Volume: 6, Issue: 1
Page: 129-150
2025

ISSN: 2709-9911 (Online), ISSN: 2710-236X (Print)
International Journal of Medicine, Nursing & Health Sciences (IJMNHS) ®
(IJMNHS.COM)

Factors Influencing Quality of Life Among Students of College of Nursing and Midwifery, Eleyele, Ibadan Oyo State

Author(s), EKE, Justina Helen RN,RM,RPHN,B.Sc Nursing Education, MSc (Medical Surgical Nursing), AGUGO, Nkem RN,RM,RPHN,B.Sc Nursing Education, MSc (Medical Surgical Nursing), OKUNADE, Rachael Adedoja MPH, ROHN, ADEBIYI, Falilat Omowumi RN, RM, R.PDN, R.NE, BNSc, R.PHN, MSc (MCH),

Abstract:

Quality of life (QOL) is a multidimensional concept affecting individual in a complex way including physical and psychological health, personal views, social and environmental relationships. It has been used in a variety of ways to characterize one's life. There is little or no research evidence on why nursing students do trivialize their quality of life, and as such the impetus for this study is to assess factors influencing QOL among students of College of Nursing and Midwifery Eleyele, Ibadan. This is a descriptive cross sectional study where self-designed and well-structured questionnaires were administered to 170 students who met the inclusion criteria at College of Nursing and Midwifery Eleyele, Ibadan North West Local Government, Ibadan. Questionnaire were retrieved from respondents after successful completion, data collection spanned a period of two weeks, data collected were coded and fed into computer using statistical package of social sciences version 23. Frequency counts, simple percentage and Chi-square statistical analysis were used on the collected data. The level of significant was set at 0.05. The findings shows the age range to be 19 to 27years and mean age 20.73 ± 1.72 years. Vast majority 96.3% indicated that they are stratified with their department and about77.8% hailed from urban area. It was revealed that majority 128(79.0%) of the respondents have good knowledge of

IJMNHS
Accepted 1 February 2025
Published 28 February 2025
DOI: 10.5281/zenodo.15002929

QOL, while 34(21.0%) have poor knowledge Mean while a little above half 83(51.2%) of the respondents have good perception of QOL, while 79(48.8%) have poor perception. given a total of 162(100%) respondents. Among the top most factors highlighted were physical environment, psychological health, financial resources and inadequate leaning facilities. Chi-square analysis showed that there is a significant relationship between age and knowledge of QOL among nursing students (χ^2 = 15.030, df = 4, p<0.05). It also showed that there is no significant relationship between marital status and knowledge of QOL among nursing students (χ^2 = 1.370, df = 1, p>0.05). Evidence from the study shows that that there is a significant relationship between knowledge and perception of QOL among nursing students (χ^2 = 6.140, df = 1, p<0.05). Conclusively, considering their stressful lives, the present study reinstate the importance of ensuring the highest level of well-being among nursing students. The maintenance of high levels of well-being among nursing students should also be prioritized to maximize their learning and ensure their satisfaction in their student life. In order to improve the situation of these population, policy makers need to consider how restrictions on lifestyle affect QoL.

Key words: Factors, Quality of life, Nursing Students,

About Author

Author(s):

EKE, Justina Helen RN,RM,RPHN,B.Sc Nursing Education, MSc (Medical Surgical Nursing)
Nurse/Midwife/Public Health Nurse Tutor's Programme,
Federal Training Centre for Teachers of Health Sciences,
University College Hospital, Ibadan, Oyo State

AGUGO, Nkem RN,RM,RPHN,B.Sc Nursing Education, MSc (Medical Surgical Nursing)
Nurse/Midwife/Public Health Nurse Tutor's Programme,
Federal Training Centre for Teachers of Health Sciences,
University College Hospital, Ibadan, Oyo State

OKUNADE, Rachael Adedoja MPH, ROHN
School of Theraeutic and Intervention Sciences,
College of Health Sciences and Technology,
Ijero-Ekiti, Ekiti State

ADEBIYI, Falilat Omowumi RN, RM, R.PDN, R.NE, BNSc, R.PHN, MSc (MCH)
College of Nursing Sciences
University of Ilorin Teaching Hospital,
Ilorin, Kwara State

Introduction

The idea of quality of life is pertinent to the field of nursing. Throughout nursing school, nursing students acquire the skills to prioritise the quality of life of their patients. Nonetheless, their quality of life may start a decline early in nursing school due to exposure to several academic stresses and rigours. Quality of life may characterise the overall well-being of individuals and communities, delineating both bad and positive aspects of existence. It assesses life satisfaction, encompassing aspects such as physical health, family, education, work, money, safety, security, freedom, religious views, and the environment. (Barcaccia & Barbara, 2013). The word quality of life (QoL) has been employed in several contexts to describe our daily existence. The quality of life is a vital indicator of personal well-being and an important objective for communities. The idea is multifaceted, influenced intricately by an individual's physical and psychological health, personal beliefs, and social and environmental ties (Backes et al., 2014). The World Health Organisation asserts that quality of life is defined by individuals' perceptions of their own circumstances. An individual's view is shaped by their value system, cultural background, life objectives, and societal norms (Alfaqeeh et al., 2017).

