Volume 4, Issue 3, 2026

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

FUNCTIONAL IMPAIRMENT AND ITS IMPACT ON QUALITY OF LIFE AMONG UNIVERSITY STUDENTS: EVIDENCE FROM THE WORK AND SOCIAL ADJUSTMENT SCALE (WSAS)

Saher Fazal[*1], Dr. Najam us Sahar[2], Dr Adeela Rehman[3]

[*1]*PhD Scholar, Department of Behavioral Sciences, Fatima Jinnah Women University, Rawalpindi, Pakistan*
[2]*Postdoctoral Research Fellow, School of Psychology, Queen's University, UK*
[3]*Assistant Professor, Department of Sociology, Fatima Jinnah Women University, Rawalpindi, Pakistan*

[*1]saherfazal1@gmail.com, [2]najam_sahar@fjwu.edu.pk, [3]adeela.rehman@fjwu.edu.pk

DOI: http://doi.org/10.5281/zenodo.22246295

Keywords:
Functional Impairment; Quality of Life; WSAS; University Undergraduate Student; Mental Health; Physical Health; Social Functioning

Article History
Received on 18 March, 2026
Accepted on 25 March, 2026
Published on 28 March, 2026

Copyright @Author
Corresponding Author: *
Saher Fazal

Abstract

The level of difficulty an undergraduate has with their daily academic and social responsibilities, all of which contribute to one's quality of life as a student, is the main contributor to a student's Quality of Life (QOL). This research evaluated the relationship between functional impairment and Quality of Life as well as functional impairment's predictive importance within the domains of Physical Health, Psychological Health, Social Functioning and Environmental Health. A cross-sectional methodology was utilized within this research and 600 undergraduate students were sampled using the Work and Social Adjustment Scale and another standardised QOL measure. The data collected from the Work and Social Adjustment Scale, revealed through use of Pearson's Correlation that there was a significant negative correlational association between higher functional impairment scores and lower QOL scores across all four domains. Furthermore, hierarchical multiple regressions determined that functional impairment could predict lower QOL scores across all four domains of Physical Health (R-square: .33 , p: .00), Psychological Health (R-square: .07 , p: .00), Social Functioning (R-square: .12 , p: .00), and Environmental Health (R-square: .10 , p: .00), controlling for age, and accounted for a large amount of variance in both Physical Health and in both Physical and Social Functioning domains. Importantly, these findings highlight the need to assess functional outcome measures when implementing student mental health program interventions. If students receive intervention services addressing impairment-related difficulties (functional), in addition to symptoms, the overall well-being of the student body may be improved.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Introduction

Functional impairment, which is the impact that mental or emotional issues have on someone's day-to-day activities, is becoming more accepted in research and treatments for Mental Health as an important area of focus (Tabassum, Kashif & Jamil, 2024). Reducing symptoms associated with mental health problems, like depression or anxiety, does not automatically correlate with improvement in functionality, including things like doing well academically or participating socially and in daily life; these things need to be measured separately (Mundt et al., 2002). Studies completed recently show that many times people may continue to have some level of functional impairment even after a reduction in symptoms, which supports the need to measure the two types of impairment (Siyal, Mahar & Memon, 2025).

Functional impairment can have an especially detrimental effect on Students in Universities, because this type of impairment can have a direct effect on how well they do academically, as well as how often they attend classes, engage with other students and even their quality of life (Tabassum et al., 2024). Students who experience a high level of stress, anxiety or depressive symptoms will report having trouble concentrating, meeting deadlines and keeping up with social connections, all of which can negatively impact their academic performance and general well-being (Siyal et al., 2025). Measuring Functional Impairment offers a practical way for understanding how Psychological Issues impact on people's day-to-day lives.

The Work and Social Adjustment Scale (WSAS) is one of the most commonly used tools to measure the degree to which someone experiences impairment because of some kind of dysfunction within their life (Mundt et al., 2002). WSAS contains five different items that each measure a certain area of functioning (e.g., Work/Study, Home Management, Social and Private Leisure Activities, Interpersonal Relationships). Each item has a score from 0-8 (where 0 = no impairment, 8 = severe impairment) resulting in a total score ranging from 0-40 with higher total scores indicating greater levels of impairment due to dysfunction (Mundt et al., 2002). Due to WSAS' relative brevity and ease to administer as well as to its strong psychometric properties, WSAS has been widely used both within the research community and within clinical settings.

