

**Health Crises and Quality of Life Among University Professors  
– The Case of the COVID-19 Pandemic**

**A Field Study at May 8, 1945 University – Guelma**

الأزمات الصحية وجودة الحياة لدى الأستاذ الجامعي

- جائحة كوفيد 19 نموذجا -

دراسة ميدانية بجامعة 8 ماي 1945 قالة.

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Received: 25/02/2025 Accepted: 17/07/2025 Published:01/09/2025

**Abstract**

This study aimed to explore the quality of life among university professors during health crises, specifically the COVID-19 pandemic. Additionally, it examined differences in quality of life based on gender. The study adopted a descriptive methodology and included a sample of 32 university professors (18 males and 14 females) from the fields of psychology and sociology. The **WHOQOL-Bref** (World Health Organization Quality of Life Brief Scale) was used to assess quality of life, and the data were analyzed using **t-tests, frequencies, percentages, mean scores, and standard deviation**. The study revealed the following findings:

- The overall quality of life among university professors during the pandemic was at a moderate level.
- There were statistically significant differences in quality of life based on gender at a **0.01 significance level**.

**Keywords:** Quality of Life, University Professors, COVID-19 Pandemic.

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**Introduction**

Health crises have a profound impact on individuals' mental health, triggering feelings of anxiety, stress, and psychological disorders. Additionally, the accompanying economic pressures further exacerbate mental burdens, while the resulting social isolation leads to feelings of loneliness and disconnection. The world has witnessed drastic changes due to the outbreak of the COVID-19 pandemic, which has affected various aspects of life, including higher education. University professors have faced significant challenges, ranging from the transition to online teaching to the psychological and social pressures induced by the pandemic.

Recent studies have increasingly focused on the **quality of life** of university professors, given its crucial role in **adaptation and professional performance**. Quality of life, a key subject in **positive**

**psychology**, encompasses multiple dimensions such as **physical and psychological health, job stability, social relationships, and overall well-being**. During the pandemic, these dimensions have undergone significant changes, necessitating research into how university professors' quality of life has been affected in this context.

The present study aims to examine **the quality of life of university professors during the COVID-19 pandemic**, considering their **pivotal role in the academic system**, shaping minds, and achieving educational objectives. As such, quality of life has become a fundamental factor in fostering **positive mental health** among university professors, particularly given the transformations imposed by the pandemic on the academic work environment.

### Research Questions

Building upon the above, this study seeks to answer the following research questions:

- What is the **level of quality of life** among university professors?
- Are there **gender-based differences** in the quality of life of university professors during the COVID-19 pandemic?

### Research Hypotheses

- The quality of life of university professors during the COVID-19 pandemic is at a **moderate level**.
- There are **statistically significant differences** in university professors' quality of life during the COVID-19 pandemic **based on gender**.

### Previous Studies

#### 1. Study by Cheikhi Mariam (2014):

##### "The Nature of Work and Its Relationship to Quality of Life – A Field Study in Light of Certain Variables"

This study aimed to explore the relationship between **quality of life and the nature of work** among university professors. It also examined perceived quality of life levels among professors at **Tlemcen University** and analyzed differences in work-related factors and quality of life based on **gender, marital status, years of experience, and faculty affiliation**.

The study sample consisted of **100 university professors** from four different faculties. Data collection relied on a **work environment questionnaire** and a **quality-of-life scale**.

The key findings of the study were:

- A **correlation** exists between the **nature of work** and various **dimensions of quality of life**.
- No **statistically significant gender-based differences** in work-related factors, except for **promotion and incentives**, which were in favor of **male professors**.

#### 2. Study by Hamzawi Souha (2017):

##### "Determinants of Quality of Life Among University Professors and Their Relationship with Job Performance"

This study focused on identifying the **key determinants of quality of life in the university setting**, specifically among **professors**, given their **central role in academic training**. The study sample consisted of **35 university professors**, and data were collected using a **questionnaire**, following a **descriptive-analytical approach**.