A literature analysis indicates that the use of Quality of Life (QoL) as an outcome measure linked to medical therapies has promoted its recognition as deserving of regular national monitoring (Ansari, et al., 2016). This has been increasingly utilised in clinical studies to assess enhancement in reported well-being (Cruz et al., 2018). Quality of life should be associated not just with clinical characteristics (Evans, 2016) but also with lifestyle behaviours. This connection would provide opportunities for more extensive interpretations of the importance of QoL, which may be valuable to policymakers. To far, there have been limited research investigating the correlation between quality of life and participation in lifestyle behaviours.

The majority of research examining the relationship between lifestyle behaviours and quality of life has been carried out in highly industrialised capitalist nations (Almojali et al., 2017). Conversely, few efforts have been undertaken in emerging nations. Consequently, in nations such as Nigeria, where societal structures may limit chances for students, comprehending the correlation between their quality of life and lifestyle behaviours might be crucial for facilitating social change.

Nursing education plays a crucial role in preparing nursing students to become proficient nurses. Nursing education must transition from fragmented student development to a holistic learning environment that fosters the comprehensive growth of students (Randall, Tate, & Lougheed, 2007). Holistic nursing education is the sole approach to cultivating a nursing education that nurtures the intellect, body, soul, and spirit of students (Love, 2014). Nursing students develop maturity in several facets of their life, progressively assuming responsibility for their health, experiencing autonomy, and exerting control over their lives (Yildirim et al., 2013). The holistic approach in nursing education is a significant problem in Nigeria, necessitating substantial efforts to assess the elements influencing the quality of life of nursing students. Consequently, techniques must be employed to guarantee that nursing students experience an optimal quality of life.

The quality of life (QOL) has garnered heightened focus in recent decades. Nonetheless, a universally accepted definition of Quality of Life (QOL) remains elusive, as it encompasses the unique dimensions of each individual. It is frequently associated with health due to its close association with health-related factors. The assertion that quality of life (QOL) equates to health diminishes it to only one facet of human well-being (Dominick et al., 2014). Given the hectic lifestyles of students, it is essential to guarantee the maximum degree of well-being among nursing students. Prioritising the maintenance of elevated well-being among nursing students is essential to optimise their learning and enhance their life happiness. Research on the quality of life in patients with various conditions and university students has been ongoing since the 1980s; however, there has been no investigation into the quality of life of diplomate nursing students. Given the increasing population of these students in recent years, it is essential to monitor the demographic, behavioural, and environmental data that may correlate with health and academic performance to guide government policies and programs for student nurses (Burckhardt & Anderson 2013).

A substantial body of information indicates that nursing students are motivated to assist others in being born, maintaining health, overcoming medical challenges, living with disabilities, and dying with dignity. When nurses prepare to execute these activities with technical, political, and communicative proficiency while addressing pain, they may be affected by either the humanisation or the trivialisation of their roles (Souza et al., 2015). In a globalised environment, the expectation for students to be competitive and familiar with best practices contributes to their heightened exposure to pressure and stress. This anticipation may result in sleeplessness, anxiety, depression, food problems, and behavioural repercussions, adversely affecting academic performance. They may also develop coping mechanisms that result in somatic illnesses and aggressive conduct. These problems necessitate a comprehensive research of how the quality of life for student nurses might be addressed in relation to several fundamental elements.

Also, in recent years there has been a great interest in nursing and other health care research for the quality of life among patients both in and out, and other health care providers but there has been insignificant focus among nursing students who face excoriating stress to learn concepts ranging from basic to complicated issues and health concerns for maintaining overall human health. Hence, assessing the quality of life (QOL) of nursing students is important to determine if they have excellent well-being levels as they go through the learning process. In this backdrop the current research seeks to explore factors influencing quality of life among students of college of nursing and midwifery in Eleyele, Ibadan.

The overall aim of this study is to assess factors influencing quality of life among students of college of Nursing and Midwifery, Eleyele, lbadan Oyo State. The specific objectives are:

1. To examine the socio demographic characteristics of respondents
2. To assess the knowledge of respondents on quality of life
3. To assess the perception and level of satisfaction of respondents quality of life
4. To identify factors influencing respondents on quality of life
5. To measure the respondents quality of life with the WHOQOL bref

Four research hypotheses were raised:

1. There is no significant relationship between age and knowledge of QOL among nursing students.
2. There is no significant relationship between religion and knowledge of QOL among nursing students.
3. There is no significant relationship between marital status and knowledge of QOL among nursing students.
4. There is no significant relationship between knowledge and perception of QOL among nursing students.

Method

This study adopted a descriptive cross-sectional research design to examine the factors influencing the quality of life among students of Oyo State College of Nursing and Midwifery, Eleyele, Ibadan. A descriptive cross-sectional design is appropriate for assessing the prevalence and relationships between variables at a single point in time. This approach allows for the collection of relevant data from the target population to provide a snapshot of their experiences and perspectives regarding the quality of life.

The target population for this study comprised all nursing and midwifery students in Ibadan, located in the southwestern region of Nigeria. The study population specifically included nursing students who provided informed consent to participate in the research. These students were selected from the Oyo State College of Nursing and Midwifery, Eleyele, Ibadan. The total population of students in the institution at the time of study was 278, comprising 160 students in basic nursing, 43 in post-basic midwifery, and 75 in basic midwifery (Kishi). A proportional allocation technique was used to determine the number of students to be sampled from each category, resulting in 105 respondents from basic nursing, 28 from post-basic midwifery, and 49 from basic midwifery (Kishi), culminating in a total sample size of 182.

