Navigating Well-being and Academic Success:
Insights From University Dormitory Life

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Abstract
University dormitories provide a supportive environment, yet students encounter challenges impacting academic performance and well-being. In 2024, a web survey targeted 288 undergraduates residing in campus dorms in Vietnam. Assessing participants' characteristics, physical attributes, lifestyle patterns, and mental health status (DASS-21) revealed key insights. The findings unveiled an average of 2.9 roommates (SD = 1.41), with an average sleep duration of 6.9 hours (SD = 1.43) and a bedtime around 11:58 PM (SD = 1.29). Handheld device usage averaged 6.4 hours (SD = 3.47), and self-study hours averaged 2.9 (SD = 2.06). Self-prepared meals and out-campus breakfast were prevalent. The majority abstained from alcohol (62.4%) and tobacco (96.2%). GPA correlated with age, a smaller number of roommates, and self-study hours, with older students and those engaging in more independent study exhibiting higher GPAs. Additionally, students majoring in medicine and those in higher grades tended to have higher GPAs. Blood type was correlated with depression levels. Understanding dormitory challenges, including social dynamics and adjustment issues, is crucial for effective student support. These findings provide valuable insights into lifestyle, academic behaviors, and mental health, informing potential interventions aimed at enhancing student well-being and academic success.

Keywords: University Dormitories, Academic Performance, Well-being, Student Support, Lifestyle Patterns

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Introduction

University dormitories serve as crucial components of the higher education experience, providing students with a unique living environment that fosters academic growth, social interaction, and personal development (Yanni, 2022). However, despite their intended role as supportive communities, dormitories can also present challenges that impact students' overall well-being and academic success (Tajbakhsh & Riahi, 2016). The architecture of the dormitory could influence the behaviors of its residents (Heilweil, 1973). Understanding these challenges and their implications is essential for universities to provide effective support systems and cultivate environments conducive to student flourishing. Numerous studies have explored the various dimensions of university dormitory life, highlighting the complexities and nuances inherent in communal living arrangements. Research has identified factors such as roommate dynamics, sleep patterns, lifestyle habits, and mental health status as influential determinants of students' experiences in dormitories (Moghaddam et al., 2017; Tao et al., 2016). For example, studies have found that the work-life balance of students living in dormitory is lower than students living outside, which can significantly impact students' overall satisfaction with academic life and their academic performance (Shojaei et al., 2022). Similarly, research has shown a conflict amidst roommates negatively influenced their lifestyle and academic success (Nourafkan et al., 2020). During the COVID-19 pandemic, living in a dormitory has been reported to be associated with stress (Hoang Nam Tran et al., 2022), but sometimes such an association has not been found (N. H. Tran et al., 2022).

Moreover, the transition to university life and the challenges of adapting to a new environment can contribute to heightened levels of stress, anxiety, and depression among students living in dormitories (Lee et al., 2016). A study in Japan has shown that the agemate-dominant-type students more easily developed relationships with new agemates and reported fewer difficulties in making the transition (Takahashi & Majima, 1994). relaxation techniques can relieve the stress and improve some aspects of the quality of life (Naiery & Hajbaghery, 2006). In female students, changes in menstrual and menstrual-related symptoms may occur after the university entrance (Matsuura et al., 2023). Understanding the prevalence and correlates of mental health issues in dormitory residents is crucial for universities to implement targeted interventions and support services to address students' psychological well-being.

Despite the wealth of research on dormitory life, there remains a notable gap in the literature regarding the specific challenges and adjustment processes faced by students in dormitories, particularly in the context of Vietnamese higher education. Therefore, our study seeks to address these gaps by providing an exploration of the dormitory life dynamics among Vietnamese university students. We aim to explore the interplay between various factors, including students' characteristics, lifestyle patterns, and mental health status, and their implications for well-being and academic success. Through a detailed analysis of the survey findings, we seek to provide insights into the challenges faced by students in dormitories and identify potential strategies for universities to enhance student support and promote academic achievement in these settings.

