





Original Article

The impact of health literacy, sense of purpose, and self-compassion on the quality of life of students at the Islamic Azad University branches in Tehran

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Abstract

Background: The current investigation set out to investigate the effects of compassion for oneself, sense of mission, and health knowledge on the standard of life of students at the Tehran campuses of Islamic Azad University.

Method: The present research used a correlational and descriptive approach. All master's and doctorate students in humanities fields (literature, history, philosophy, and sociology) enrolled in the Islamic Azad University branches in Tehran during the 2024–2025 academic year, totaling over 50,000 students, made up the estimated population. The World Health Organization Quality of Life questionnaire, the Ryff goal in life scale, the Neff self-compassion scale, and the Montazeri et al. health awareness questionnaire were among the instruments used for gathering the data. Following the completion of the surveys, structural equation modeling tests and SPSS-24 and Smart-PLS software were used to evaluate the data.

Results: The findings showed that students' quality of life is substantially enhanced by health knowledge, compassion for oneself, and a sense of purpose. In particular, students' quality of life was higher when they had greater levels of compassion for oneself, goals, and health awareness.

Conclusion: Enhancing these variables among students can contribute to improving their quality of life, and these variables have a major impact in enhancing the quality of life of students.

Keywords: Health Literacy; Quality of Life; Self-Compassion; Tehran.

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Introduction

Students are considered the future assets of every country. Training capable human resources to meet the diverse cultural, social, economic, welfare, and political needs of society is among the most important responsibilities of academic institutions and scientific-educational

establishments (1). The quality of university life of students, as active groups of society, significantly affects the learning and enhancing scientific knowledge and academic success. The quality of life of students has multiple dimensions including educational, physical, psychological,

behavioral, research, socio-cultural, welfare, recreational, economic, foresight, and individual growth (2). In other words, the standard of living of pupils indicates their level of satisfaction with student life. Based on studies, students' level of satisfaction with standard of living significantly affects the standard of their learning and, overall, improves the quality of the university system and higher education (3).

Numerous research has looked at the variables influencing the standard of living and academic and social growth of students since university life is considered one of the golden periods of transition to adulthood. The results of these studies have indicated the impact of students' social, personal, cultural, economic, ethical, value, and psychological interests on their academic growth (4). Although attending university provides a good opportunity for students' individual growth, students are under a lot of stress because of economic difficulties, time constraints, academic activities, creating new social relationships, and various problems in choosing a job. This issue significantly affects their well-being and quality of life (5).

Based on the outcomes of a research by Khaleghi et al., health literacy can significantly enhance students' physical and mental well-being as well as their quality of life (6). Health is only one aspect of quality of life. Stated differently, the standard of life in relation to health is a multifaceted term. The physical dimension, psychological and social dimensions are also vital. In other words, the results of life quality can be considered in two dimensions subjective and objective. The results of some studies have revealed socio-economic problems and several physiological changes in old age (7).

Health literacy is one of the key elements that influences people's quality of life. Health habits have been found to be significantly influenced by health literacy. Numerous research has shown how health

literacy influences patients' comprehension of their illness, compliance with medical advice, and capacity to direct the healthcare system (8). The ability to evaluate, filter, and use data regarding one's own life is a component of health literacy. In order for the advocacy of health literacy to go beyond compliance concerns, it is imperative that the problem of power be made clear in the conversation about health literacy. It has been stated that the lack of attention to empowerment is one of the reasons for the failure of major literacy efforts worldwide. This is true for many efforts in the area of health education, especially on women, gender, and reproduction (9).

In order to educate and promote the health of individuals in society, health literacy—a social aspect of health—is essential. Additionally, it's regarded as a way to enhance health results and lessen health disparities. Health literacy is also known as a multidimensional construct that combines functional, interactive, and critical literacy levels (10). Health literacy is a crucial factor in people's health behaviors and outcomes. Inadequate health literacy is one of the major problems in the world. Some studies have proven that the hospitalization rate is lower in people with higher health literacy (11).