The sample size was determined using the Yamane formula, which considers the total population and a pre-determined margin of error. Given the total student population of 278, a 5% margin of error was applied, yielding a minimum sample size of 164 respondents. To account for potential non-responses, an additional 10% was incorporated, adjusting the final sample size to 182 respondents. A purposive sampling technique was used to select Oyo State nursing and midwifery students as study respondents, while a simple random sampling technique was employed to select participants within the study population. A sampling interval (K) was calculated as 1.4 (approximately 1), ensuring that every student in the sample frame had an equal chance of selection. The first participant in each category was randomly selected, followed by the systematic selection of subsequent participants until the required sample size was achieved.

The study established inclusion and exclusion criteria to guide participant selection. Eligible participants were nursing students who provided informed consent, possessed valid student identification cards, and were actively enrolled in the institution at the time of data collection. Conversely, students who declined participation, lacked identification cards, were absent during the study, or were unable to complete the questionnaire due to health reasons were

excluded. A structured questionnaire, adapted from the WHOQOL-BREF instrument, was employed for data collection. This questionnaire was divided into five sections, covering demographic variables, knowledge and perception of quality of life, factors influencing quality of life, and self-assessment of quality of life using the WHOQOL-BREF scale. Each research objective, question, and hypothesis was appropriately addressed through specific items included in the questionnaire.

To ensure the validity of the research instrument, both face and content validity assessments were conducted. The questionnaire was reviewed and compared with previous studies, aligning with the research objectives, questions, and hypotheses. Expert validation was sought from the project supervisor and other field experts to refine the instrument. Reliability was established through a test-retest method, yielding a reliability coefficient of 0.82, indicating high consistency and stability of the questionnaire. Data collection was facilitated by three trained assistants, using an interviewer-administered approach to ensure clarity and accuracy. Respondents, being literate, completed the questionnaires in English without translation. Completed questionnaires were collected immediately, and participants were appreciated for their contributions.

Data analysis was conducted using descriptive and inferential statistical methods. The collected data were entered into a spreadsheet, with categorical data converted into numerical variables. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) version 21.0. Univariate analysis, including frequency distributions and mean calculations, was carried out to describe respondents' characteristics. An independent t-test and chi-square analysis were conducted to assess significant differences between study parameters. Chi-square tests were used to examine associations between categorical variables, with a confidence interval set at $\alpha = 0.05$. Statistical significance was defined as $p \leq 0.05$, ensuring robust and reliable findings from the study.

Results

Table 1: Socio-demographic characteristics of the respondents

Respondents' Socio-demographic characteristics	Frequency	Percent (%)
Age (in years) at last birthday		
19	30	18.5
20	62	38.3
21	40	24.7
22	12	7.4
≥23	18	11.1
Range	19 to 27 years	
Mean (±SD)	20.73 ± 1.72 yrs	
Gender		
Male	0	0.0
Female	162	100.0

Religion		
Islam	6	3.7
Christianity	156	96.3
Marital status		
Married	5	3.1
Single	157	96.9
Level of education		
Secondary	5	3.1
Tertiary	157	96.9
Total	**162**	**100.0**

Table 1 above showed that the ages of the respondents ranged from 19 to 27 years, and their mean age was 20.73 ± 72 years. Majority (38.3%) of these respondents were in the age group of 20 years. Surprisingly, all the respondents (100.0%) were females, out of which vast majority (96.3%) of them practiced Christianity, though only 3.7% of them practiced Islam. Interestingly, more than three-quarter (96.9%) of them were single, and few (3.1%) were married. More so, vast majority (96.9%) had tertiary education as their highest educational qualifications.

Table 2: Background characteristics of the respondents

Respondents' Background Characteristics	Frequency	Percent (%)
Working status		
Employed/civil servant	6	3.7
Unemployed	156	96.3
Academic year level		
First year	18	11.1
Second year	104	64.2
Third year	40	24.7
Weight (kg)		
45-49	35	21.6
50-54	47	29.0
55-59	35	21.6
60-64	18	11.1
65-69	27	16.7
Range	45 to 69 kg	
Mean (±SD)	54.87 ± 7.18 kg	
Height (metres)		
< 1.5	22	13.6
1.5 – 1.59	36	22.2
1.6 – 1.69	65	40.1
≥ 1.7	39	24.1
Range	1.20 to 1.83 metres	

Mean (±SD)	1.59 ± 0.13 metres	
Preference department		
Willingly	162	100.0
Unwillingly	0	0.0
Satisfaction of department		
Yes	156	96.3
No	6	3.7
Housing status		
Home	29	17.9
Dormitory	133	82.1
Community type		
Rural	12	7.4
Sub-urban	24	14.8
Urban	126	77.8
Monthly income/allowance		
Adequate	59	36.4
Partly adequate	63	38.9
Not adequate	40	24.7
Total	**162**	**100.0**

Table 2 above showed that more than three-quarter (96.3%) of the respondents were unemployed, as against those (3.7%) that were employed/civil servant. Majority (64.2%) of them were in their second year, as 11.1% and 24.7% were in their first year and third year respectively. In addition, the mean weight and height of the respondents were 54.87 ± 7.18 kg and 1.59 ± 0.13 metres respectively. Interestingly, all the respondents (100.0%) willingly have a preference for their profession, and high population (96.3%) of them were satisfied with this profession. Also, more than half (82.1%) of these respondents lived in dormitory, while only 17.9% lived at home. Furthermore, less than half (38.9%) of them reported that their monthly income/allowance was partly adequate, while 36.4% of them reported that it is adequate, as against one-quarter (24.7%) who reported that their monthly income was not adequate.

