

Quality of Life Among Middle and Secondary School Teachers: A Field Study in the Provinces of Médéa and Ain Defla.

جودة الحياة لدى أساتذة التعليم المتوسط والثانوي: دراسة ميدانية في ولايتي المدية وعين الدفلى.

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Abstract:

This study aimed to assess the level of quality of life among a group of middle and secondary school teachers using the Quality of Life Scale consisting of 63 items distributed across five domains, developed by Ahmed Hussein Al-Ajouri (2013). The study sample comprised 175 fathers and mothers working in the education sector at the middle and secondary levels in the provinces of Médéa and Ain Defla, selected through random sampling. The descriptive method was employed to achieve the objectives of the study, which focused on identifying the level of quality of life in the health, psychological, family, and environmental domains among middle and secondary school teachers.

The results revealed that teachers enjoyed a high overall level of quality of life, with a total mean score of 251.02 compared to a hypothetical mean of 189. After conducting a one-sample t-test to compare the means, a statistically significant difference was found at the 0.000 significance level. The calculated means for the five domains (general health, family, psychological, time management, and environmental) ranged between 31.06 and 61.42, all of which were higher than their corresponding hypothetical means and statistically significant at ($p < 0.01$).

Keywords:

Quality of Life; Middle School Teachers; Secondary School Teachers; Education Sector.

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ملخص:

هدفت هذه الدراسة إلى تقييم مستوى جودة الحياة لدى مجموعة من أساتذة الطور المتوسط والثانوي، باستخدام مقياس جودة الحياة المكوّن من (63) فقرة موزعة على خمسة مجالات، أعدّه الباحث أحمد حسين العجوري (2013). تكونت عينة الدراسة من (175) من الآباء والأمهات العاملين في قطاع التعليم للمرحلتين المتوسطة والثانوية في ولايتي المدية وعين الدفلى، وتم اختيار العينة بطريقة عشوائية. استُخدم المنهج الوصفي لتحقيق أهداف الدراسة، والتي ركزت على معرفة مستوى جودة الحياة في الجوانب الصحية، النفسية، الأسرية، والبيئية لدى أساتذة التعليم المتوسط والثانوي. أظهرت نتائج الدراسة، تمتع الأساتذة بمستوى مرتفع من جودة الحياة بشكل عام، حيث قدر المتوسط الكلي (251.02) مقابل متوسط فرضي (189)، وبعد إجراء اختبار "ت" لعينة واحدة لمقارنة المتوسطات وُجد أن هناك فرق دال عند مستوى دلالة (0.000)، وتراوحت المتوسطات المحسوبة للمجالات الخمسة (الصحة العامة، الأسرية، النفسية، إدارة الوقت، البيئية) بين (31.06) و (61.42)، وكانت جميعها أعلى من المتوسطات الفرضية المقابلة لها، وبشكل دال احصائيا عند ($p < 0.01$).

الكلمات المفتاحية: جودة الحياة؛ أساتذة التعليم المتوسط؛ أساتذة التعليم الثانوي؛ قطاع التربية.

Introduction:

In contemporary psychological and educational research, the concept of quality of life (QoL) has gained increasing importance as a multidimensional construct that reflects individuals' overall well-being across physical, psychological, social, and environmental domains. Understanding QoL within specific professional and familial contexts provides valuable insights into how people experience, adapt to, and manage their everyday demands and roles.

Among these contexts, the educational sector holds particular significance, especially for individuals who simultaneously fulfill professional responsibilities and family duties, such as parents working in education. Exploring how this group perceives and maintains their quality of life may offer a deeper understanding of the interplay between work, personal values, and well-being. This study aims to examine the perceived QoL levels among parents employed in the education sector, identifying potential strengths and implications for support strategies.

1. The Research Problem and Theoretical Framework:

Quality of life (QoL) is a complex, multidimensional concept that reflects an individual's subjective perception of overall well-being within cultural, personal, and environmental contexts. It integrates physical, psychological, social, and existential dimensions, combining subjective experiences—such as life

satisfaction, positive self-concept, and emotional well-being—with objective factors like material resources, income, environmental quality, health, housing, and occupation (Karimi & Brazier, 2016; Ventegodt, Merrick, & Andersen, 2003; Mohamed Mansy & Ali Kazem, 2006). These dynamic components require continuous assessment as individuals strive to improve or sustain their living standards (Plummer & Molzahn, 2009; Aqtam, Ayed, & Zaben, 2023).