The main findings of the study indicated that:

- The more **quality of life standards** were met and applied in reality, the more **effective** and **goal-oriented** university professors' performance became.

### 3. Study by Rabia Al-Hadari and Amina Kadoura (2020):

#### "University Professors' Training and Its Alignment with Higher Education Quality Standards in Libya"

This study aimed to assess the **quality standards in higher education institutions in Libya** and determine whether there were **statistically significant differences** in the quality assessment scores between two groups of university professors.

The study was conducted on a sample of **200 faculty members** from various **Libyan universities**, divided into two groups:

- **100 professors** whose curricula **included pedagogy and teaching methods**.
- **100 professors** whose curricula **did not include pedagogy and teaching methods**.

Data collection was carried out via an **online questionnaire**, shared on **faculty members' social media platforms**, and analyzed using **SPSS software**.

The key findings of the study were:

- A **statistically significant relationship** exists between **professors' training and their adherence to quality standards**.
- No **statistically significant differences in quality assurance scores** between professors who **studied pedagogy and teaching methods** and those who did not.

### 4. Study by Omar Amour Jellab (2016):

#### "Evaluating the Quality of University Professors' Performance in Their Pedagogical Relationship with Students – From Students' Perspective"

This study aimed to evaluate the **quality of university professors' performance** in areas such as **teaching, supervision, thesis discussion, and communication with students**.

The study sample consisted of **60 Master's and PhD students** from **M'sila University**, using a **52-item questionnaire** based on a **descriptive research method**.

Key findings:

- **Teaching quality** was at a **moderate level**.
- **Thesis supervision quality** was at a **moderate level**.

These studies collectively emphasize the **significant impact of COVID-19 on mental health, work performance, and quality of life among university professors**, reinforcing the relevance of investigating **professors' well-being and academic performance** in times of crisis.

### Theoretical Framework: Concept of Quality of Life

#### Linguistic Definition:

The term "**quality**" originates from the **Latin word "Qualitas,"** which refers to the **nature of an individual or an object** and is associated with **precision and perfection**. (*Ahmed El-Sayed, 2012, p.13*).

According to **Ibn Manzur**, the root of the word "**quality**" (**جودة**) comes from the **trilateral verb "Jaada" (جاد)**, meaning "to become good." The opposite of "good" is "bad," and the plural forms include "**Jiyad**" (**جيات**) and "**Jiyadat**" (**جياتات**). (*Ibn Manzur, 1997, p. 272*).

The "Al-Mu'jam Al-Wasit" dictionary states: "Jaada" (جاد) means to become good; thus, it is said that a product or work has improved when it becomes excellent. (*Al-Mu'jam Al-Wasit*, 2004, p. 145).

#### **Terminological Definitions:**

##### **1. World Health Organization (WHO) Definition (1994):**

The WHO defines **quality of life** as a **broad concept** influenced by **physical health, psychological state, social relationships, self-control, and interaction with environmental factors in one's home**. (*Mohamed El-Saeed*, 2010, p.5).

##### **2. UNESCO Definition:**

For UNESCO, quality of life encompasses **all aspects of life as perceived by individuals** and extends to **meeting basic needs that contribute to psychological well-being**. (*Tobal Bekiri*, 2018, p. 133).

##### **3. Frank's Definition (2000):**

According to Frank, quality of life is an **individual's perception of multiple life experiences**. Broadly, it reflects a sense of **satisfaction and the availability of essential life needs, such as food and shelter, accompanied by a feeling of accomplishment and happiness**. (*Abdullah*, 2010, p.5).

##### **4. Renier et al. Definition:**

Renier and colleagues define quality of life as an **individual's sense of happiness and satisfaction with their current life**. It is **affected by life events, emotional fluctuations, and personal introspection**. (*Mustafa*, 2012, p.111).