Table 3: Knowledge of QOL among respondents

Respondents' knowledge of QOL (n=162)	True	False	Undecided
QOL is the "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"	162(100%)	0(0.0%)	0(0.0%)
Physical health, psychological, social relationships and environments are all domains of QOL	162(100%)	0(0.0%)	0(0.0%)

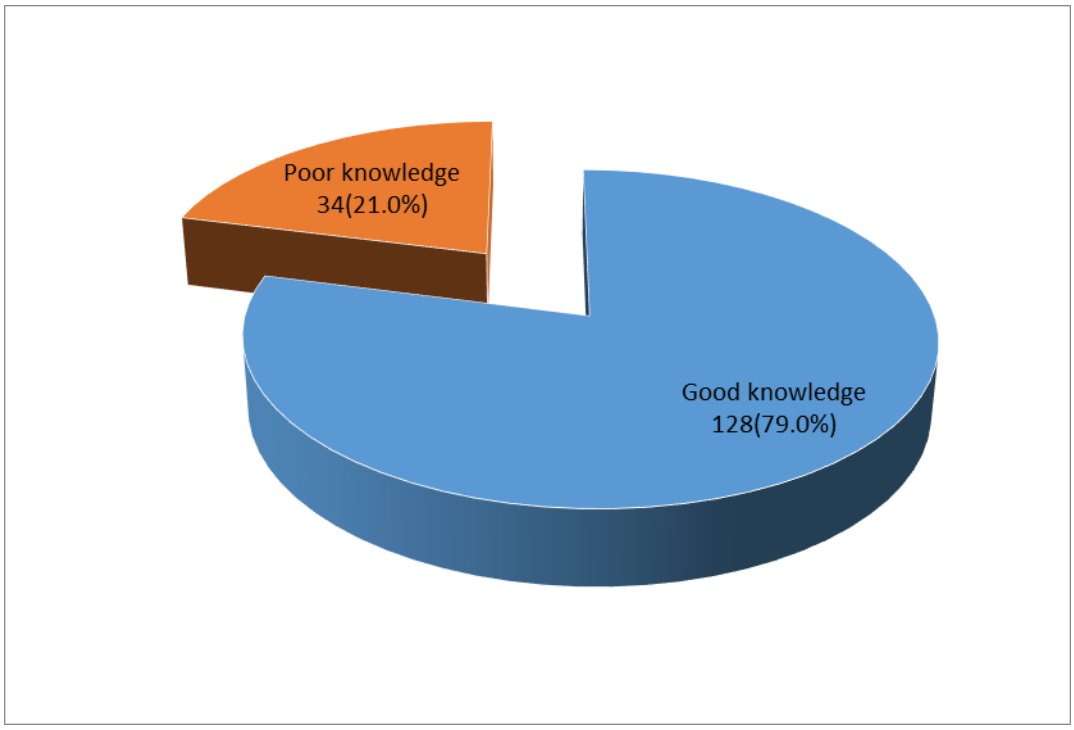
QOL is all about life satisfaction which is subjective and may fluctuate	157(96.9%)	5(3.1%)	0(0.0%)
Having QOL entails having balance and harmony.	150(92.6%)	6(3.7%)	6(3.7%)
The best way of approaching QOL measurement is to measure the extent to which peoples happiness requirement are met	139(85.8)	5(3.1%)	18(11.1%)
The being aspect of QOL involves the physical, psychological and the spiritual being	162(100.0%)	0(0.0%)	0(0.0%)
The becoming aspect of QOL involves the practical, leisure and growth becoming	156(96.3%)	6(3.7%)	0(0.0%)

Table 3 above showed that equal percentage (100.0%) of the respondents reported that quality of life (QOL) is the "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"; and physical health, psychological, social relationships and environments are all domains of QOL. Also, 100.0% of them claimed that the being aspect of QOL involves the physical, psychological and the spiritual being. More than three-quarter (96.9%) cited that QOL is all about life satisfaction which is subjective and may fluctuate. See table 4.4 above for details.

Table 4: Summary of Respondents' Knowledge of QOL.

Scores	Frequency	Percentage (%)
Good knowledge	128	79.0
Poor knowledge	34	21.0
Total	**162**	**100.0**

Figure 1: Knowledge of QOL among students of college of nursing and midwifery.



From the table 4 above, it was revealed that majority 128(79.0%) of the respondents have good knowledge of QOL, while 34(21.0%) have poor knowledge.