We suggest a conceptual framework for understanding the dynamics of university dormitory life among Vietnamese students, incorporating various factors that influence students' experiences, well-being, and academic success. At its core, this framework recognizes the interplay between individual characteristics, social dynamics, environmental factors, and institutional support mechanisms in shaping students' dormitory experiences. In this study, we

aimed to investigate the dynamics of university dormitories in Vietnam and their impact on the academic performance and well-being of undergraduate students.
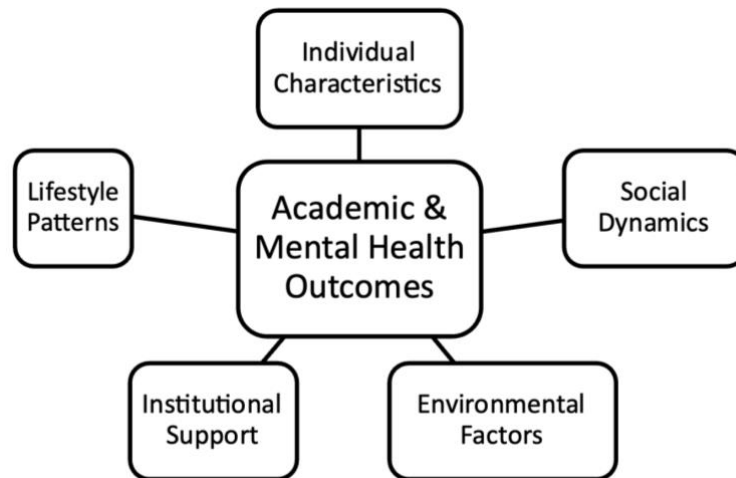

Figure 1: Conceptual Framework (by the authors)

Method

In 2024, a cross-sectional web survey was conducted targeting 288 undergraduate students from a university in Vietnam. All the participants were living in the campus dormitory administered by the university. For collecting data about academic performance, we did not include first grade students in the study. The collected data were analyzed using IBM SPSS Statistics. Prior to participating, participants were briefed on the study's purpose, voluntarily, confidentiality and anonymity. The questionnaire consists of the following sections: (1) Characteristics of participants; (2) Physical characteristics of participants; (3) Lifestyle patterns; (4) Mental health status using the Depression Anxiety Stress Scales (DASS-21) (Norton, 2007). Data about the current situation of the dormitory building was collected separately by interviewing university staff. The study was approved by the IRB of Thai Binh University of Medicine and Pharmacy (Approval No. 926 on 7 September 2023).

Results

The dormitory building of interest is belonging to the targeted university in Vietnam. The building is currently undergoing changes and offering diverse amenities. The dormitory building is located approximately 2km away from the campus, with students having the option to walk, bike, or ride a motorbike to get to classes. Rooms are situated on all the four floors of the building, without elevators, yet they are spacious at around 12m2 and can accommodate up to 8 students with bunk beds provided. The dormitory rooms are segregated by gender, with each room equipped with its own ensuite bathroom facilities. Cooking is not permitted in the rooms, but there's a common kitchen area for preparing and making meals. Nearby medical services are available, and preventive measures against infections such as hand sanitizers, surface disinfectants, and masks are provided during outbreaks. However, there are no study rooms within the dormitory, and electricity and water expenses are billed per room. Additionally, there is no air conditioning, but there is a sports playground adjacent to the dormitory for students' recreation and physical fitness.

Table 1 shows the characteristics of the respondents. The provided data in Table 1 outlines the characteristics of the participants in a study or survey, with a total sample size of 288

individuals. the study has a higher proportion of female participants compared to male participants. the participants are mostly from the 2nd and 3rd years, with decreasing numbers in higher grades. The majority of participants are from the Medicine major, followed by Pharmacy and Nursing, with a smaller representation from Traditional Medicine. Most participants are from provinces other than Thai Binh, with a smaller percentage from Thai Binh itself or from abroad. Blood group O is the most common among the participants, followed by group B, with A being less common and AB the least common. The majority of participants are Rh positive.