From the above definitions, it is evident that there is **no single agreed-upon definition of quality of life among researchers**. However, it can be broadly understood as:

- **A sense of satisfaction with life.**
- **Fulfillment of desires within an individual's given circumstances.**

#### **University Professor: Definition and Characteristics**

##### **Definition of a University Professor**

A **university professor** is anyone who imparts knowledge, regardless of its type or format (**lectures, practical work, directed work**) to university students of various academic levels (**Bachelor's, Master's, Doctorate**), whether they are **permanent, temporary, or part-time faculty members** in their respective departments. (*Boufoula & Mazour*, p.140).

Additionally, a professor is considered a **specialist who fulfills a societal demand for knowledge and scientific expertise** while maintaining **pedagogical autonomy, initiative, and sensitivity to students' needs**. (*Zlikha*, 1993, p.12).

##### **Characteristics of a University Professor**

Defining the qualities of an **effective university professor** is one of the most challenging tasks for **educators and researchers**. The most essential characteristics are as follows:

##### **1. Professional Characteristics**

- **Mastery of subject matter.**
- **Teaching skills and competence.**
- **Fair and precise evaluation methods.**
- **Punctuality and commitment.**

- Positive interaction with students.
- Discussing students' mistakes **without embarrassing them**.
- Intellectual flexibility. (*Fakia, 2020, p.19*).

## 2. Emotional Characteristics

- Emotional stability.
- Good judgment in sensitive situations.
- Self-confidence and independence.
- Objectivity and motivation for work and achievement.
- Adaptability and **openness to new ideas**. (*Fakia, 2020, p.19*).

## 3. Social Characteristics

- **Order and accuracy** in actions and speech.
- Strong interpersonal relationships.
- **Humility and democratic leadership**.
- **Collaboration and adherence to ethical values**.
- A **presentable appearance** and a **cheerful personality**. (*Fakia, 2020, p.19*).

## Additional Qualities for Ensuring Quality in University Teaching

According to **Mohammed Hassan Hamadat**, a university professor must:

- Be a **fair judge** in assessing students' efforts and performance.
- Be a **diagnostician**, identifying students' learning needs and difficulties.
- Promote **deep learning rather than superficial memorization**.

According to **Rawab Ammar (2004)**, additional essential characteristics include:

- **Moderate speech pace** with a **strong, clear voice**.
- **Engaging lecture techniques** (interactive discussions).
- **Using simple and accessible language**.
- **Effective facial expressions and gestures**.
- A **cheerful demeanor** with a willingness to smile.

## Definition and Impact of COVID-19

### Definition of COVID-19

COVID-19 is a disease caused by a **new strain** of coronaviruses. The English name of the disease is derived as follows:

- **CO** – The first two letters of *Corona* (**CORONA**).
- **VI** – The first two letters of *Virus* (**VIRUS**).
- **D** – The first letter of *Disease* (**DISEASE**). (*Al-Samadi & Saitan, 2021, p.55*).

Previously, the disease was referred to as "**Novel Coronavirus 2019**." It belongs to the same family of viruses responsible for **Severe Acute Respiratory Syndrome (SARS)** and certain types of the **common cold**.

According to the **World Health Organization (WHO)**, coronaviruses are a **large family of viruses** that can infect **both humans and animals**. These viruses **primarily affect the respiratory system**. (*Al-Aziz & Khmad, 2021, p.431*).

### Effects of COVID-19

## 1. Psychological Effects

According to **Abdel-Baqi (2020)**, COVID-19 had significant **psychological impacts**, including:

- Increased **psychological stress**.
- **Panic and fear**.
- **Social isolation**.
- **Anxiety and negative emotions**.
- **Depression and obsessive-compulsive disorder**. (*Al-Boussafi, 2021, p.139*).

## 2. Social Effects

According to **Al-Asmary (2020)**, during the COVID-19 crisis:

- **Work-from-home** policies were implemented for parents.
- **Children's education** transitioned entirely to **online learning**.
- **Daily activities were confined within the home**, increasing family interactions.
- **Financial instability and health concerns** led to rising **stress and tension** within families.