Additionally, research has shown that a lack of health awareness is linked to either excessive or insufficient utilization of health care (12). Many studies have been conducted on health literacy in different population groups worldwide. Despite the appropriate age of students and the health of this group, they face several challenges when changing their living environment and lifestyle. It can lead to risky social and health behaviors and health risks for them. Studies on the effect of age on health literacy have yielded different results. However, some studies have indicated that older people have inadequate health literacy (13). Given the studies conducted on quality of life, it can be stated that a feeling of goals can be relevant to the quality of life

of people. Purposefulness means having goals and objectives that give direction and meaning to one's life. One's beliefs about having a goal and meaning in life are considered to be one of the most important components of psychological well-being. A person with emotional health and well-being has a direction and purpose in life, and his goals guide and determine his methods and activities. One must give meaning to his present and past, match them with each other, and integrate them to have a feeling of goals and direction in life. This feeling governs every element of a person's life and can be observed in his activities and functions (14). Purposefulness and having a specific and known goal protect him from a tendency toward risky behaviors, anxiety, depression, and stress in addition to giving a sense of identity for him (15, 16).

The utilization of preventative healthcare is also directly linked to health awareness (17). Other studies have indicated that limited health literacy leads to low health knowledge, poor health outcomes, and poor self-management skills in people (18). Self-compassion is a novel concept that offers a fresh perspective on and means of advancing human welfare. An increasing amount of research suggests that compassion for oneself is linked to favorable results in a variety of psychological performances, such as elevated good mood and decreased negative mood, reduced severity of depressive symptoms, and reduced anxiety symptoms (19).

Persons who are compassionate with oneself report being happier, being more satisfied with their lives, having less negative influence, and having fewer signs of psychological discomfort (such as depression and anxiety) than persons who are not (20, 21). In elderly people's lives, self-compassion is essential. The way that older adults perceive their diseases also has a significant impact on their mental health.

A caring attitude might offer a gentle way to embrace many of the consequences of growing older (22).

Nowadays, students are considered one of the most crucial groups of society due to their important role in governing the future of the country. Considering their important role and their special social status, this group is exposed to a high level of stress. These stresses include the difficulty of working in the academic environment, tensions, and expectations of society from them, the ambiguity of the future business environment, and distance from family and dormitory problems. Stress causes unpleasant damage to the psyche and body of students in the long term. According to Montazeri et al., 71.7% of students experience stress, 39.5% experience anxiety, and 51.6% experience depression (23). The fundamental purpose of the current investigation, given the research's history, was to assess the link between students' quality of life and health awareness and a feeling of objectivity, with the mediating roles of self-care, compassion for oneself, and life's value. What impact do compassion for oneself, a feeling of objectivity, and health awareness have on students' quality of life at the Islamic Azad University of Tehran? was the main issue of the current research.

Methods

Research environment and population

This study was an applied type regarding the purpose and descriptive-correlational type regarding data collection and analysis method. Its objective was to develop a model of the link between health awareness and a sense of mission among students from Islamic Azad University in Tehran, taking into account the mediating roles of self-care, compassion for oneself, and the value of life. The method of data collection was library and field. To collect data in this study, a health literacy questionnaire, sense of purpose questionnaire, quality of life questionnaire, self-care questionnaire, self-

compassion, questionnaire, and meaning of life questionnaires were used. Following the acquisition of the required licenses, the researcher made reference to the Islamic Azad University of Tehran's master's and doctoral students studying the humanities during the 2024–2025 academic year. Then, using multi-stage cluster sampling, 384 of them were chosen at random to complete the questionnaires. Data were then gathered, and SPSS-24 and Smart-Pls statistical tools were used to evaluate the material. The following tools were also used.

Data collection method

26 items measuring physical, mental, social, and environmental health constitute the World Health Organization's abbreviated version of the Quality of Life Questionnaire (1). Azizi et al. developed this questionnaire in Iran. The internal consistent value of this questionnaire was found to be 0.82 for the physical health subscale, 0.75 for mental health, 0.77 for social health, and 0.80 for environmental health (1). The questionnaire's internal consistency, half-split-half, and test-retest coefficients were 0.67, 0.84, and 0.84, respectively, according to Azizi et al. (1). According to research on the short form of this questionnaire's psychometric qualities, it has adequate dependability, internal consistency (Cronbach's alpha: 0.80 for physical health, 0.76 for psychological health, 0.66 for social relationships, and 0.80 for environmental health), and discriminant validity and content validity. The scores for questions 3, 4, and 26 are inverted. The total of the answers to the questionnaire's questions 3–4–10–15–16–17–18 yields the physical health subscale score. This subscale had a score range of 7 to 35, with a distinction of 28 between the two. The total of the answers to the questionnaire's questions 5–6–7–11–19–26 yields the psychological health subscale score. This subscale has a score range of 6 to 30, with a variance of 24 between the two. The total of the answers to questions