Table 5: Perception of QOL among the respondents

Statements	Responses	Frequency (n=162)	Percentage (%)
How respondents will rate their QOL putting into consideration its respective domains.	Fairly good Good Very good Excellent	45 70 47 0	27.8 43.2 29.0 0.0
Respondents are satisfied with their present QOL	Not satisfied Fairly satisfied Satisfied	27 57 78	16.7 35.2 48.1
Having a good life is of more value than just being financially well.	Agreed Disagreed Undecided	139 11 12	85.8 6.8 7.4

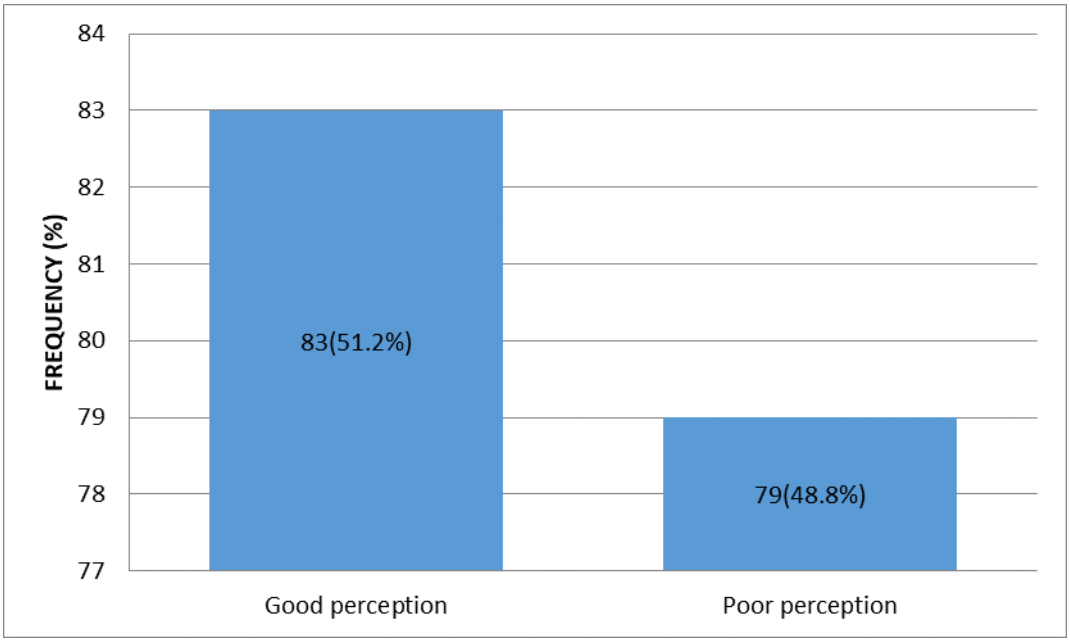
QOL portrays various aspects of an individual's lifestyle which can reflect on his/her overall life satisfaction	Agreed Disagreed Undecided	156 0 6	96.3 0.0 3.7
The need to maintain functional levels of QOL will help to cope better.	True False	157 5	96.9 3.1
My habits (diet, physical activities) affect my QOL and academic performance.	True False	151 11	93.2 6.8
Services to assist with school work will facilitate achievement of future profession.	True False	156 6	96.3 3.7
The lack of time associated with my nature of training is a major barrier to enjoying my quality of time	Agreed Disagreed Undecided	127 23 12	78.4 14.2 7.4

Table 5 above showed that vast majority (96.9%) of the respondents reported true that the need to maintain functional levels of QOL will help to cope better, as against few (3.1%) that reported false. In addition, majority (96.3%) of them agreed that QOL portrays various aspects of an individual's lifestyle which can reflect on his/her overall life satisfaction; while only 3.7% were undecided. Also, high population (93.2%) of the respondents claimed that their habits (diet, physical activities) affect their QOL and academic performance, while 6.8% disclaimed the assertion. Furthermore, more than three-quarter (96.3%) of them reported true that services to assist with school work will facilitate achievement of future profession, as against few (3.7%) that disclaimed the assertion. See table 4.6 above for details.

Table 6: Summary of Respondents' Perception of QOL

Scores	Frequency	Percentage (%)
Good perception	83	51.2
Poor perception	79	48.8
Total	**162**	**100.0**

Figure 2: Perception of QOL among students of college of nursing and midwifery



From table 6 above, it was revealed that more than half 83(51.2%) of the respondents have good perception of QOL, while 79(48.8%) have poor perception of QOL, given a total of 162(100%) respondents.

Table 7: Perceived factors influencing respondents' Quality of life

Variables (n=162)	Doesn't		Does slightly		Does well		Very well	
	Freq	%	Freq	%	Freq	%	Freq	%
Physical environment	6	3.7	17	10.5	95	58.6	44	27.2
unhealthy and unsafe learning Environment	18	11.1	0	0.0	72	44.4	72	44.4
Personal beliefs	12	7.4	5	3.1	102	63.0	43	26.5
Bodily image and appearance	29	17.9	0	0.0	90	55.6	43	26.5
Inadequate learning facilities	24	14.8	0	0.0	94	58.0	44	27.2
Positive feeling	18	11.1	6	3.7	78	48.1	60	37.0
Negative feeling	18	11.1	6	3.7	41	25.3	97	59.9
Self esteem	18	11.1	0	0.0	53	32.7	91	56.2
Spirituality	18	11.1	0	0.0	42	25.9	102	63.0
Psychological health	12	7.4	5	3.1	60	37.0	85	52.5
Personal relationship	12	7.4	5	3.1	60	37.0	85	52.5
Financial resources	18	11.1	5	3.1	54	33.3	85	52.5
Physical safety	18	11.1	5	3.1	53	32.7	86	53.1
Leisure activities	12	7.4	17	10.5	65	40.1	68	42.0
Accessibility of health care	17	10.5	6	3.7	46	28.4	93	57.4
Opportunity for acquiring new	5	3.1	6	3.7	87	53.7	64	39.5