Additionally, **Barkouk & Bourzeg (2020)** highlighted that:

- The **disruption of daily routines** and reduced **social interactions** caused **boredom, frustration, and anxiety**.
- Establishing a **new home routine** became essential to maintaining **mental well-being**. (*Al-Aziz & Khmad, 2021, p.434*).

The **COVID-19 pandemic** left **negative psychological and social consequences** due to **sudden lockdown measures** imposed on societies. Individuals found themselves **confined at home**, unable to work, study, or engage in social interactions.

This situation led to:

- Increased **stress, frustration, and sleep disorders**.
- **Disturbed daily routines and family tensions** due to prolonged confinement.
- A profound impact on **mental health** and **social life**.

## Applied Section

### Research Methodology

The **descriptive method** aims to **collect data and facts** about a **phenomenon or a specific situation**, while attempting to **interpret** these facts adequately to derive **conclusions** that contribute to understanding and improving reality.

### Study Population

The research focuses on **assessing the quality of life among university professors during the COVID-19 pandemic**. The study population consists of **professors from the Department of Psychology and the Department of Sociology** at the **Faculty of Humanities and Social Sciences, University of 8 May 1945**.

The following table illustrates the distribution of the study population according to specialization:

**Table (1): Distribution of Study Population by Specialization**

| Specialization | Frequency | Percentage (%) |
|----------------|-----------|----------------|
| Psychology     | 18        | 45%            |

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| Specialization | Frequency | Percentage (%) |
|----------------|-----------|----------------|
| Sociology      | 22        | 55%            |
| Total          | 40        | 100%           |

#### **Table Interpretation**

From **Table (1)**, it is evident that the study population is **not equally distributed** between the two specializations:

- **18 professors specialize in Psychology**, representing **45%** of the total.
- **22 professors specialize in Sociology**, representing **55%** of the total.

The following chart visually represents the study population distribution by specialization.

#### **Study Sample**

A **sample** is a **representative subset** of the study population, consisting of individuals relevant to the research problem.

Since the **study population includes 40 professors**, a **survey study** was adopted. However, **due to pedagogical and administrative constraints** during the COVID-19 pandemic, it was not possible to reach all professors. As a result, the final study sample consisted of **32 professors**.

The following table illustrates the distribution of the study sample according to **specialization and gender**.

**Table (2): Distribution of Study Sample by Specialization and Gender**

**Table (2): Distribution of Study Sample by Specialization and Gender**

| Specialization | Female | Male | Total |
|----------------|--------|------|-------|
| Psychology     | 9      | 5    | 14    |
| Sociology      | 4      | 14   | 18    |
| Total          | 13     | 19   | 32    |

#### **Table Interpretation**

From **Table (2)**, we observe the distribution of the study sample according to specialization:

- **Psychology**: 14 participants (**9 females, 5 males**).
- **Sociology**: 18 participants (**4 females, 14 males**).

This distribution **maintains the same characteristics** as the study population.

#### **Spatial and Temporal Boundaries**

The main study was conducted at the **Faculty of Humanities and Social Sciences** during the period from **March 21 to June 22, 2021**.

#### **Data Collection Tools**

The **data collection process** is one of the most crucial stages of scientific research. Although researchers agree on its **importance**, the **tools and methods** used vary depending on the topic and the research objectives.

In this study, the following tool was utilized:

## WHOQOL-BREF: The Short Version of the World Health Organization Quality of Life Scale Scale Overview

This scale is a **shortened** version of the **WHOQOL-100**, developed by the **World Health Organization (WHO)** in **1991**. It was initially designed as part of a research project in **15 countries** to develop a **global** measure of **quality of life (QoL)**. The goal was to create a **comprehensive** tool covering multiple aspects of QoL, including areas that traditional health-related QoL tools may not address.

The **WHOQOL-BREF** was developed through **15 WHO-affiliated field centers** and translated into **12 languages**.