20–21–22 on the questionnaire determines the social connection subscale score. This subscale has a score range of 3 to 15, with a distinction of 12 between the two. The total of the answers to the questionnaire's questions 8–9–12–13–14–23–24–25 yields the social setting subscale score. This subscale had a score ranging from 8 to 40, with a 32-point distinction among the two. Quality of life and general health score is calculated by adding the answers to questions 1 and 2 in the questionnaire. This subscale had a score range of 2 to 10, with an 8-point variance among the two. After obtaining the raw scores for each subscale, we must convert it to a standard score from 0 to 100. We calculate it based on the following formula.

Health literacy questionnaire: In this study, health literacy is obtained from the score of respondents from the implementation of the standard 33-question questionnaire by Montazeri et al., which is on a Likert scale with five dimensions (access involves items 1 to 6, reading skills involves items 7 to 10, comprehension involves items 11 to 17, evaluation involves items 18 to 21, and making choices and the use of health data includes items 22 to 33). Its reliability in this study was obtained at 0.89 (23, 24).

Purpose in life questionnaire: To measure this variable, the short form of the mental stability scale developed by Ryff & Keyes was used. This questionnaire includes 18 questions. The questions of the purpose in life dimension are questions 5, 14, and 16. They are scored on 5 levels from strongly agree to strongly disagree. The short form of the mental stability scale was created by Ryff & Keyes and reconsidered in 2002 (25). This questionnaire's 120-question original form served as the basis for its condensed version. The six components of this version are self-acceptance, independence, environmental mastery, personal development, constructive interpersonal relationships, and a sense of goal in life. According to Assadi Gandomani et al., the test's agreement with the questionnaire's 84-item scale ranged

from 0.70 to 0.89 (26). Using Cronbach's alpha, Khosravi et al. in Iran found that the scale's internal consistency was 0.51, 0.76, 0.75, 0.53, 0.73, and 0.72 for the components of self-acceptance, environmental mastery, positive relationships with others, having an objective in life, development as a person, and independence, respectively. Additionally, they stated that this scale's total Cronbach's alpha was 0.71 (27).

Neff Self-Compassion Scale (2003): Neff developed the self-compassion scale in 2003. It has 26 items scored on a five-point Likert scale (almost never to almost always), with questions such as (I judge and disapprove of my mistakes and inadequacies. I feel more alone and like I'm distinct from everyone else when I consider my shortcomings. The three bipolar scales on this scale are awareness vs. overidentification, shared humanity vs. isolation, and self-kindness vs. self-judgment. These six subscales together explain the total variance. This scale has 6 subscales including self-kindness (19, 26, 12, 23, 5); self-judgment (2, 20, 24, and 6); mindfulness (16, 1, 21, 11, and 8); overidentification (10, 7, 15, 3); common humanity (25, 4, 13, 18); and isolation (17, 22, 14, 9). Validity deals with the extent to which a measurement tool measures what we think it does. In a study by Khosravi et al., professors and experts in this field confirmed its validity (27).

Statistical Analysis

The structural equation modeling (SEM) approach and SPSS-24 and Smart-PLS software were used for the statistical analysis of this investigation. First, descriptive analyses, which included determining the mean, standard deviation, and frequency distribution, were carried out to assess the sample's demographic characteristics. Cronbach's alpha, composite validity, average variance extracted (AVE), and SRMR were then assessed in order to look at how well the measurement model suited. They showed

that the model suited the data well. Subsequently, the associations among health awareness, sense of purpose, self-compassion, and quality of life were tested using structural equation modeling. The t-statistic and P-value tests, as well as the standardized path coefficient, were utilized to evaluate the significance of the connections. The conclusions showed that self-compassion, a feeling of objectivity, and health awareness significantly and favorably affect students' quality of life.