QoL extends beyond basic needs to encompass economic welfare, social support, healthcare access, and personal development. Frank (2000) highlights optimal use of human mental and creative potential enriched by emotional and ethical values, actualized through family, school, university, and workplaces focusing on education, awareness, and training.

Empirical studies support diverse determinants of QoL, including psychological and social variables. Marwa Tarek (2017) examined interventions reducing future anxiety to improve QoL among mothers of children with mild intellectual disabilities. Bahira Karima (2014) found links between students' QoL and academic performance, while Delila Omron (2017) identified positive correlations between ambition and QoL among late-married working women, measured via WHO's abbreviated QoL scale.

Parental involvement in education critically impacts children's academic success and QoL. Research reveals that middle-class parents demonstrate higher school involvement than working-class parents, primarily mediated by educational resources, concerted cultivation, economic/time resources, and status maintenance motives, rather than parents' own school experiences (Barg, 2019). In Nigeria, Mbajiorgu (2012) emphasizes parents as indispensable partners in achieving quality secondary education, asserting that enhanced parental roles strengthen educational outcomes. Durisic and Bunijevac (2017) analyze parental involvement's positive effects, outlining six dimensions—parenting, communicating, volunteering, learning at home, decision-making, and community collaboration—and models that support successful school–parent partnerships, which directly influence student success.

For educators and parents alike, QoL reflects rational adaptation to physical, social, and cultural environments, contributing to psychological well-being and professional effectiveness. This is especially relevant for teachers at all education levels who face significant psychological demands. Positive cognitive approaches promote better teaching performance and mental health, while

irrational thinking elevates anxiety, undermining educational quality and personal well-being.

QoL remains a universal aspiration, transcending socioeconomic and emotional boundaries, enabling individuals to find satisfaction, self-actualization, and harmony amidst life's changing circumstances.

This paper aims to evaluate QoL levels among parents working in the education sector at intermediate and secondary stages by assessing:

- What is the level of quality of life among parents working in the education sector at the intermediate and secondary stages?
- What is the level of general health quality among parents working in the education sector at the intermediate and secondary stages?
- What is the level of family life quality among parents working in the education sector at the intermediate and secondary stages?
- What is the level of psychological life quality among parents working in the education sector at the intermediate and secondary stages?
- What is the level of time management quality among parents working in the education sector at the intermediate and secondary stages?
- What is the level of environmental quality among parents working in the education sector at the intermediate and secondary stages?

2. Concept Definitions:

The World Health Organization (WHO, 1999) defines QoL as an individual's perception of their position in life within cultural and value systems, and how personal goals and expectations are met. It integrates physiological and psychological health, independence, social relations, and environmental interactions (Mohamed Elsayed Siddiq, 2016). Mansour (2018, cited in Mohamed Elsayed Siddiq, 2016) frames QoL as an individual's subjective experience of burden or ease across personally significant life domains, aligned with cultural values and personal aims.

The concept of quality of life is inherently complex and multifaceted, as it integrates various interrelated dimensions—namely psychological, physical, and social domains. Its defining feature lies in this multidimensional structure, which encompasses physical health, functional capacity, emotional and spiritual balance, as well as social well-being. These dimensions are deeply

interconnected, making it challenging to evaluate each independently without considering the broader holistic context (Rahali & Zeghiche, 2019, p. 27).

“Quality of life is an individual’s *perception* of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” (The WHOQOL Group, 1995/1998).

Operationally, QoL here is measured by a scale of five domains, allowing individuals to score levels across family, environment, health, and other spheres as detailed in the methodology.

3. Previous Studies Addressing Quality of Life:

The study by Iman Mahmoud Mohamed Abu Younis (2013) aimed to examine the relationship between thinking, critical thinking, and quality of life among basic education teachers in Khan Yunis Governorate. Using a descriptive methodology, the study applied to a sample of 218 male and female teachers the Social Intelligence Scale developed by Salihra et al. (2001), the Critical Thinking Scale by Taqnin Za'fana (1998), and a Quality of Life Scale prepared by the researcher. Statistical methods used included correlation coefficients, split-half reliability, and T-test. The study concluded that there was no statistically significant correlation between the variables among the sample members.