- The original **pilot version** contained **235 items** and was tested across multiple linguistic and cultural contexts.
- The final **WHOQOL-100** version included **100 items** covering **24 domains of life**.
- Later, a **shortened version (WHOQOL-BREF)** was developed with **26 items**, assessing **six key domains** of QoL.

The table below presents the **WHOQOL-defined quality of life domains**:

**Table (3): WHOQOL Quality of Life Domains**

### WHOQOL-BREF: The Short Version of the WHO Quality of Life Scale

#### Main Domains and Components

| Domain                       | Main Components                                                                                                                                              |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Physical Health</b>       | Energy & fatigue, discomfort, pain, sleep & rest.                                                                                                            |
| <b>Psychological Health</b>  | Body image & appearance, positive feelings, self-esteem, cognitive functions (learning, memory, concentration).                                              |
| <b>Level of Independence</b> | Mobility, daily activities, independence in medical care, ability to work.                                                                                   |
| <b>Social Relationships</b>  | Personal relationships, social support, sexual activity.                                                                                                     |
| <b>Environment</b>           | Resources & finances, freedom & security, healthcare & social support, housing, learning ability, hobbies, physical environment (pollution, noise, climate). |
| <b>Spiritual Health</b>      | Spirituality, religion, personal beliefs.                                                                                                                    |

(Source: Fatima, 2018, p.149)

#### WHOQOL-BREF Scale Structure

The short version consists of **one representative item** from each of the **24 domains** of the **WHOQOL-100**, plus **two items** assessing **overall life quality**.

- The **WHOQOL-BREF** comprises **26 items**, grouped into **four dimensions**, along with **two additional items**:
  - **Item 1**: Overall quality of life.
  - **Item 2**: General health.

**Table (4): WHOQOL-BREF Scale Dimensions**

| Dimension            | Item Numbers                 |
|----------------------|------------------------------|
| Physical Health      | 3, 4, 10, 15, 16, 17, 18     |
| Psychological Health | 5, 6, 7, 11, 19, 26          |
| Social Relationships | 20, 21, 22                   |
| Environment          | 8, 9, 12, 13, 14, 23, 24, 25 |

(Source: Fatima, 2018, p.149)

- Items are formulated as **questions**, with responses based on a **five-point Likert scale (1-5)**.
- **Positive items** (1, 2, 5-25) are scored from **1 (lowest) to 5 (highest)**.
- **Negative items** (3, 4, 26) are **reverse scored**, where higher scores indicate better quality of life.

### Psychometric Properties of the WHOQOL-BREF Scale

#### Scale Validity

##### Discriminant Validity

To assess the scale's ability to distinguish between groups with **different quality of life levels**, statistical analysis was conducted using **t-tests**.

**Table (5): Discriminant Validity Results**

| Variable        | Comparison Groups | N  | Mean ( $\bar{x}$ ) | Variance ( $S^2$ ) | T-value | DF  | Sig.                |
|-----------------|-------------------|----|--------------------|--------------------|---------|-----|---------------------|
| Quality of Life | High group        | 66 | 93.30              | 5.961              | 25.26   | 130 | 0.000 (Significant) |
|                 | Low group         | 66 | 63.94              | 7.323              |         |     |                     |

(Source: Fatima, 2018, p.151)

- The **t-value (25.26)** at **130 degrees of freedom** is **highly significant ( $p = 0.000$ )**, indicating **statistically significant differences** in WHOQOL-BREF scores between the **high and low** quality of life groups.
- The **mean score of the high group (93.30)** is significantly higher than that of the **low group (63.94)**, confirming that the scale has **good discriminant validity**.

#### Internal Consistency Validity

To verify **internal consistency validity**, correlations between each **dimension** and the **total scale score** were calculated.

**Table (6): Internal Consistency Validity**

(Include actual correlation data here.)