Table 1. Participants Characteristics (N=288)

Category	Value	Total	
		n	%
Gender	Female	205	71.2
	Male	83	28.8
Grade	2nd year	80	27.8
	3rd year	82	28.5
	4th year	69	24.0
	5th year	41	14.2
	6th year	16	5.6
Major	Medicine	186	64.6
	Pharmacy	64	22.2
	Nursing	35	12.2
	Traditional Med.	3	1.0
Hometown	Thai Binh city	11	3.8
	District in Thai Binh prov.	44	15.3
	Other provinces	213	74.0
	Abroad	20	6.9
Blood type (ABO)	Group O	144	50.0
	Group A	43	14.9
	Group B	88	30.6
	Group AB	13	4.5
Blood type (Rh)	Rh(-)	102	35.4
	Rh(+)	186	64.6

Table 2 provides additional characteristics of the participants in the study, specifically focusing on numerical variables such as age, height (cm), and weight (kg). The average age of the participants is approximately 20.8 years. The SD of 1.66 indicates a narrow age distribution. The average height is around 160.7 cm. The average weight of the participants is approximately 52.8 kg.

Table 2. Participants characteristics (N=288)

	N		Mean	Median	SD
	Valid	Missing			
Age (year)	287	1	20.8	20.0	1.7
Height (cm)	287	1	160.7	160.0	7.55
Weight (kg)	285	3	52.8	51.0	8.96

Table 3 presents the mean, SD, and median for four variables: last semester's GPA (grade point average) out of a maximum of 10, depression score, anxiety score, and stress score. The mean GPA is 6.64, indicating an average performance, while the median is slightly higher at 7.0. The SD of 3.44 suggests a notable degree of variability in GPAs among the participants. The mean depression score is 9.93, with a median of 9.0. The SD of 8.09 indicates considerable variability in depression levels. The mean anxiety score is 10.24, with a median of 10.0. The SD of 8.27 suggests notable variability in anxiety levels. The mean stress score is 9.39, with a median of 8.0. The SD of 8.06 indicates considerable variability in stress levels.

Table 3. Academic performance and mental health status (N=288)

	N		Mean	Median	SD
	Valid	Missing			
Last semester GPA (max 10)	259	29	6.6	7.0	3.4
Depression	288	0	9.9	9.0	8.1
Anxiety	288	0	10.2	10.0	8.3
Stress	288	0	9.4	8.0	8.1

Table 4 presents the mean, SD, and median for five variables related to the participants' living conditions, habits, and study routines. The mean number of roommates is 2.92, with a median of 3.00. The SD of 1.409 indicates some variability in the number of roommates among the participants. The mean hours of sleep per night is 6.92, with SD of 1.430 suggests some variability in sleep durations. The mean time to go to bed is 23.58 (11:58 PM), with a median of 23.00 (11:00 PM). The SD of 1.285 indicates some variability in bedtime among the participants. The mean hours spent using handheld electronic devices is 6.41, with considerable variability. The mean hours allocated for self-study is 2.94, with a median of 2.00 and some variability.

Table 4. Number of roommates and daily time spending patterns

	N		Mean	Median	SD
	Valid	Missing			
Number of roommates	288	0	2.9	3.0	1.4
Hours Sleeping	285	3	6.9	7.0	1.4
Time to go to bed	288	0	23.6	23.0	1.3
Hours of using handheld electronic devices	285	3	6.4	6.0	3.5
Hours for Self-Study	284	4	2.9	2.0	2.0

Table 5 shows the eating patterns of the respondents. The majority of participants (36.8%) reported having breakfast out-campus. Self-made breakfast is the second most common pattern (20.8%). Not eating breakfast is notable, with 27.1% of participants reporting this pattern. Lunch and dinner show a significant dominance of self-made meals, with 71.2% and 78.5% of participants reporting this pattern. Out-campus lunch and dinner are the next most common pattern, with 16.3% and 10.4% of participants. Not eating lunch is reported by a very small percentage (2.1%). Dining in-campus, at family, not eating and other patterns make up the rest. The data indicates a preference for self-made meals across all three mealtimes. Out-campus dining is more prevalent for breakfast compared to lunch and dinner. Not eating meals is relatively uncommon but still notable, especially for breakfast and dinner. Dining in-campus is more common for lunch compared to breakfast and dinner. Family meals and other patterns are relatively infrequent across all mealtimes. These patterns suggest a mix of eating habits among the participants, with self-preparation being the most preferred method overall. The prevalence

of out-campus dining for breakfast and self-made meals for lunch and dinner might indicate factors like convenience, cost, or dietary preferences.