Code of Ethics

The present study was reviewed at the Islamic Azad University - Kerman Branch and accepted with the code of ethics of IR.IAU.KERMAN.REC.1403.292. The ethical approval of this study was issued after obtaining the approval of the university ethics committee to observe the ethical principles in human research and protect the rights of the research participants. All stages of the research were performed based on the guidelines and ethical standards approved by the committee.

Results

Based on the results, 79.2 percent of the respondents with the highest frequency had a master's degree and 20.8 percent of the respondents with the lowest frequency had a doctoral degree. In addition, 66.4 percent of the respondents with the highest frequency were female and 33.6 percent with the highest frequency were male. Moreover, 1.0 percent of the respondents with the lowest frequency were 50 years and older and 51.6 percent with the highest frequency were 20-29 years old. Table 1 displays the mean and standard deviation of the research factors. The results indicated that the average variation of the quality of life was 17.99 and the mean was 94.61. The average and standard deviations for the various aspects of quality of life were as follows: The mean for physical health was 24.44 with a standard deviation of 5.00, the mean for psychological health was 22.32

Table 2. Results of the normality test

Statistic	Quality of life	Health literacy	Self-compassion	Sense of purpose
Kolmogorov-Smirnov z-value	0.713	0.404	0.445	0.938
Significance level	0.122	0.150	0.141	0.081

with a standard deviation of 4.60, the mean for social relationships was 10.28 with a standard deviation of 2.46, the mean for social environment was 29.01 with a standard deviation of 6.19, and the mean for general health was 7.94 with a standard deviation of 1.86.

The mean (and standard deviation) of health literacy was 119.72 (and 25.63), the mean of access was 38.21 (36.5), the mean of reading skills was 14.07 (3.98), the mean of comprehension was 26.06 (and 6.35), the mean of evaluation was 14.77 (and 3.41), and the average score for making decisions and using health data was 41.76 (and 10.14). The mean (and standard deviation) of self-compassion was 86.59 (24.19), the mean of self-kindness was 16.51 (4.04), the mean of self-judgment was 13.51 (and 3.60), the mean of mindfulness was 16.40 (4.47), the mean of overidentification was 13.54 (3.07), the mean of common humanity was 12.75 (3.83), and the mean of isolation was 13.61 (3.17) Table 1.

The distribution of the study factors is normal, according to Table 2's data, and parametric tests have to be employed to examine the assumptions since the test error's critical degree at the 0.95 confidence level is more than 0.05.

Overall fit evaluation criterion

The metrics, such as composite validity, average variance extracted (AVE), Cronbach's alpha coefficient, and SRMR, must be taken into account in order to evaluate the fit of the assessment model and the inner coherence of the measurement items. The pertinent data is shown in Table 3. Cronbach's alpha, composite validity, average variance extracted (AVE), and SRMR are all within the required range, confirming the appropriateness of the study model's external connections' convergent accuracy and dependability.

Table 1. Health Literacy and Self-Compassion Components

Component	Mean (SD)
Health Literacy	119.72 (25.63)
Access	38.21 (36.5)
Reading Skills	14.07 (3.98)
Comprehension	26.06 (6.35)
Evaluation	14.77 (3.41)
Decision Making and Use of Health Info	41.76 (10.14)
Total Health Literacy	104.59
Self-Compassion	86.59 (24.19)
Self-Kindness	16.51 (4.04)
Self-Judgment	13.51 (3.60)
Mindfulness	16.40 (4.47)
Overidentification	13.54 (3.07)
Common Humanity	12.75 (3.83)
Isolation	13.61 (3.17)
Total Self-Compassion	81.91

First hypothesis: Students' quality of life is correlated with their health awareness.

Quality of life is the key factor in the research's first speculation, whereas health awareness is the independent factor. With a t-value of 4.600, model (6) indicates that the averaged correlation parameter of the affiliation between health awareness and quality of life is 0.526. Thus, the null hypothesis is rejected with 99% confidence. Given the importance and positivity of this value, it can be concluded that students' quality of life and health awareness are relevant. These findings show an advantageous and substantial correlation between quality of life and the health awareness factor.

The research's first hypothesis, according to which students' quality of life is correlated with their health literacy, was verified. There was a significant link between health awareness and quality of life, illustrated by a p-value of less than 0.05 (P<0.05), according to the statistical study.