(Source: Fatima, 2018, p.151)

**Table (6): Internal Consistency Validity**

| Dimension   | Mean ( $\bar{x}$ ) | Variance ( $S^2$ ) | Correlation (R) | Sig. |
|-------------|--------------------|--------------------|-----------------|------|
| Dimension 1 | 25.35              | 4.822              | 0.84            | 0.01 |
| Dimension 2 | 21.07              | 4.246              | 0.80            | 0.01 |

| <b>Dimension</b>   | <b>Mean (<math>\bar{x}</math>)</b> | <b>Variance (<math>S^2</math>)</b> | <b>Correlation (R)</b> | <b>Sig.</b> |
|--------------------|------------------------------------|------------------------------------|------------------------|-------------|
| <b>Dimension 3</b> | 10.33                              | 2.688                              | 0.71                   | 0.01        |
| <b>Dimension 4</b> | 22.00                              | 4.586                              | 0.83                   | 0.01        |
| <b>Total Score</b> | 78.74                              | 13.237                             | 1                      | //////      |

(Source: Fatima, 2018, p.151)

- The table shows a **significant correlation** between each dimension and the **total scale score** at a significance level of **0.01**, indicating that the scale has **strong validity**.

#### **Scale Reliability**

##### **Cronbach's Alpha Reliability**

- The **Cronbach's Alpha coefficient** for the scale was **0.905**, indicating **high internal consistency** and confirming the **reliability** of the instrument.

##### **Split-Half Reliability**

- The **split-half reliability coefficient** before correction was **0.697**.
- After correction using **Guttman's formula**, the reliability coefficient increased to **0.871**, which is **high**, indicating that the scale is **consistent and reliable**.

#### **Determining Quality of Life Levels Using WHOQOL-BREF**

To classify respondents into different levels of **quality of life**, the **Likert three-level method** was applied:

##### **Step 1: Calculating the Interval**

(Highest Score–Lowest Score) Number of Levels= $\frac{(5-1)}{3}=1.33$   
 $\frac{(\text{Highest Score} - \text{Lowest Score})}{\text{Number of Levels}} = \frac{(5-1)}{3} = 1.33$   
 Number of Levels(Highest Score–Lowest Score)= $3(5-1)=1.33$

**Table (7): Quality of Life Levels Based on Mean Scores**

| <b>Mean Score</b> | <b>Level</b> |
|-------------------|--------------|
| 1 - 2.33          | Low          |
| 2.34 - 3.67       | Medium       |
| 3.68 - 5.00       | High         |

(Source: Fatima, 2018, p.152)

##### **Quality of Life Levels Based on Total Scores**

To determine the **quality-of-life level** based on total scores, the **total number of items** was multiplied by the **average values** of the three levels:

**Table (8): Quality of Life Levels Based on Total Scores**

| <b>Total Score</b> | <b>Level</b> |
|--------------------|--------------|
| 26 - 61            | Low          |
| 62 - 95            | Medium       |
| 96 - 130           | High         |

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(Source: Fatima, 2018, p.153)

Study Results

**Testing the First Hypothesis**

The first hypothesis states:

**"The level of quality of life among university professors during the COVID-19 pandemic is moderate."**

**Results and Discussion**

Testing the First Hypothesis

The first hypothesis states:

**"The level of quality of life among university professors during the COVID-19 pandemic is moderate."**

To test this hypothesis, the **mean** and **standard deviation** of all 26 items were calculated for the **sample of 32 university professors**.

Table (9): Mean and Standard Deviation of the Sample's Responses

| Variable        | Sample Size | Mean ( $\bar{x}$ ) | Standard Deviation (SD) |
|-----------------|-------------|--------------------|-------------------------|
| Quality of Life | 32          | 3.40               | 0.44                    |

(Source: Fatima, 2018, p.152)

Interpretation of Table (9):

- The **overall mean** of the sample is **3.40**, which falls within the range (**2.33 - 3.67**).
- According to the scoring criteria, this **confirms** that the quality of life level is **moderate**.
- Therefore, the **general hypothesis is accepted**, confirming that the **quality of life among university professors during the COVID-19 pandemic is moderate**.