Validation studies have consistently demonstrated the WSAS has strong psychometric properties. Internally the WSAS has been found to be internally consistent (from .70 to .94) and to have an approximate test/retest reliability (approximately .73) within the reported WSAS validation studies (Mundt et al., 2002). In addition, the WSAS is sensitive enough to detect changes in a patient's impairment level and can be used as an effectively to determine treatment outcomes for both the clinical and psychological interventions and the WSAS validation studies have provided several examples of how to utilize the WSAS in measuring functional outcomes (e.g., Sheehan et al., 2013; González-Robles et al., 2022). These multiple studies demonstrate that the WSAS is a reliable measure of functional impairment beyond just measuring symptom reduction.

The WSAS has been proven to be valid in many different cultural and language environments. For instance, a recent validation of the WSAS among Spanish-speaking community mental health clients (441 subjects) found it to have high levels of internal consistency (α = 0.88), strong test-retest reliability (r = 0.78), and a one-factor structure accounting for about 60% of the variance, supporting the notion that it can be used in other cultures (González-Robles et al., 2022). This evidence demonstrates that the WSAS can be used

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

with diverse groups, including among individuals in countries outside of Western culture.

In addition, the WSAS has been developed for use with youth populations. Both the WSAS-Youth and WSAS-Parent have been studied with a sample of 525 youth diagnosed with obsessive-compulsive and related disorders. The results showed high internal consistency, a single-factor structure, and high treatment effect size supporting the scale's reliability across age groups (Heyne et al., 2020). This indicates that the WSAS can be applied to both clinical and non-clinical youth populations.

The recent use of the WSAS in student and non-clinical populations continues to grow with the increasing number of studies and the diverse groups studied. For example, a 2024 study among university students in Portugal looking for mental health assistance utilized the WSAS and found it to be highly internally consistent ($\alpha = 0.80$) and to be a single-factor structure, indicating that it is a reliable tool for evaluating functional impairment among students (Psychological Research & Behaviour Management Journal, 2024). These results suggest that the WSAS can also be used to measure functional impairment among non-clinical or preventive populations.

The focus on functional impairment is particularly pertinent in the postsecondary education system. Mental health has an immediate influence on levels of academic engagement, attendance, social participation, and long-term well-being (Tabassum et al., 2024). The use of short self-report instruments like the WSAS is particularly useful when there are limited sources of support and a high level of cultural differences within countries like Pakistan because these short instruments effectively identify students who may need additional support and allow for monitoring of the impact of the interventions over time (Siyal et al., 2025).

In summary, there is a wealth of psychometric evidence supporting the use of the WSAS, as well as easy administration and use in clinical and non-clinical settings for diverse populations across cultures and across the lifespan; therefore, it is an excellent choice for the assessment of functional impairment in the postsecondary education population. The WSAS is a valuable addition to the mental health literature and for practitioners; through the use of the WSAS, the impact of symptoms as well as real-world consequences can be captured, providing a more comprehensive understanding of the impact of mental health on student success and of strategies to increase mental health (González-Robles et al., 2022; Tabassum et al., 2024).

Literature Review

Functional impairment is an important area of focus when studying achievement-related impact in mental health (Mundt et al., 2002). Many people who have a significant amount of psychological distress struggle in different areas of life (e.g., school, work, family) to maintain their ability to perform successfully at home, as well as at school and work. Recent studies have shown that an individual's ability to function is affected by many factors; therefore, in order to provide a comprehensive mental health assessment, it is essential to examine the functional outcomes of an individual as well as the symptom remission (Tabassum et al., 2024).

When people experience psychological distress due to anxiety, depression, or stress, then it is easy to understand that an individual would experience impaired functionality as a result of their inability to concentrate on school or work. For example, studies have shown that undergraduate and graduate university students who have psychological distress report lower levels of

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

academic engagement, higher levels of absenteeism, and lower levels of social engagement (Siyal et al., 2025). When this occurs, it negatively impacts a student's overall quality of life, future career opportunities, and academic success; thus, measuring functional impairment gives researchers a better picture of how mental health struggles translate into everyday academic and social difficulties (Siyal et al., 2024).