Table 5. Eating patterns (N=288)

	Breakfast		Lunch		Dinner	
	n	%	n	%	n	%
Not eating	78	27.1	6	2.1	6	2.1
Dining in-campus	32	11.1	23	8.0	19	6.6
Self-made	60	20.8	205	71.2	226	78.5
Out-campus	106	36.8	47	16.3	30	10.4
At family	4	1.4	5	1.7	5	1.7
Others	8	2.8	2	.7	2	.7

Table 6 presents data on lifestyle patterns of the participants, including alcohol consumption, tobacco use, coffee consumption, and exercise frequency. The majority of participants report not consuming alcohol (62.4%) or tobacco (96.2%). Coffee consumption is more common, with 47.9% reporting occasional consumption, followed by 42.6% reporting no consumption. In terms of exercise, a significant portion (60.9%) report exercising sometimes, while smaller percentages exercise weekly (15.9%) or daily (13.2%).

Table 6. Lifestyle patterns (N=288)

	Alcohol		Tobacco		Coffee		Exercise	
	n	%	n	%	n	%	n	%
None	212	62.4	327	96.2	145	42.6	34	10.0
Sometimes	124	36.5	9	2.6	163	47.9	207	60.9
Weekly	3	0.9	2	0.6	21	6.2	54	15.9
Daily	1	0.3	2	0.6	11	3.2	45	13.2

Table 7 presents the results of an Analysis of Variance (ANOVA) test examining the relationship between breakfast, lunch, and dinner habits and various factors, including last semester GPA (grade point average), depression, anxiety, and stress scores. These results suggest that while there is a significant association between lunch habits and GPA, there are no significant associations between breakfast, lunch, or dinner habits and depression, anxiety, or stress scores.

Table 7. Breakfast, Lunch, Dinner versus GPA (2nd grade and above) (N=288)

Between Groups	Breakfast		Lunch		Dinner	
	F	Sig.	F	Sig.	F	Sig.
GPA	0.71	0.615	7.57*	0.000	0.36	0.878
Depression	1.25	0.285	0.90	0.481	0.62	0.684
Anxiety	1.45	0.206	1.09	0.365	0.67	0.646
Stress	1.42	0.215	1.13	0.344	0.91	0.476

ANOVA. ***. Significant at the 0.001 level.

Table 7B presents the post hoc tests for lunch, utilizing the Bonferroni correction method, reveals significant mean differences in lunch preferences across different groups based on the dependent variable of last GPA. For students who reported not eating lunch, significant mean differences were observed compared to those who preferred in-campus dining, self-made meals, out-campus dining, family meals, and other meal patterns.

<div align="center">Table 7B. Bonferroni Post Hoc Tests (Lunch) (N=288)</div>

Dependent Variable	(I) Lunch	(J) Lunch	Mean Diff. (I-J)	SE	Sig.	95% Confidence Interval Lower	Upper
GPA	Not eating	In-campus	8.524***	1.46	.000	4.20	12.85
		Self-made	7.728***	1.30	.000	3.89	11.57
		Out-campus	7.973***	1.36	.000	3.94	12.00
		By family	7.750**	2.02	.002	1.76	13.74
		Others	7.530**	1.90	.001	1.91	13.15

***. Significant at the 0.01 level. ***. Significant at the 0.001 level.*

Table 8 presents the results of an ANOVA test examining the relationship between alcohol, tobacco, coffee consumption, exercise habit and various outcomes including GPA, depression, anxiety, and stress scores. GPA does not show association with lifestyle habits. Mental health symptoms were associated with all consumption factors, but not associated with exercise habit.

<div align="center">Table 8. Consumption habits versus GPA and mental health symptoms (N=288)</div>

Between Groups	Alcohol F	Sig.	Tobacco F	Sig.	Coffee F	Sig.	Exercise F	Sig.
GPA	0.39	0.754	0.07	0.978	0.72	0.544	0.30	0.827
Depression	6.36**	0.000	12.90**	0.000	4.51**	0.004	0.40	0.752
Anxiety	5.79**	0.001	12.00**	0.000	3.84*	0.010	0.73	0.537
Stress	6.86**	0.000	13.71**	0.000	3.92**	0.009	0.43	0.732

*. Significant at the 0.05 level. **. Significant at the 0.01 level.