Table 3. Results of the three criteria of Cronbach's alpha, AVE, and composite reliability

Model fit indices		Obtained values	Allowed value	Result
Quality of life	Cronbach's alpha	0.766	Alpha>0.7	Good fitness
	composite reliability	0.765	Alpha>0.7	
	average variance extracted AVE	0.590	Alpha>0.5	
Health literacy	Cronbach's alpha	0.700	Alpha>0.7	Good fitness
	composite reliability	0.765	Alpha>0.7	
	average variance extracted AVE	0.543	Alpha>0.5	
Sense of purpose	Cronbach's alpha	0.890	Alpha>0.7	Good fitness
	composite reliability	0.790	Alpha>0.7	
	average variance extracted AVE	0.567	Alpha>0.5	
Self-compassion	Cronbach's alpha	0.765	Alpha>0.7	Good fitness
	composite reliability	0.844	Alpha>0.7	
	average variance extracted AVE	0.563	Alpha>0.5	
SRMR		0.005	1>	Good fitness

With a t-statistic of 4.600, the factors were shown to be strongly associated. The standard path coefficient of 0.526 was discovered, confirming the strong correlation between students' quality of life and health literacy.

Second hypothesis: Sense of purpose is linked with the quality of life of students.

In the second hypothesis of the study, the independent component is sense of purpose and the dependent component is quality of life. According to model (7), the standardized regression coefficient of the effect of sense of purpose on quality of life with a t-value of 5.254 is 0.585. Thus, the null hypothesis is rejected with 99% confidence, and given the significance and positivity of this coefficient, it can be stated that sense of purpose is associated with the quality of life of students. This finding suggests that there is an advantageous and substantial correlation between life satisfaction and a feeling of goal. When the

sense of purpose increases, this effect will be stronger, and when the sense of purpose weakens, this relationship will naturally weaken. This can be inferred based on the significant effect of the sense of purpose. As a result, the second hypothesis of the research is accepted Table 4.

Third hypothesis: Self-compassion is linked with the quality of life of students

The research's third hypothesis states that quality of life is the dependent component and compassion for oneself is the independent factor. With a t-value of 5.484, the standardized regression coefficient of the interaction between compassion for oneself and quality of life is 0.578 according to model (8). Thus, the null hypothesis is rejected with 99% confidence. It is possible to conclude that compassion for oneself and students' quality of life are related given the importance and positivity of this coefficient.

Table 4. Testing the Research Hypotheses

Hypothesis	Result	P (sig)	Statistic t	Standard path coefficient	Hypothesis
Health literacy is associated with students' quality of life.	Confirmed	P<0.05	4.600	0.526	Quality of life - Health literacy
A sense of purpose is associated with students' quality of life.	Confirmed	P<0.05	5.254	0.585	Quality of life - Sense of purpose
Self-compassion is associated with the students' quality of life.	Confirmed	P<0.05	5.484	0.578	Quality of life - Self-compassion

This outcomes propose that there is a positive and substantial correlation between the self-compassion measure and quality of life. When self-compassion increases, this effect will be stronger, and when self-compassion weakens, this relationship will naturally weaken. This can be inferred based on the significant effect of self-compassion. Consequently, the third hypothesis of the research is approved. Table 4.

Discussion

The current study examined how students' quality of life at the Islamic Azad University of Tehran was impacted by health awareness, compassion for oneself, and a sense of goal. According to the findings, students at the Islamic Azad University of Kerman Branch typically have a high quality of life. With a mean quality of life of 61.94, people were in a nearly good state in terms of their bodily and mental well-being, social interactions, and social surroundings. These findings are consistent with earlier research that showed how different variables affect people's quality of life (37). These conclusion are in line with research on youth and students, which shows that physical and mental health have a greater influence on quality of life.

Students' quality of life was likewise favorably and substantially correlated with health awareness in the present investigation. This outcome is in line with other research that demonstrated the positive influence of health awareness on life quality. For instance, research examining the connection between health literacy and preventing illnesses and health efficiency has demonstrated that raising health awareness can result in a higher standard of living. One of the most significant, productive, and future-oriented social groupings in every society is the student body. Finding the elements influencing their "conditions and lifestyle" is essential to their growth in personalities, understanding, and ability enhancement.