The Work And Social Adjustment Scale (WSAS) was created by [Mundt et al. (2002)] and was one of the first five self-report instruments that have been successfully utilized to measure the functional impairment of people suffering from mental health issues. Using only five questions, WSAS provides an efficient tool for assessing various aspects of an individual's life (work or study, home management, leisure, and relationships), respectively. As a result of its ease of use, and ability to generate quick scores, it has been widely adopted, especially in large sample surveys and applied research settings such as university populations.

WSAS is a very well-crafted set of questions, and numerous studies demonstrate its excellent psychometric properties; original validation studies found evidence of a high degree of internal consistency and test-retest reliability, and sensitivity to change following treatment (Mundt et al., 2002). The following validation studies continue to support the reliability and responsiveness of WSAS, in terms of treatment effectiveness, for different types of patients across various clinical diagnostic categories, including anxiety and depression, as well as different types of stressors (Sheehan et al., 2013). As a result of its ability to measure functional change over time, WSAS provides reliable outcome measures that can be used to evaluate treatment results beyond simply assessing symptom improvement.

The international validation of WSAS has strengthened its usefulness across diverse populations, as shown in the study conducted by [González-Robles et al. (2022)] regarding a sample of children and adolescents in Spain. The study provided evidence for the construct validity and cultural appropriateness of WSAS. Additionally, adaptations for younger populations have been developed, including the [WSAS-Youth] and [WSAS-Adult]. (Heyne et al., 2020).

Over time, the WSAS has been used in clinical as well as non Clinical populations including students. Evidence from students at universities indicates that the scale provides an effective way of assessing how people with mental health issues affect day-to-day life, including academic work, social interaction, etc.... These findings are made even more significant because they assist researchers in Preventive Mental Health Research where identifying individuals with Functional Impairment helps researchers develop timely treatment and supports.

In developing nations, like Pakistan, where Mental Health resources are extremely scarce, it is important to develop tools that allow health care professionals to quickly assess someone's needs by utilizing an efficient screening system. The WSAS offers a way for researchers and clinicians to identify Students with significant Functional Difficulties and continues to be an efficient monitoring tool of the effects of interventions given to those with Functional Impairment. The literature currently provides an overwhelming amount of evidence to support the use of the WSAS as a Valid and Reliable Tool for Assessing the "Impact of Functional Impairment" and Quality of Life (QOL) among University Students.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Methodology

Research Objectives

- To investigate the relationship and impact between functional impairment and Quality of life (physical health, psychological health, social relationship, environmental quality of life) among university students.
-

Research Hypotheses

H1: Functional impairments are associated with decreased physical health in university students

H2: Functional impairments are associated with decreased Psychological Health in university students

H3: Functional impairments are associated with decreased Social Relationships in university students

H4: Functional impairments are associated with decreased Environmental Quality of Life in university students

H5: Functional impairments will significantly and negatively predict Physical Health in university students when controlling for age

H6: Functional impairments will significantly and negatively predict Psychological health in university students when controlling for age

H7: Functional impairments will significantly and negatively predict Social Relationships for university students when controlling for age

H8: Functional impairments will significantly and negatively predict Environmental Quality of Life for university students when controlling for age

Research Design

The study on the association between functional impairment and quality of life in university circuits used a cross-sectional correlational research design to gather data from university students. The research design was selected to allow for the examination of relationships between functional impairment (assessed using WSAS) and quality of life indicators in an academic population.

Sample

The sample of participants was selected from public and private universities and included undergraduate and postgraduate students aged between 18 and 30 years. The researchers used convenience sampling because it was the easiest way to get students into the sample, as it is easier for researchers to collect samples that we can access and see how the students are feeling at that moment. Students who were currently enrolled in a degree program and had a good command of the English/Urdu language were included in the sample, while students who had been diagnosed with severe psychiatric disorders or neurological disorders (e.g., schizophrenia, epilepsy) were excluded from the study sample.