Maryam Sheikhi’s study (2014) aimed to identify the relationship between nature of work and quality of life, employing a descriptive correlational approach. The sample consisted of 100 university professors, to whom the World Health Organization’s Quality of Life Scale, translated into Arabic by Ahmed Hussein, was applied. Additionally, a questionnaire measuring sources of work nature was designed. Statistical methods such as Pearson correlation and arithmetic means were used. The study found a correlational relationship between the variables among the sample.

Amal Bouaisha’s study (2014) aimed to explore the relationship between quality of life and psychological identity among terrorism victims in Algeria. The descriptive method was employed on a sample of 30 individuals aged between 18 and 51. The researcher applied a Violence Exposure Scale developed by Fatima Al-Zahraa, an Objective Identity Rank Scale by Adams, and a Quality of Life Scale she prepared. Statistical tools including Cronbach’s

alpha and correlation coefficients were used. The study found statistically significant correlations between the variables.

Mansour Mufreh Said Al-Salmi's study (2014) sought to identify the relationship between quality of life and positive thinking among Umm Al-Qura University students. Using a descriptive comparative correlational survey, the study applied the Mansy and Kazem Quality of Life Scale to a sample of 304 students. Statistical methods included means, Pearson correlation, and Cronbach's alpha. Results indicated a statistically significant positive correlation between the variables.

The study by Bokhous Houria and Hamidani Kharfiya (2016) aimed to investigate the relationship between quality of life and mental health among female students at Zian Ashour University in Djelfa. The descriptive method was utilized, applying the Kazem and Mansy Quality of Life Scale via questionnaire to the sample. Statistical methods included internal consistency coefficients, split-half reliability, Guttman's formula, and Pearson correlation.

From the reviewed studies, it is observed that most research focused on examining relationships between quality of life and various variables such as critical thinking, psychological identity, social thinking, nature of work, and mental health. Methodologically, the descriptive approach was predominantly used to study these relationships. Most studies were conducted within Arab contexts, including the studies by Iman Mahmoud Mohamed Abu Younis (2013), Amal Bouaisha (2014), and Delila Omron (2017), among others.

Regarding samples, there was diversity in targeted groups. Some studies focused on teachers, such as Abu Younis (2013), others on university professors, like Sheikhi Maryam (2014), and students, as in the studies by Ben Atiya Nawal and Obaida Iman (2017) and Bouaisha Amal (2014), which included a sample of 30 individuals. Therefore, this study intends to target teachers at the intermediate and secondary education levels.

4. Theoretical Perspectives Explaining the Existence of Life Quality:

Nabila Yawiya (2017, pp. 207-208), Masoudi Omhamed (2015, p. 206), Amal Bouaisha (2013, p. 6), and Nagham Salim Jamal (2016, p. 17) agree that the theoretical approaches explaining quality of life can be summarized as follows:

4-1-The Philosophical Perspective:

From a philosophical standpoint, quality of life is viewed as the attainable happiness that a person can only achieve by freeing themselves from the constraints of reality and soaring into an ideal realm that drives transcendence beyond the suffocating reality. This liberation allows moments of creative imagination. Hence, quality of life in this perspective is seen as a detachment from reality in pursuit of an imagined, dreamlike happiness where the individual experiences complete oblivion to the pains and hardships of life, dissolving into a spiritual clarity detached from all material values.

4-2-The Social Perspective:

This perspective focuses on interpreting quality of life based on various objective indicators differing from one society to another, such as mortality rates, morbidity rates, housing quality, education level, income, the importance and material returns of work, and the status and impact of all these on a person's satisfaction or dissatisfaction with their life quality.

4-3-The Psychological Perspective:

This approach explains quality of life through a comprehensive framework including diverse variables aimed at fulfilling the basic needs of individuals living in this life. Satisfaction of these needs can be measured through either objective or subjective indicators. As an individual transitions from one life stage to another, new requirements and needs arise that demand fulfillment, forcing the individual to confront these new life demands. Satisfaction and happiness appear if these needs are met, or their absence signifies a lower level of quality of life.