**Testing the Second Hypothesis**

The second hypothesis states:

**"There are statistically significant differences in the level of quality of life among university professors during the COVID-19 pandemic due to the gender variable."**

To test this, the **mean** and **standard deviation** were calculated for both **male and female** participants. A **t-test** was conducted to determine statistical differences.

Table (10): Differences in Quality of Life Based on Gender

| Variable      | Sample | N  | Mean ( $\bar{x}$ ) | Standard Deviation (SD) | t-value | Significance (Sig.) | Degrees of Freedom (df) |
|---------------|--------|----|--------------------|-------------------------|---------|---------------------|-------------------------|
| <b>Gender</b> | Female | 14 | 82.50              | 10.83                   | -2.86   | 0.007               | 30                      |
|               | Male   | 18 | 93.05              | 9.91                    |         |                     |                         |

Interpretation of Table (10):

- The **t-value** is **-2.86**, with a **significance level (Sig.)** of **0.007**.
- Since **0.007 < 0.01**, this result is **statistically significant** at the **0.01 level**.
- This confirms the presence of **significant differences** in quality of life based on gender.
- The results indicate that **male professors reported a higher quality of life (mean = 93.05) compared to female professors (mean = 82.50)**.

- **Conclusion:** The second hypothesis is **confirmed**, meaning that **quality of life during COVID-19 varied significantly between male and female professors.**

#### **Discussion of the First Hypothesis**

The results confirmed that the **quality of life among university professors during the COVID-19 pandemic is moderate.**

- The mean quality of life score (**3.40**) falls within the **moderate range (2.33 - 3.67)**, with a **standard deviation of 0.44.**
- These findings align with several previous studies, including:
  1. **Cheikhi Mariam (2014)** – which found that **work conditions significantly impact quality of life among university professors.**
  2. **Senoussi Boumediene & Jloul Zineb (2020)** – which emphasized the **negative psychological effects of COVID-19 and social distancing on mental health.**
  3. **Ali Mihoub & Youssef Mihoub (2020)** – which highlighted **the psychological impact of COVID-19 on workers and its effect on workplace environments.**

These studies confirm that **dimensions of quality of life—such as mental health, social relationships, and physical well-being—were affected during the COVID-19 pandemic, leading to a moderate overall quality of life among university professors.**

This hypothesis states: "There are statistically significant differences in the quality of life of university professors during the COVID-19 pandemic attributed to the gender variable."

Based on the results summarized in the table for the second hypothesis, it was found that the value of " $t$ " = -2.86 at a significance level of (0.007), which is lower than the significance level adopted in our study (0.01). Consequently, "there are statistically significant differences in the quality of life of university professors during the COVID-19 pandemic attributed to the gender variable," confirming the hypothesis.

This study aligns with the findings of Cheikhi Mariam (2014) in her research on the nature of work and its relationship to quality of life, where the results indicated that there were no statistically significant differences in quality of life due to the gender variable.

Similarly, this study is consistent with the research of Fwatmia Mohamed (2017), titled "The Reality of Quality of Life Among Primary Education Teachers," which included a sample of 300 university professors. His study concluded that there were no statistically significant differences in quality of life related to gender or experience.

Additionally, our study aligns with the research of Snoussi Boumediene and Jeloul Zeineb (2020) on mental health during the COVID-19 crisis in relation to the gender variable.

#### **Conclusion:**

In conclusion, the COVID-19 pandemic has had a significant impact on the quality of life of university professors, as they faced unprecedented challenges both professionally and personally. The pandemic brought fundamental changes to teaching methods through an increased reliance on e-learning, which affected student interaction levels and added psychological and technical pressures. Additionally, preventive measures and changing work conditions disrupted the balance between professional and personal life, leading to psychological distress and instability in job security and social life.

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However, the crisis also highlighted the remarkable adaptability of university professors, many of whom adopted new strategies to improve their academic performance and maintain their psychological well-being. Institutional support and modern technology played a role in mitigating some challenges, underscoring the importance of fostering a supportive work environment and enhancing educational policies to keep pace with future developments.

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