and quality of life among preclinical students. *BMC Med Educ* 15, 163 (2015). <https://doi.org/10.1186/s12606-015-0476-1>
 - Skevington, S.M.; Bounce, J.R. How is Subjective well-being related to quality of life? Do we need two concepts and both measures. *Soc. Sci. Med*. 2018, 206, 22–30. [CrossRef] [PubMed]
 - Swaminathan, J., Krishna, G.S., Jose, E., & Rico-Bautista, D. Does Lying Help in Academia? A survey based analysis among Indian students. 2021 Fifth World Conference on Smart Trends in Systems Security and Sustainability (WorldS4), 123–127.

- Tartas M, Walkiewicz M, Majkiewicz M, Budzinski W. Psychological factors determining success in a medical career: a 10-year longitudinal study. *Med Teach*. 2011;33(3):e163– 172 doi: 10.3109/0142159x.2011.544795
- WHOQOL: Measuring Quality of Life. Available online: <http://www.who.int/healthinfo/survey/whoqolqualityoflife/en/> (accessed on 16 May 2019)
- Zimny, S.T., Robertson, D.U., & Bartoszek, T. Academic and Personal Dishonesty in College Students. *North American Journal of Psychology*, (2008) 10, 291.