4-4-The Medical Perspective:

This perspective aims to improve quality of life for individuals suffering from various physical, psychological, or mental illnesses through guidance and therapeutic programs. Quality of life is a common subject in lectures concerning health status and health development.

In conclusion, it is clear from the above that multiple perspectives explain quality of life, with particular psychological aspects gaining significant importance.

5. Components and Obstacles of Quality of Life:

5-1-Components of Quality of Life:

Ramzi Shahda Said Al-Suwaikri (2013, p. 65) and Saleh Ismail Abdullah Al-Hams (2010, pp. 46-47) identify the components of quality of life as follows:

- The ability to control one's life.
- The ability to think and make decisions.
- Physical and mental health.
- Living conditions and social relationships.
- Religious beliefs and cultural and civilizational values.
- Financial and economic conditions, which determine what each person considers most important and what brings happiness in their life.

These components reflect the fulfillment of physiological desires, the need for thinking and creativity, security and safety needs, the need for acceptance, and positive social interaction.

5-2- Obstacles to Quality of Life:

Quality of life is hindered by several obstacles that prevent individuals from achieving their hopes and ambitions, including:

- Life stresses: The pressures individuals face, especially work-related stress, cause many diseases such as heart disease, ulcers, and others (Asmaa Mohamed El-Morsy, Mohsen Dergham Abdel-Razzaq, Ibrahim Mohamed El-Sayed, 2016, p. 397).
- Suleiman (cited in Ahmed Hussein Ibrahim Al-Ajouri, 2013, p. 55) noted that health is a key obstacle to quality of life, emphasizing the close relationship between illness and life itself, and consequently between the individual's health or social problems and their perceived quality of life.

Furthermore, Saqr Saeed Fouad Banat (2018, p. 48) adds the following obstacles:

- Many individuals lack the ability to act effectively in various life situations.
- Technological backwardness and scarcity of services provided to individuals.
- Loss of sense of life's meaning and weakened religious commitment.

From this overview, it becomes evident that many factors hinder an individual's sense of quality of life, including life stresses, lack of adequate healthcare, inability to handle life's situations effectively, among others, which collectively reduce quality of life and cause psychological distress and suffering

6. Methodology of the Study:

Given that the current study aims to identify the level of quality of life among a sample of parents, the descriptive method was adopted as it is suitable for describing and determining the level of variables. The descriptive method is a scientific research approach that relies on collecting information to answer questions related to the current situation of a phenomenon (Hassan Abdel Fattah, 2005, p. 30).

6.1. Study Domains:

As with any clearly defined scientific study, it is necessary to clarify the domains, dimensions, and boundaries of this study's procedures. The main domains are as follows:

6-1-1- Geographical-Spatial Domain:

This study was conducted in the governorates of Ain Defla and Médéa, where questionnaires were distributed across various educational institutions affiliated with these regions.

6-1-2- Human Domain:

The study sample consisted of(175) male and female teachers, to whom the study instrument (the Quality of Life Scale) was administered. The participants were selected using a random sampling method.

6-1-3-Temporal Domain:

The study was conducted throughout 2024. Data collection for both theoretical and practical variables began at the start and continued until the study's conclusion.

6-2- Definition of the Quality of Life Scale

6-2-1- Description of the Instrument:

The Quality of Life Scale consists of 63 items distributed over five domains, prepared by researcher Ahmed Hussein Al-Ajouri (2013).

Table 01: Domains of the Quality of Life Scale

Item Number	Domain	Items Range
01	General Health Quality	From 1 to 12
02	Family Life Quality	From 13 to 27
03	Psychological Life Quality	From 28 to 40
04	Time Management Quality	From 41 to 53
05	Environmental Life Quality	From 54 to 63

Responses are given on a five-point Likert scale (Never, Very Little, Somewhat, Much, Very Much) corresponding respectively to (1, 2, 3, 4, 5). Items numbered (3, 4, 9, 15, 21, 32, 33, 35, 36, 40, 42) are reverse scored, with points (5, 4, 3, 2, 1) assigned if respondents select these alternatives.

Table 02: Scale Response Options

Option	Never	Very Little	Somewhat	Much	Very Much
Score	1	2	3	4	5

The total score ranges from 66 to 330 points. A low score indicates low quality of life, while a high score indicates high quality of life. The scale consists of 63 items in total.