Table 9 shows the associations of lifestyle conditions and habits within the dormitory versus GPA and mental health symptoms. Spearman's rho correlations are calculated for several variables in relation to last GPA, depression, anxiety, and stress scores. Number of roommates has a negative correlation with GPA. This implies that participants having more roommates tend to have lower GPAs. Hours of self-study is correlated with GPA, which suggests that participants who study more independently tend to have higher GPAs. There is a significant correlation between time to bed and depression, anxiety, and stress scores. This suggests that participants who go to bed later tend to report higher levels of depression, anxiety, and stress. Hours sleeping and hours of electric device use do not show statistically significant correlations with depression, anxiety, or stress scores.

<div align="center">Table 9. Dormitory conditions and habits versus GPA and mental health (N=288)</div>

		GPA	Depression	Anxiety	Stress
Number of roommates	Corr. Coef.	-.115*	-.079	-.071	-.080
	Sig. (2-tailed)	.050	.144	.195	.139
Hours of sleeping	Corr. Coef.	.005	-.039	-.037	-.026
	Sig. (2-tailed)	.929	.478	.497	.633
Time go to bed	Corr. Coef.	.047	.204**	.219**	.185**
	Sig. (2-tailed)	.428	.000	.000	.001
Hours of electronical device use	Corr. Coef.	-.020	.033	.054	.039
	Sig. (2-tailed)	.735	.550	.322	.479
Hours of self-study	Corr. Coef.	.180**	-.054	-.084	-.078
	Sig. (2-tailed)	.002	.323	.124	.152

Corr. Coef.: Spearman's Correlation coefficient. * p<0.01; ** p<0.001

Table 10 shows the associations of demographic and biological factors versus GPA, depression, anxiety, and stress. Higher age and grade, major (medicine) were found to be associated with GPA. Hometown, sex, height, and weight showed no association with GPA, depression, anxiety, and stress. Certain blood types may be associated with higher levels of depression, while Rh (+) individuals tended to have higher depression, anxiety and stress scores.

Table 10. Demographic and biological factors versus GPA and mental health (N=288)

		GPA	Depression	Anxiety	Stress
Age (year)	Corr. Coef.	.214**	-.076	-.051	-.053
	Sig. (2-tailed)	.000	.160	.350	.328
Sex (female, male)	Corr. Coef.	.017	-.055	-.040	-.028
	Sig. (2-tailed)	.779	.312	.458	.609
Major (medicine, pharmacy, nursing, traditional med.)	Corr. Coef.	-.292**	.005	.002	.022
	Sig. (2-tailed)	.000	.926	.966	.691
Grade (1-6)	Corr. Coef.	.289**	-.023	.002	-.009
	Sig. (2-tailed)	.000	.672	.977	.872
Hometown (city, suburb, other provinces, abroad)	Corr. Coef.	-.065	-.102	-.097	-.091
	Sig. (2-tailed)	.270	.061	.074	.095
Height (cm)	Corr. Coef.	-.047	-.003	-.017	.003
	Sig. (2-tailed)	.424	.950	.749	.950
Weight (kg)	Corr. Coef.	-.039	.001	-.006	.006
	Sig. (2-tailed)	.506	.991	.919	.908
ABO blood type (O,A,B,AB)	Corr. Coef.	-.057	.107*	.106	.094
	Sig. (2-tailed)	.329	.048	.050	.084
Rh blood type (-), (+)	Corr. Coef.	-.033	.132*	.121*	.107*
	Sig. (2-tailed)	.579	.015	.026	.049

*Corr. Coef.: Spearman's Correlation coefficient. * $p<0.01$; ** $p<0.001$*

Discussion

From the results, we have found some evidence to consolidate the conceptual framework proposed in the Figure 1. Regarding individual characteristics, age, gender, academic major, and grade level are individual factors that may influence students' dormitory experiences. Older students and those in higher grades may exhibit different adjustment patterns and academic behaviors compared to younger or lower-grade students. Similarly, students majoring in different fields may have unique academic demands and social networks within the dormitory.