This is examined and assessed in the contemporary scientific literature utilizing the quality of life notion (28). Based on the World Health Organization, a person's perception of their current situation in life is influenced by their culture and beliefs, as well as the norms of living, aspirations, and objectives they seek (29).

The results revealed that the link between the health awareness variable and quality of life is positive and considerable. If health literacy increases, this effect will be stronger, and if health literacy weakens, this relationship will naturally weaken. This can be inferred based on the significant effect of health awareness. Thus, the first hypothesis of the study is accepted. The obtained findings are in line with those of the researches by Khaleghi et al. (6), Sørensen et al. (29), Khodaparast et al. (30), Majidi et al. (31), Dadfar et al. (32), and Fadaïyan Arani et al. (33). For example, Khodaparast et al. (30) illustrated that the mean age of the older people in the research was 64.9 ± 6.2 years. The mean scores for psychological wellness and quality of life were 1.25 and 7.40, respectively, at the targeted level, while health awareness was 2.58, at the borderline level. Health awareness, psychological wellness, and quality of life metrics were statistically significantly correlated. Considering the connection between psychological wellness and the quality of life and health awareness, it is imperative to focus more on enhancing health awareness among the elderly and preparing to enhance the determinants of quality of life enhancement initiatives.

Based on Majidi et al. (31), the average health awareness of the elderly was 97.78, with a norm deviation of 249.5. With a norm deviation of 645.6, the average quality of life for the elderly was 40.37. The average quality of life score and the total health literacy score of the elderly residents of nursing homes in the Guilan region in 2020 demonstrate a positive and substantial correlation, based on the findings of the Pearson correlation coefficient test. Age,

quality of life, and health awareness did not significantly correlate, according to the assessment of variability. The degree of health literacy, quality of life, and education did not significantly correlate with each other either. Male and female older adults' health awareness and quality of life did not considerably vary, based on the findings of the two-sample t-test.

By organizing and developing beneficial educational programs in the area of health awareness that are suitable for the elderly, an efficient step can be taken to enhance the quality of life for the elderly and promote health awareness abilities in the community. In support of this theory, it can be said that one of the key elements influencing modern people's quality of life is health awareness. Health literacy is finding and understanding health information, making appropriate decisions in managing disease, and finding the best health services. The World Health Organization claims that health awareness empowers individuals to take care of themselves and others by increasing their participation in the community, both as a means and as an outcome of action. One social aspect of health that is essential to health education and societal health improvement is health awareness. It is also seen as a way to lessen health disparities and enhance overall health. Several studies have investigated health literacy in different population groups worldwide. Despite the appropriate age and health of students, they face various challenges when changing their living environment and lifestyle, which can lead to dangerous social and health behaviors and health risks for them. Research on the relationship between health awareness and age has produced mixed findings. Nonetheless, some research has shown that older adults lack adequate health awareness (34). The hypothesis's findings demonstrated a connection between students' quality of life and health awareness. A person's motivation and capacity to get, comprehend, and use knowledge in a way that supports and

enhances their health are determined by their level of health literacy, which is a collection of social and cognitive abilities. Therefore, it can be said that a person's lifestyle and level of health awareness can influence their health and, in turn, raise their quality of life. The findings of the current investigation supported this problem.

The results revealed that the relationship between the variable of a sense of purpose and quality of life is positive and significant. Accordingly, when the sense of purpose increases, this effect will be stronger, and when the sense of purpose weakens, this relationship will naturally weaken. This can be inferred based on the significant effect of a sense of purpose. Thus, the second hypothesis of the study is accepted. The obtained outcomes are consistent with those of a study by Abbasi et al. For example, Abbasi et al. showed that religious beliefs through purpose in life and a positive perception of aging are significant factors in improving mental health in retired teachers. Therefore, mental health professionals and people working in the field of aging should perform activities to deepen the religious beliefs of the older people. In explaining this hypothesis, it can be stated that education is one of the most important aspects of each person's life. If students do not have a purpose for this sensitive stage of life, they will experience a low quality of their life in the future since having a purpose and living purposefully help people to achieve success and motivation and move forward with a better lifestyle. Finally, they will experience a quality life. Quality of life is a multidimensional examination of the current conditions of the people regarding the cultural context in which the person lives and the values they believe in. Quality of life is a subjective perception of well-being and is composed of physical, psychological, social, and religious dimensions. Having a sense of purpose in all dimensions can lead to the growth and development of a high-quality life.