6-2-2- Psychometric Properties of the Quality of Life Scale:

Validity:

Validity was assessed by internal consistency via calculating Pearson's correlation coefficient between each dimension and the total score. The results are summarized in the following table:

Table 03: Correlation Coefficients Between Dimensions and Total Score

Dimensions	Correlation	Significance Level
General Health Quality	**0.69	Significant at 0.01
Family Life Quality	**0.71	Significant at 0.01
Psychological Life Quality	**0.39	Significant at 0.01
Time Management Quality	**0.77	Significant at 0.01
Environmental Life Quality	**0.66	Significant at 0.01

Source: Prepared by the authors (2025).

The table shows all correlations are significant at the 0.01 level, confirming high internal consistency of the scale.

Reliability:

Reliability was calculated by Cronbach's alpha coefficient.

Table 04: Cronbach's Alpha for the Quality of Life Scale

Number of Items	Cronbach's Alpha
63	0.87

Source: Prepared by the authors (2025).

An alpha of 0.87 indicates good reliability, reassuring its use for the main study sample.

6-3- Study Population:

The population comprised parents from the Ain Defla and Médéa governorates.

6-4- Study Sample:

The sample consisted of 175 parents, randomly selected. The scale was distributed and data collected to answer the following questions:

- What is the level of quality of life among parents working in the education sector at the intermediate and secondary stages?
- What is the level of general health quality among parents working in the education sector at the intermediate and secondary stages?
- What is the level of family life quality among parents working in the education sector at the intermediate and secondary stages?
- What is the level of psychological life quality among parents working in the education sector at the intermediate and secondary stages?
- What is the level of time management quality among parents working in the education sector at the intermediate and secondary stages?
- What is the level of environmental quality among parents working in the education sector at the intermediate and secondary stages?

7. Discussion and analysis of results:

To answer the study questions and select the appropriate statistical method, we first verified several assumptions, most importantly the normality of distribution and the suitability of the measurement level. The quality of life variable in the current study is quantitative, measured on an interval scale. To determine the level of the quality variable, the one-sample t-test was used, which also requires the assumption of normality to be satisfied. For this purpose, the Shapiro-Wilk test was employed, and its results are shown in the table below:

Table 05: Results of the Shapiro-Wilk Normality Test

Variable	Test Statistic	Degrees of Freedom	Significance Level
Quality of Life	0.991	175	0.305

From Table 05, we observe that the Shapiro-Wilk test statistic for the quality of life variable is 0.991 with a significance level of 0.305. Since the significance level is greater than 0.05, the data for the quality of life variable are normally distributed. Therefore, parametric statistical methods can be used.

Accordingly, to answer the aforementioned questions, we calculated the arithmetic mean for the sample individuals in each domain of quality of life (general health, family life, psychological life, time management, and environmental quality) as well as the total quality of life score. The hypothetical mean for each domain and for the overall scale was also calculated to allow for comparison and to determine the quality of life level of the target sample. The one-sample t-test was then conducted to compare the hypothetical means with the computed means. The results are shown in the following table:

Table 06: One-Sample t-Test Comparing Hypothetical and Computed Means

No	Domain	Sample Size	Hypothetical Mean	Computed Mean	t-Test Statistic	Degrees of Freedom	Significance Level
01	General Health Quality	175	36	38.56	5.46	174	0.0000
02	Family Life Quality	175	45	61.42	28.64	174	0.000
03	Psychological Life Quality	175	39	42.66	13.30	174	0.000
04	Time Management Quality	175	33	41.32	18.05	174	0.000
05	Environmental Quality	175	30	31.06	2.64	174	0.009
06	Overall Quality of Life	175	189	251.02	17.06	174	0.000

Source: Prepared by the authors (2025).

From Table 06, it is evident that the t-test statistics for the quality of (general health, family life, psychological life, time management, environmental quality, and overall quality of life) were respectively (5.46, 28.64, 13.30, 18.05, 2.64, 17.06), all statistically significant at the 0.01 level. Notably, all computed means are greater than or close to the hypothetical means, indicating that the differences are significant in favor of the computed means. This suggests that the sample individuals possess a high quality of life.