Related to social dynamics, roommate relationships, social support networks, and preexisting affective relationships play a crucial role in shaping students' adjustment to dormitory life. Positive roommate relationships and strong social support networks can enhance students' overall satisfaction and well-being (Takahashi & Majima, 1994), while conflicts or lack of social connections may contribute to stress and adjustment difficulties (Nourafkan et al., 2020). The physical environment of the dormitory, including living conditions, facilities, and proximity to campus resources, can impact students' daily routines and quality of life. The current study showed that higher number of roommates (suggesting a larger room) may influence the stress level. Factors such as room size, cleanliness, and noise levels may influence

students' sleep patterns, study habits, and overall comfort within the dormitory need to be investigated in the future studies.

For lifestyle patterns, students' lifestyle habits, including self-study hours, sleep duration, meal choices, smoking and drinking, technology use, and exercise frequency, contribute to their overall well-being and academic performance. Variations in lifestyle patterns among students may reflect differences in personal preferences, cultural norms, and socioeconomic backgrounds (Tao et al., 2016). In the current study, we found some factors such as self-study hours that may influence the academic performance, while other factors such as drinking or smoking could influence mental health scores.

Related to institutional support, university policies, support services, and campus initiatives play a vital role in fostering a positive dormitory environment and supporting students' well-being and academic success (H.N. Tran et al., 2022). Some initiatives such as tutor system (Ioana, 2019; Tanaka & Wataru, 2019), mixing local and international students have been reported to be effective in facilitating dormitory life (Tsujii, 2000). The current study findings about mental health scores and its associated factors remind about the need. Access to mental health resources, academic advising, and extracurricular activities can enhance students' overall college experience and facilitate their adjustment to dormitory life. By considering the interactions among these factors, the conceptual framework provides an understanding of the complexities of university dormitory life among students. In the future, through empirical research and targeted interventions, universities can leverage this framework to create supportive dormitory environments that promote students' well-being and academic achievement.

The current study faces several limitations that should be acknowledged. Due to data collection constraints, we were unable to include a control group comprising students living outside the dormitory. The absence of longitudinal follow-up data limits our ability to track changes in students' dormitory experiences and outcomes over time. Time and resource constraints prevented us from conducting follow-up assessments. The reliance on self-reported data introduces the possibility of response bias and social desirability effects. Moreover, our study sample was limited to undergraduate students from a single university in Vietnam, which may restrict the generalizability.

Conclusion

This is our first attempt to investigate the dynamics of university dormitory life among Vietnamese students. Through an analysis of participants' characteristics, lifestyle patterns, and mental health status, we have uncovered significant associations and trends that shed light on the factors influencing students' well-being and academic success. The findings from our study underscore the importance of considering various aspects of dormitory life, including number of roommates and roommate dynamics, sleep patterns, and dietary habits, in understanding students' experiences and outcomes. We observed significant correlations between certain lifestyle factors, such as meal preferences, and academic performance, suggesting potential avenues for intervention and support. Moving forward, it is essential for universities to recognize the importance of creating supportive and conducive environments within dormitories. This includes implementing policies and services that promote positive social interactions, foster healthy lifestyle habits, and address mental health concerns. By addressing these factors, universities can enhance students' overall well-being and academic success during their time in dormitory settings.

References

Heilweil, M. (1973). The Influence of Dormitory Architecture On Resident Behavior. *Environment and Behavior*, *5*(4), 377–412. https://doi.org/10.1177/001391657300500402

Ioana, V. A. (2019). Role of compassion in the relationship between tutors and international students: A case of Akita University. *Akita University*.