information								
Social supports and social acceptance	6	3.7	11	6.8	65	40.1	80	49.4
Mobility	6	3.7	5	3.1	70	43.2	81	50.0
Activities of daily living	6	3.7	0	0.0	60	37.0	96	59.3
Sleep and rest	6	3.7	6	3.7	47	29.0	103	63.6

Table 7 above showed that majority (59.9%) of the respondents reported that negative feeling does very well influence their Quality of Life (QOL), followed by 25.3%, 3.7% and 11.1% who reported does well, does slightly and doesn't respectively. In the same vein, more than half (52.5%) of the respondents reported that financial resources does very well influence Quality of Life (QOL), followed by 33.3%, 3.1% and 11.1% who reported does well, does slightly and doesn't respectively. See table 4.8 for details.

Table 8: Respondents' self-assessment of all domains of QOL considering the WHOQOL

Statements	**Responses**	**Frequency (n=162)**	**Percentage (%)**
How respondents would rate their quality of life.	Very poor Poor Neither poor nor good Good Very good	0 0 33 99 30	0.0 0.0 20.4 61.1 18.5
How respondents are satisfied with their health.	Very dissatisfied Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied	0 0 28 99 35	0.0 0.0 17.3 61.1 21.6

Table 8 above showed that more than half (61.1%) of the respondents rated their quality of life to be good, followed by those who reported neither poor nor good and very good with 20.4% and 18.5% respectively. More so, nearly three-quarter (61.1%) claimed that they are satisfied with their health, followed by those who reported very satisfied and neither satisfied nor dissatisfied with 21.6% and 17.3% respectively.

Table 9: How much respondents experienced certain things in the last four weeks

Statements (n=162)	**Not at all**	**A little**	**A moderate amount**	**Very much**	**An extreme amount**

To what extent do you feel that physical pain prevents you from doing what you need to do?	0(0.0%)	29(17.9%)	58(35.8%)	46(28.4%)	29(17.9%)
How much do you need any medical treatment to function in your daily life?	28(17.3%)	40(24.7%)	46(28.4%)	36(22.2%)	12(7.4%)
How much do you enjoy life?	0(0.0%)	6(3.7%)	68(42.0%)	83(51.2%)	5(3.1%)
To what extent do you feel your life to be meaningful?	0(0.0%)	18(11.1%)	18(11.1%)	82(50.6%)	44(27.2%)
How well are you able to concentrate?	0(0.0%)	6(3.7%)	51(31.5%)	94(58.0%)	11(6.8%)
How safe do you feel in your daily life?	0(0.0%)	18(11.1%)	59(36.4%)	74(45.7%)	11(6.8%)
How healthy is your physical environment?	0(0.0%)	6(3.7%)	56(34.6%)	89(54.9%)	11(6.8%)

Table 9 above showed that half (50.6%) of the respondents reported very much they feel their life to be meaningful, followed by an extreme amount, a moderate amount and a little with 27.2%, 11.1% and 11.1% respectively. Also, more than half (58.0%) of the respondents reported very much they are able to concentrate, followed by a moderate amount, an extreme amount and a little with 31.5%, 6.8% and 3.7% respectively. See table 4.10 above for details

Testing of Hypotheses

Ho1: There is no significant relationship between age and knowledge of QOL among nursing students.

Table 10: Cross tabulation of age and knowledge of QOL.

Respondents' Age (in years)	Respondents knowledge of QOL		Total
	Good knowledge	Poor knowledge	
19	24(80.0%)	6(20.0%)	30(100%)
20	57(91.9%)	5(8.1%)	62(100%)
21	29(72.5%)	11(27.5%)	40(100%)
22	6(50.0%)	6(50.0%)	12(100%)
≥23	12(66.7%)	6(33.3%)	18(100%)
Total	128(79.0%)	34(21.0%)	162(100%)
$\chi^2 = 15.030$, df = 4, p-value=0.000 Remark: p<0.05			

Table 10 above showed that there is a significant relationship between age and knowledge of QOL among nursing students ($\chi^2 = 15.030$, df = 4, $p<0.05$). Since the tabulated significance level (0.05) is higher than the calculated significant value of 0.000 ($p<0.05$), therefore reject the null hypothesis and conclude that there is a significant relationship between age and knowledge of QOL among nursing students. This means that respondents' ages contribute to their knowledge of QOL.

Ho2: There is no significant relationship between religion and knowledge of QOL among nursing students.