This high level of quality of life among parents working in the education sector can be attributed to their way of thinking, educational level, and personal capabilities. As noted in the theoretical framework, quality of life relates to both subjective and objective components, not merely material aspects. It involves how individuals perceive pressures and respond to problems. The parents' familiarity with adolescents and their ability to manage stress and apply flexible approaches with learners likely contributed to their high quality of life, which is also reflected in their social life.

Discussion: The results align with previous studies that emphasize the relationship between quality of life and cognitive, psychological, and social variables. For example, Mansour Mufreh Said Al-Salmi (2014) found a significant positive relationship between quality of life and positive thinking among university students, highlighting the importance of cognitive frameworks in enhancing life quality. Similarly, Bouaisha Amal (2014) reported a significant correlation between quality of life and psychological identity among victims of trauma, underscoring the psychological dimension's weight in life quality evaluations.

In line with these findings, the ability of parents working in education to navigate complex social and psychological demands may be key to their elevated life quality. Moreover, the involvement and awareness of parents as described by Durisic and Bunijevac (2017) in fostering successful educational partnerships further support the notion that active engagement and adaptive coping strategies are crucial for higher quality of life.

Conversely, the absence of a significant correlation between critical thinking and quality of life as found by Iman Mahmoud Mohamed Abu Younis (2013) suggests that cognitive factors alone may not suffice, emphasizing the multifaceted nature of quality of life.

Overall, these findings emphasize that quality of life among parents in the educational sector is shaped by a complex interplay of cognitive, emotional, social, and environmental factors, confirming the multidimensionality highlighted in the theoretical literature.

The findings of the current study indicate that parents working in the education sector report high levels of quality of life across all assessed dimensions. This may be attributed to their higher cognitive awareness, better stress management strategies, and educational background, which are essential

components linked to subjective well-being. As Diener and Ryan (2009) point out, quality of life is not solely determined by external or material conditions but is significantly influenced by how individuals cognitively appraise their lives and respond to challenges. Moreover, teachers and educators are often trained to reflect critically, regulate their emotions, and maintain work–life balance, which may contribute to higher scores in psychological, familial, and time management domains. This aligns with the theoretical understanding that quality of life is a multidimensional construct shaped by both internal capacities and contextual factors.

The findings of this study indicate that teachers in the sampled Algerian context generally report high levels of quality of life (QoL), with remarkable strengths in family and psychological domains, and relatively lower scores in environmental conditions. Specifically, **family quality of life** scored considerably higher than the hypothetical mean, reflecting the central role of family cohesion and support, which is consistent with research suggesting strong familial values in Maghreb communities and higher life evaluations relative to global averages (Al-Atwi & Al-Haqash, 2020; UNDP, 2021). Regional surveys indicate that Algeria ranks highest in family satisfaction among neighboring countries, reinforcing the importance of familial relations in perceived well-being (Arab Administrative Development Organization, 2019). Compared to individualistic societies, such as the U.S., the contribution of family relations to overall QoL is markedly higher (Diener & Seligman, 2004; Bouziane, 2018).

In the psychological domain, elevated scores align with observations in broader Arab contexts where subjective well-being remains resilient despite economic challenges, a pattern often described as the *Arab happiness paradox* (Gallup, 2022). Collective psychological resilience, fostered by social cohesion, may explain these outcomes (Al-Oufi, 2021). National surveys corroborate these findings, indicating comparable levels of mental well-being to developed countries despite economic disparities (National Institute of Public Health, Algeria, 2023).

8. Conclusion

It can be said that an individual's quality of life is linked to the level at which they satisfy and fulfill their various psychological and social needs, supported by the resources provided by their community's institutions and their own abilities to utilize these resources to meet those needs. The quality of life manifests across multiple domains, including the psychological domain—such as happiness and mental comfort—the physical domain, evident in functional abilities and physical health, and the social domain, which encompasses all functions and positive relationships with others. Ultimately, quality of life is

reflected in the individual's satisfaction with living, which concerns the person's effectiveness in their overall evaluation of life and, consequently, their enjoyment of health and psychological balance that enables them to achieve their life goals.

9. Recommendations:

Based on the findings of this study, it is recommended that educational institutions continue to support the well-being of parents working in the education sector by promoting work-life balance initiatives and psychological support programs. Additionally, future research could explore the factors contributing to high quality of life in this population to further enhance support strategies and replicate successful models in other professional sectors.

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