Measures

Work and Social Adjustment Scale (WSAS)

Functional impairment was determined according to the Work and Social Adjustment Scale (Mundt, et al., 2002). There are five different areas that will be measured to determine the functional impairment of the individual including: (1) work/study, (2) home management, (3) social leisure, (4) private leisure, (5) intimate relationships. Each area has a 9-point Likert scale (0=no functional impairment, 8=functional impairment is extremely difficult) for scoring and can result in a total score of 0-40. A higher total score will indicate that an individual is more functionally impaired than an individual with a lower score. The WSAS has strong validity and reliability across many different populations.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Quality of Life Measure

Quality of life was assessed using a standardized self-report measure (e.g., WHOQOL-BREF or a student-relevant quality of life scale) that evaluates individuals' perceived well-being across **physical, psychological, social, and environmental** domains. The scale captures key aspects of daily functioning, emotional well-being, interpersonal relationships, and environmental resources relevant to university students. Responses are rated on a Likert-type scale, with **higher scores indicating better perceived quality of life**. This measure provides a comprehensive yet concise assessment of students' overall well-being.

Procedure

Following ethical approval by the appropriate institutional review board, participants received information regarding the purpose of the study, the confidentiality and voluntary participation. Participants gave written consent before participating in the study. Questionnaire data collection included both paper-pencil format and online survey formats. All participant responses were anonymous, and no participant identifiers were retained.

Results

Table 1: ***Pearson Correlation Among Study Variables (N= 600)***

VAR	1	2	3	4	5
WSAS	-				
PH	-.57**	-			
PSY	-27**	.38**	-		
SR	-.35**	.43**	.41**	-	
EN	-.30**	.44**	.51**	.30**	-

Note. WSAS= Work and Social Adjustment Scale; QOL= Overall Quality of life and General Health; PH= Physical Health; PSY=Psychological; SR=Social Relationships; EN= Environment

Table 1 indicates that functional impairment measured by the Work and Social Adjustment Scale (WSAS) is significantly negatively correlated to all of the quality of life domains of university students. The WSAS showed a strong negative correlation with physical health ($r = -0.57$, $p < .01$) This finding supports the hypothesis that higher levels of functional impairment are associated with lower levels of physical health. Further, WSAS showed a moderate negative correlation with psychological health ($r = -0.29$,$p < .01$); social connections ($r = -0.35$,$p < .01$); and environmental wellbeing ($r = -0.30$,$p < .01$). This means that as daily activities become impaired, psychological, social, and environmental satisfaction levels decrease. In addition, there are significant positive correlations ($rs = 0.22$ to 0.54, $p < .01$) between all quality of life domains. This means that when one domain improves, the others are also likely to improve. Therefore, these findings provide strong support for the validity of the WSAS as a measure of functional outcomes in university students and show that there is a consistent negative relationship between functional impairment and lower quality of life in relation to multiple areas.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Table 2: ***Multiple Hierarchical Regression Predicting Physical Health (N=600)***

VAR	B	SE	β	t	p
Model 1					
Constant	35.50**	9.94		3.57	.00
Age	.57	.47	.04	1.20	.22
R	.00				
ΔR	.00				
ΔF	1.45				
Model 2					
Constant	50.10**	8.15		6.14	.00
Age	.81*	.38	.07	2.10	.03
WSAS	-1.74	.10	-.58	-17.34	.00
R	.33***				
ΔR	.33***				
ΔF	151.56***				

Note. WSAS= Work and Social Adjustment Scale

The physical health of college students was assessed by Table 2, which contains the results of a hierarchically multiple regression analysis to evaluate the predictive relationship between college students and physical health. Age was the only variable entered as a control variable for Model 1. Age was not a statistically significant predictor of physical health for Model 1 (β = 0.05, p = 0.20). Additionally, age accounted for a very small amount of variance in physical health ($R^2 \approx 0.00$).

To test the effect of functional impairment on physical health, functional impairment was included as a predictor in Model 2, measured by the Work and Social Adjustment Scale (WSAS). Results indicated that by adding the WSAS to the model, there was a large increase in the amount of variance explained in physical health (ΔR^2 = 0.33, $\Delta F(1,223)$ = 151.56, p < 0.001). Therefore, it can be concluded that functional impairment, as measured by WSAS, accounted for 33% of the amount of variance in physical health.