Lee, O.-S., Hong, M.-J., & Gu, H.-J. (2016). The Correlation between School-life Stress, Depression and College Adjustment Residing in the Dormitory. *Journal of the Korea Academia-Industrial Cooperation Society*, *17*(9), 483–492. https://doi.org/10.5762/kais.2016.17.9.483

Matsuura, Y., Tran, N. H., & Yasui, T. (2023). The Changes in Menstrual and Menstrual-Related Symptoms among Japanese Female University Students: A Prospective Cohort Study from Three Months to Nine Months after Admission. *Healthcare*, *11*(18). https://doi.org/10.3390/healthcare11182557

Moghaddam, F., Norouzi, S., Norouzi, M., Norouzi, A., & Neisary, Z. (2017). Evaluation of Lifestyle Health Promotion of Dormitory Medical Students Regarding Comprehensive Aspects. *Crescent Journal of Medical and Biological Sciences*, *4*(4), 205–210. http://www.cjmb.org

Naiery, N. D., & Hajbaghery, M. A. (2006). Effects of relaxation techniques on stress and the quality of life of dormitory students. *KAUMS*, *10*(2), 50–57. http://feyz.kaums.ac.ir/article-1-99-en.html

Norton, P. J. (2007). Depression Anxiety and Stress Scales (DASS-21): Psychometric analysis across four racial groups. *Anxiety, Stress, \& Coping*, *20*(3), 253–265. https://doi.org/10.1080/10615800701309279

Nourafkan, N. J., Jumah, B., Asif, R., & Dehghanmongabadi, A. (2020). Conflicts between Students Living on-Campus Dormitories: The Case of Dormitories at Eastern Mediterranean University Campus. *SEISENSE Journal of Management*, *3*(4 SE-Research Articles), 31–43. https://doi.org/10.33215/sjom.v3i4.397

Shojaei, S. H., Kalantari, M., Rezaee, M., & Baghban, A. A. (2022). Relationship Between Work-Life Balance and Quality of Life in Dormitory and Non-Dormitory Students of Shahid Beheshti University of Medical Sciences. *The Scientific Journal of Rehabilitation Medicine*, *11*(1), 40–51. https://doi.org/10.32598/sjrm.11.1.4

Tajbakhsh, G., & Riahi, S. (2016). Investigating the Quality of Life of Students Living in the Student Dormitory of Razi University of Kermanshah and its Relationship with their Academic Performance. *Sociology of Education*, *2*(1), 61–90. https://doi.org/10.22034/ijes.2016.43683

Takahashi, K., & Majima, N. (1994). Transition From Home to College Dormitory: The Role of Preestablished Affective Relationships in Adjustment to a New Life. *Journal of Research on Adolescence*, *4*(3), 367–384. https://doi.org/10.1207/s15327795jra0403_2

Tanaka, R., & Wataru, S. (2019). status and issues of the tutor system for international students: Taking Ferris University as an example. *Bulletin of Faculty of Letters, Ferris University*, *54*, 61–78.

Tao, Z., Wu, G., & Wang, Z. (2016). The relationship between high residential density in student dormitories and anxiety, binge eating and Internet addiction: a study of Chinese college students. *SpringerPlus*, *5*(1), 1579. https://doi.org/10.1186/s40064-016-3246-6

Tran, H.N., Inosaki, A., & Jin, C.-H. (2022). On Campus Support and Satisfaction of International Students: A Review of Japanese Literature. *The IAFOR Conference on Educational Research & Innovation: 2022 Conference Proceedings*, *1*(1), 1–16.

Tran, Hoang Nam, Kanchana, P., Do, K. L., & Khan, Y. A. (2022). Health Impact Perceived by University Students at Three Sites in Asia: Two Years Into the Pandemic. *The Asian Conference on Asian Studies 2022: Official Conference Proceedings*, 51–61. https://doi.org/10.22492/ISSN.2187-4735.2022.4

Tran, N. H., Nguyen, N. T., Nguyen, B. T., & Phan, Q. N. (2022). Students' Perceived Well-Being and Online Preference: Evidence from Two Universities in Vietnam during COVID-19. *International Journal of Environmental Research and Public Health*, *19*(19). https://doi.org/10.3390/ijerph191912129

Tsujii, E. (2000). Efforts at AP House. *29th Public Symposium*, 86–92.

Yanni, C. (2022). Living on Campus: An Architectural History of the American Dormitory. *Panorama*, *l*(g), 1–7. https://doi.org/10.24926/24716839.10010

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