Table 11: Cross tabulation of religion and knowledge of QOL among nursing students

Respondents' Religion	Knowledge of QOL		Total
	Good knowledge	Poor knowledge	
Islam	6(100.0%)	0(0.0%)	6(100%)
Christianity	122(78.2%)	34(21.8%)	156(100%)
Total	128(79.0%)	34(21.0%)	162(100%)
$\chi^2 = 1.655$, df = 1, p-value=0.345 Remark: p>0.05			

**p-value is obtained from Fisher's exact test.

Table 11 above showed that there is no significant relationship between religion and knowledge of QOL among nursing students ($\chi^2 = 1.655$, df = 1, p>0.05) since p>0.05, therefore accept the null hypothesis and conclude that there is no significant relationship between religion and knowledge of QOL among nursing students. This means that respondents' religion do not contribute to their knowledge of QOL.

Ho3: There is no significant relationship between marital status and knowledge of QOL among nursing students.

Table 12: Cross tabulation of marital status and knowledge of QOL among nursing students

Respondents' marital status	Knowledge of QOL		Total
	Good knowledge	Poor knowledge	
Married	5(100.0%)	0(0.0%)	5(100%)
Single	123(78.3%)	34(21.7%)	157(100%)
Total	128(79.0%)	34(21.0%)	162(100%)
$\chi^2 = 1.370$, df = 1, p-value=0.585 Remark: p>0.05			

**p-value is obtained from Fisher's exact test.

Table 12 above showed that there is no significant relationship between marital status and knowledge of QOL among nursing students ($\chi^2 = 1.370$, df = 1, p>0.05) since p>0.05, therefore null hypothesis is not rejected and conclude that there is no significant relationship between marital status and knowledge of QOL among nursing students. This means that respondents' marital status does not contribute to their knowledge of QOL.

Ho4: There is no significant relationship between knowledge and perception of QOL among nursing students.

Table 13: Cross tabulation of knowledge and perception of QOL among nursing students.

Respondents' perception of QOL	Knowledge of QOL		Total
	Good knowledge	Poor knowledge	
Good perception	72(86.7%)	11(13.3%)	83(100%)
Poor perception	56(70.9%)	23(29.1%)	79(100%)
Total	128(79.0%)	34(21.0%)	162(100%)
$\chi^2 = 6.140$, df = 1, p-value=0.013 Remark: p<0.05			

Table 13 above showed that there is a significant relationship between knowledge and perception of QOL among nursing students ($\chi^2 = 6.140$, df = 1, p<0.05). Therefore, the null hypothesis is rejected and concluded that there is a significant relationship between

knowledge and perception of QOL among nursing students. This means that respondents' knowledge contributes to their perception of QOL.

Discussion

The study's findings indicated that the respondents' ages varied from 19 to 27 years, with a mean age of 20.73 ± 1.72 years. This indicates that the majority of participants in this study are still in their teens. All participants (100.0%) were female, which can be ascribed to the predominance of women in the nursing profession. A significant majority (96.9%) of them were unmarried, indicating that over half have not yet entered into marriage.

The survey indicated that all respondents (100.0%) defined quality of life (QOL) as "an individual's perception of their position in life within the context of the cultural and value systems they inhabit, as well as in relation to their goals, expectations, standards, and concerns." This aligns with Alfaqeeh et al. (2017), who said that quality of life is contingent upon individuals' perceptions of their own circumstances. An individual's view is shaped by their value system, cultural background, life objectives, and societal norms.

In the current survey, the majority (58.6%) of respondents said that the physical environment significantly affects their quality of life, while 44.4% indicated that an unhealthy and hazardous learning environment impacts their quality of life as well. This aligns with Schneider (2012), who asserted that a well-structured learning environment is essential for favourable educational outcomes and, consequently, a superior quality of life. Consequently, individuals engaged in school planning and design perceive this as a chance to improve academic achievements by developing superior learning environments, as kids cannot be anticipated to excel under subpar school conditions.

The current study's findings indicated that over three-quarters (96.3%) of respondents asserted that quality of life encompasses multiple facets of an individual's lifestyle, which can influence overall life satisfaction; this may be due to the necessity for nursing students to uphold a healthy lifestyle and promote the attainment of a more fulfilling life for others. The presumption that these individuals lack a suitable lifestyle due to external pressures has raised worries regarding their quality of life throughout academic schooling (Arronqui Lacava & Magalhães 2011).

This survey indicated that over half (61.1%) of the respondents expressed satisfaction with their health, while 17.3% were neutral and 21.6% reported being extremely happy. A majority (59.9%) of respondents expressed satisfaction with their ability to undertake daily life tasks, while over half (61.1%) reported satisfaction with their employment capability. A significant proportion (56.8%) of respondents express satisfaction with their personal connections. This aligns with Barcaccia and Barbara (2013), who noted that quality of life may characterise the overall well-being of individuals and society, delineating both bad and good aspects of existence. It assesses life satisfaction, encompassing aspects such as physical health, family, education, work, money, safety, security, freedom, religious views, and the environment.

The poll indicated that over half (56.8%) are content with their personal connections, while almost half (46.9%) expressed satisfaction with their living situations. This aligns with Backes et al. (2014), who emphasised that quality of life is a vital indicator of individual well-being and an important objective for society. It is a multifaceted notion influenced intricately

by an individual's bodily and psychological well-being, personal beliefs, and social and environmental interactions. Quality of life should be associated with both clinical factors and lifestyle behaviours (Evans, 2016).