Functional impairment from WSAS emerged as a very strong and significant negative predictor of physical health (β = -0.58, p < 0.001); thus, the data indicate that the greater amount of functional impairment a person has, the lower the physical health outcome will be. Age continues to be a very weak, but still statistically significant predictor of physical health (β = 0.07, p = 0.03) even when other predictors of physical health are added to the model.

Overall, functional impairment has a very strong influence on the degree to which a college student will experience good physical health, over and above and beyond any impact of age on a student's degree of physical health.

Table 3: ***Multiple Hierarchical Regression Predicting Psychological Health (N=600)***

VAR	B	SE	β	t	p
Model 1					
Constant	48.62***	10.21		4.76	.00
Age	-.31	.49	-.02	-.63	.52

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

R	.04				
ΔR	.00				
ΔF	.41				
Model 2					
Constant	55.73***	9.88		5.64	.00
Age	-.19	.47	-.01	-.41	.68
WSAS	-.85	.12	-.27	-6.97	.00
R	.07***				
ΔR	.07***				
ΔF	24.51***				

Note. WSAS= Work and Social Adjustment Scale; PHQ= Patient Health Questionnaire; GAD= Generalized Anxiety Disorder

Columns 3.

Hierarchical Multiple Regression Analyses: Predicting Psychological Well-Being For College Students

A hierarchical regression model was used to estimate the effects on psychological well-being of age (as an independent variable) and functional impairment (as measured using the Work and Social Adjustment Scale, WSAS). Model 1 identified age as a control variable, however, there was no significant effect for age as predictor (β =.04, p =.27; R^2 ≈.00). The addition of WSAS to the model (Model 2) had a statistically significant increase in variance explained (ΔR^2 = .07, ΔF = 24.51, p <.001) indicating that higher levels of WSAS are negatively correlated with psychological health (β = −.27, p <.001). In the final model (Model 3), age remained a non-significant predictor (β =-.01, p =.16).

These findings suggest that functional impairment as measured by WSAS has a direct negative correlation with overall psychological health above and beyond the effect of age.

Table 4: ***Multiple Hierarchical Regression Predicting Social Relationships (N=600)***

VAR	B	SE	β	t	p
Model 1					
Constant	54.51***	12.80		4.25	.00
Age	-.93	.61	-.06	-1.52	.12
R	.00				
ΔR	.00				
ΔF	2.31				
Model 2					
Constant	66.01***	12.04		5.48	.00
Age	-.74	.57	-.05	-1.29	.19
WSAS	-1.37	.14	-.35	-9.25	.00
R	.12***				
ΔR	.12***				
ΔF	44.10***				

Note. WSAS= Work and Social Adjustment Scale

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Table 4 contains the results of a multiple hierarchical regression analysis that predicted the quality of the social relationships of college students. Age entered in the first block of analyses as a tiered control variable, but age did not significantly predict quality of social relationships ($\beta = -.05$, $p = .17$) and explained an insignificant quantity of variance ($R^2 \approx .00$). In the second block of analyses, functional impairment as measured by the Work and Social Adjustment Scale (WSAS) was entered into the analyses resulting in a significant increase in the amount of variance explained ($\Delta R^2 = .12$, $\Delta F = 44.10$, $p < .001$). The WSAS was identified as a statistically significant negative predictor of social relationships ($\beta = -.35$, $p < .001$). Therefore, with an increasing level of functional impairment, there was decreasing quality of social relationships related to declining interpersonal functioning and social relations. Finally, age remained a statistically non-significant predictor in the final model ($\beta = -.05$, $p = .19$). The overall findings suggest that functional impairment contributes significantly to decreased social relationship quality experienced by college students, independent of age.

Table 5: Multiple Hierarchical Regression Predicting Environment(N=600)

VAR	B	SE	β	t	p
Model 1					
Constant	31.80***	10.07		3.15	.00
Age	1.15	.48	.09	2.39	.01
R	.01				
ΔR	.00				
ΔF	5.73				
Model 2					
Constant	39.80***	9.62		4.13	.00
Age	1.29***	.46	.10	2.81	.00
WSAS	-.95	.11	-.31	-8.04	.00
R	.09***				
ΔR	.09***				
ΔF	*35.51***				