The findings showed a favorable and substantial correlation between the compassion-for-oneself measure and life quality. Accordingly, when self-compassion increases, this effect will be stronger, and when self-compassion weakens, this relationship will naturally weaken. This can be inferred based on the significant effect of self-compassion. Consequently, the research's third hypothesis is approved. The findings gathered align with research conducted by Fathi et al. (36). For instance, research by Fathi et al. found a strong and positive relationship between academic buoyancy and compassion for oneself, as well as between academic well-being and compassion for oneself. Additionally, they discovered a favorable relationship between academic buoyancy and the advantages of empathy. Additionally, academic buoyancy and academic well-being were shown to be positively and significantly correlated. These findings bolster the suggested model's strong fit and suggest that it might be used to create treatments that improve students' academic well-being (36). To summarize this theory, quality of life might be defined as a sense of overall life satisfaction as assessed by a cognitively aware assessment of a person's life. This assessment, which covers every aspect of life, is subjective. A person's physical and mental health are greatly influenced by their quality of life. Higher life quality has been linked to a lower risk of mental and physical diseases as well as a longer life expectancy, according to research. In addition, a high quality of life can help improve social relationships, increase productivity and job satisfaction and self-compassion makes the person care about all aspects of his life and his mood. Moreover, mental health and caring about his mood also are essential in the quality of life. Stress, anxiety, depression and other mental problems can significantly affect quality of life. Modern psychological techniques, like counseling and therapy, can be efficient in lowering these problems

and enhancing quality of life. For example, meditation and mindfulness exercises can help reduce stress.

Recommendations

According to these results, the following recommendations are presented:

Since the present study reached an appropriate framework and intervention strategy to rise the quality of life of students regarding health literacy, sense of purpose, self-care, self-compassion, and meaning of life, it is recommended that universities utilize the outcomes of this investigation with the help of psychology experts for students in their universities and report the results to improve it and hold courses for counselors and professors, if possible.

It is recommended that knowledge-enhancing workshops be held in the field of health literacy, sense of purpose, self-care, self-compassion, and meaning of life to improve the quality of life and the overall quality of life.

Conclusion

The findings demonstrated how crucial the three factors of compassion for oneself, sense of goal, and health awareness are to raising students' quality of life at Islamic Azad University's Kerman Branch. The research found that students' quality of life was typically at an almost desired level, reflecting their relative contentment with a range of life factors such as their social interactions, physical and mental health, and the social environment. The research found a favorable and substantial correlation between students' quality of life and health awareness. This result emphasizes that improving health literacy can lead to improving general health, reducing the risk of diseases, and consequently enhancing the quality of life of people. In today's world, where the knowledge and ability of people to manage their health has become vital, it appears that education needs to be prioritized and improving health awareness in educational

environments. Additionally, a sense of purpose, as another important factor, had a positive and substantial influence on the quality of life. This outcome emphasizes that having a purpose in life not only helps mental health but also increases motivation and improves performance in other areas of life. In other words, a sense of purpose in students can act as a source of strength to cope with life's challenges and problems and significantly increase overall life satisfaction. Finally, self-compassion also played a significant part in elevating the quality of life. This finding was in line with other research showing that those who possess greater self-compassion inherently have better mental health and are more capable of handling stress and issues. Thus, strengthening this trait could help students have a higher quality of life by feeling relaxation and self-acceptance.

Authors' contribution

Yalda Arshadi and Mitra Kamyabi developed the study concept and design. Najmeh Hajipour Abaie and Vida Andishmand acquired the data. Yalda Arshadi and Mitra Kamyabi analyzed and interpreted the data, and wrote the first draft of the manuscript. All authors contributed to the intellectual content, manuscript editing and read and approved the final manuscript.

Informed consent

Questionnaires were filled with the participants' satisfaction and written consent was obtained from the participants in this study.

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Conflict of interest

The authors declare that they have no conflict of interests.

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