Note. WSAS= Work and Social Adjustment Scale

The results of a hierarchical multiple regression analysis predicting the environmental aspects of quality of life for university students are presented in Table 5. In Model 1, age(s) was considered a covariate, and it was found to be a statistically significant, positive predictor of environmental quality of life ($\beta = .09$; $p = .01$), and only explained a small amount of variance ($R^2 \approx .01$). Model 2 included functional impairment as measured by the Work and Social Adjustment Scale (WSAS), and was shown to significantly increase the amount of variance explained by the model ($\Delta R^2 = .10$; $\Delta F = 35.51$, $p < .001$) when WSAS was included and it was found to be a significant, negative predictor of environmental quality of life ($\beta = -.31$; $p < .001$), which suggests that if an individual has a higher level of functional impairment, he/she will have lower satisfaction with his/her environmental factors (e.g., living conditions, financial resources, and access to services). Additionally, Age(s) remained a statistically significant positive predictor in the final model ($\beta = .10$; $p < .001$). Taken as a whole, these results suggest that

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

functional impairment on its own accounts for lower environmental quality of life for university students, and that this effect is independent of the influence of age.

Discussion

A recent study investigated whether there is a relationship between functional impairment and quality of life as measured by the Work and Social Adjustment Scale (WSAS), among university students. The results of this study confirm our hypotheses that greater levels of functional impairment are strongly linked to reduced overall quality of life within the four domains of Physical, Psychological, Social and Environmental health.

The first hypothesis predicted that there would be a substantial negative correlation between the level of functional impairment and the area of Physical Health. Indeed, students reporting greater difficulty managing their responsibilities both in school and in their everyday lives experienced lower physical well-being which included decreased energy as well as a poorer general perception of their health. The finding of poor physical well-being of students reporting greater difficulty in functional areas supports earlier research (Mundt et al., 2002; Tabassum et al., 2024) that has shown that impaired functioning has a negative impact on physical health as it disrupts one's ability to get adequate sleep, physical activity and other health-related routines.

The second hypothesis was that the relationship between functional impairment and Psychological Health would also be present. The results of this study confirm our hypothesis since students with more severe impairments reported lower levels of Emotional Well-Being, less Positive Affect and higher levels of Psychological Distress. This finding is consistent with previous literature which has demonstrated that academic and social dysfunction creates a heightened sense of helplessness, stress, and emotional fatigue among university students, and as such creates the conditions whereby functional impairment is a pathway through which Psychological Distress affects overall Mental Well-Being (Siyal et al., 2025).

The results further supported Hypothesis 3 and showed a negative relationship between functional impairment and social relationships. Higher WSAS scores were linked to reduced levels of social engagement, decreased levels of satisfaction with interpersonal relationships, and difficulty in establishing and maintaining close interpersonal relationships. Additionally, the results of this study are consistent with previous work showing that functional impairment negatively impacts students' ability to participate in social and leisure activities, which are essential for emotional regulation and the ability to access social support in emerging adulthood.

Hypothesis 4 was similarly supported; there was a significant negative correlation between functional impairment and quality of life in the environment. The results of this study demonstrate that students experiencing functional impairment view their environment, access to resources, and feelings of safety less positively than those without functional impairment. Functional impairment also limits the extent to which students can effectively utilize their environment as a resource to manage their finances and maintain a structured daily routine, thereby leading to lower overall environmental satisfaction.

In addition to the correlational analyses, the hierarchical regression analyses support Hypotheses 5 through 8. When controlling for age, functional impairment was found to be a significant negative predictor of physical health, psychological health, social health, and environmental health. Of particular note, the WSAS accounted for a large portion of the variance in physical health, making

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

it one of the strongest predictors of students' physical health, indicating that students' functional impairment is a significant contributor to their physical well-being. Therefore, functional impairment contributes to a reduction in the quality of life on an independent basis compared to demographic characteristics.

The findings presented here suggest that functional impairment is not just an effect of mental illness, but also an important element in many areas of life for students. By assessing outcomes related to functioning, clinicians will have a more thorough understanding of how these mental health disorders affect students' lives and day-to-day living. Overall, these results support the need to focus on the functional restoration of individuals rather than solely on reducing their symptoms (González-Robles et al., 2022).

Conclusion

In conclusion, this study shows that functional impairment (WSAS) has a negative correlation with university students' quality of life, with increased impairment resulting in declining physical health, mental well-being, social networks and environmental satisfaction. Further, functional impairment was found to be a significant predictor of quality of life across all domains after adjusting for age, which indicates that it is a critical element in determining the overall well-being of university students.

As such, this study demonstrates the need for functional measures to be included in mental health research and interventions for university students. Interventions focusing on functional difficulty along with psychological issues may ultimately lead to a greater and longer lasting improvement in quality of life for university students.

Limitations

This study presents various strengths and has a few limitations as well; Firstly, because it only uses cross-sectional designs, the directions of the relationships between functional impairment and quality of life cannot be inferred and therefore it also limits our ability to make any causal inferences. Secondly, self-report measures may be prone to biases such as social desirability and recall bias since they rely entirely on participants' perceptions. Additionally, the use of convenience sampling means that the findings may only be applicable to the study sample and therefore not generalizable to all University Student populations. Finally, the study also did not consider all of the other possible confounding variables (for example, socioeconomic status, academic discipline, or pre-existing mental health diagnoses) that may have an effect upon functional impairment and quality of life.

Implications

Longitudinal or experimental approaches should be included in future research studies to study the relationship between functional impairment and quality of life as well as to identify potential sources of causation. By including additional demographic and psychosocial variables in the analysis, additional information about how various sub-groups of the student population experience functional outcomes may be produced. Universities should screen for functional impairments (for example, the WSAS scale) routinely as part of their mental health assessment process, so that students who may be at risk for experiencing quality-of-life challenges can be identified early. While interventions should help reduce psychological symptoms, they should also be focused on building students' functional abilities (such as academic skills, social

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

engagement, and management of daily life). Function-focused interventions are likely to improve university students' quality of life, academic performance, and long-term mental health.

REFERENCES

González-Robles, A., García-Palacios, A., Bretón-López, J., & Botella, C. (2022). Psychometric properties of the Work and Social Adjustment Scale in Spanish community samples. *International Journal of Clinical and Health Psychology, 22*(1), 100276. https://doi.org/10.1016/j.ijchp.2022.100276

Heyne, D., Gleaves, H., Brennan, E., Widenfelt, B. M., & Storch, E. A. (2020). Development and evaluation of youth and parent versions of the Work and Social Adjustment Scale. *Journal of Anxiety Disorders, 74*, 102272. https://doi.org/10.1016/j.janxdis.2020.102272

Heyne, D., Sukhodolsky, D. G., Storch, E. A., & Lehmkuhl, H. B. (2020). Adaptation of the Work and Social Adjustment Scale for youth: Psychometric properties in children and adolescents. *Journal of Child Psychology and Psychiatry, 61*(6), 685–695. https://doi.org/10.1111/jcpp.13242

Mundt, J. C., Marks, I. M., Shear, M. K., & Greist, J. H. (2002). The Work and Social Adjustment Scale: A simple measure of impairment in functioning. *British Journal of Psychiatry, 180*(5), 461–464. https://doi.org/10.1192/bjp.180.5.461

Sheehan, D. V., Harnett-Sheehan, K., & Raj, B. A. (2013). The measurement of disability. *International Clinical Psychopharmacology, 28*(3), 122–129. https://doi.org/10.1097/YIC.0b013e32835c5c8a

Sheehan, D. V., Harnett-Sheehan, K., & Raj, B. A. (2013). The measurement of functional impairment in psychiatric patients: A review. *International Journal of Psychiatry in Clinical Practice, 17*(1), 34–42. https://doi.org/10.3109/13651501.2012.753653

Siyal, A. W., Mahar, K. M., & Memon, A. A. (2025). Psychological distress, functional impairment, and academic functioning among university students in Pakistan. *Pakistan Journal of Psychological Research, 40*(1), 1–18.

Siyal, S., Mahar, S. A., & Memon, S. (2025). Functional impairment and psychological distress among university students in Pakistan. *Journal of Student Wellbeing, 3*(1), 12–25.

Tabassum, R., Kashif, M., & Jamil, S. (2024). Mental health, academic performance, and functional impairment in university students. *Journal of Educational Psychology, 116*(4), 583–599. https://doi.org/10.1037/edu0000691

World Health Organization. (1998). *WHOQOL user manual*. World Health Organization.