Furthermore, the majority (59.9%) of respondents indicated that negative emotions significantly impact their Quality of Life (QOL), followed by 25.3%, 3.7%, and 11.1% who had a positive influence, a moderate influence, and no influence, respectively. Similarly, over half (52.5%) indicated that psychological health significantly influences their quality of life, likely due to the mental challenges associated with young adulthood and the mental and social issues inherent in student life. Young adults are widely recognised to suffer from psychological disorders, depression, maladaptive behaviours, and suicidal ideation as a result of their social circumstances and living conditions in educational institutions, lifestyle choices, and environmental factors, while contending with challenges related to financial support, social engagement, parental status, and isolation (Michle, Ion, and Nearkasen, 2011).

The study indicated a strong correlation between age and knowledge of quality of life among nursing students ($\chi2 = 15.030$, df = 4, $p<0.05$). This may be ascribed to the knowledge that recognising the fundamental components influencing student happiness enables institutions to concentrate on the primary factors impacting the academic experience of students (Vega, 2010). This contradicts the findings of Arslan and Akkas (2014), who asserted that there were no differences in quality of life based on age concerning socio-demographic factors. The findings indicated no significant correlation between religion and knowledge of quality of life among nursing students ($\chi2 = 1.655$, df = 1, $p > 0.05$). The assessment of nursing students' quality of life (QOL) is crucial for evaluating their well-being during the educational process (Jonas et al; 2018). Consequently, religion does not substantially affect the understanding of quality of life.

Furthermore, there exists no substantial correlation between marital status and knowledge of quality of life among nursing students ($\chi2 = 1.370$, df = 1, $p>0.05$). This corroborates the findings of Sevda Arslan and Ozlem Altinbas Akkas (2014), who said that there was no variation in quality of life based on marital status concerning socio-demographic factors.

The research indicated a strong correlation between knowledge and perception of quality of life among nursing students ($\chi2 = 6.140$, df = 1, $p<0.05$). This may be ascribed to the construction of an index that consolidates the most critical elements for students and the periodic monitoring of that index, which can furnish the administration with invaluable insights and the opportunity to intervene proactively (Garcia Vega, 2010). Consequently, comprehensive information will improve the perspective of quality of life among nursing students.

Moreover, a substantial correlation exists between the variables impeding the acquisition of psychomotor clinical abilities and learning outcomes ($\chi2 = 24.243$, df = 1, $p<0.05$). This aligns with Bastable (2013), who emphasised that patient interactions in the clinical environment were deemed essential for clinical education in adult health and critical care courses.

However, there is no substantial difference in the learning results of the two selected schools ($r=0.860$; $p=0.062$). This may be ascribed to the clinical training in nursing, which transpires in a multifaceted clinical learning environment shaped by several influences. This setting offers nursing students the chance to engage in experiential learning and to translate

theoretical knowledge into essential mental, psychological, and psychomotor skills pertinent to patient care. Consequently, students' exposure and readiness for the clinical environment are critical elements influencing the quality of clinical education. (Carin, 2016).

Conclusions

The findings of this study shows that quality of life was found to have a strong link with lifestyle behaviors. This shows that higher levels of healthier lifestyle behaviors lead to improved QoL among nursing students. It also showed that there is a significant relationship between age and knowledge of QOL among nursing students. In order to improve the situation of these group, policy makers need to consider how restrictions on lifestyle affect QOL, highlighting the need for interventions to increase opportunities for students to engage in positive lifestyle behaviors. Considering their stressful lives, the present study underscores the importance of ensuring the highest level of well-being among nursing students. Nursing education retain the responsibility to improve the educational environment of nursing schools by planning the curriculum to offer experiences that lead to personal and professional growth while supporting social, physical and mental health. Although some educators believe that students must undergo some "stressful" experiences in nursing training and must learn how to deal with them. This study agrees with this idea, provided that students receive adequate supervision and support. Many studies have shown that excessive stressful experiences affect learning and personal development both during training and in future practice. Therefore, maintenance of high levels of well-being among nursing students should be prioritized to maximize their learning and ensure their satisfaction in their student life.

Recommendations

In view of the findings of this study, the following recommendations were made:

1. Interventions should be designed and evaluated, and then the most promising interventions should be taken.
2. Sports and other recreational programs should be included in the calendar of activities of the nursing students to improve their physical health.
3. Students should also be encouraged to participate in extracurricular activities in order to improve their physical health.
4. Health education programs should also be strengthened to include lifestyle modification and driving safely.
5. Furthermore, nursing instructors should be trained in counseling, so they can cater for the immediate psychological needs of their students.
6. Nursing instructors should be approachable enough to prevent potential teacher–student barriers whenever students encounter problems.
7. Interesting clubs and organizations can also improve the social relationships of students.
8. Support systems must be implemented for students, especially for those who are in the latter years of the program and for those attending clinical training.
9. Finally, a spiritually friendly and accepting learning environment should be established in all nursing educational institutions to ensure that students' spiritual lives are nurtured.

REFERENCES

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*, 179-211.

Ajzen, I., & Fishbein, M. (1980).*Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.

Meyer, L. (2002): Applying the theory of planned behavior: nursing students' intentions to seek clinical experiences using the essential clinical behavior database. *Journal of Nursing Education, 41*, 107-116.

Asadi Sadeghi Azar I, Heidari M, Asadi Bidmeshki E, Forghani F, Basirani N. (2018). Multiple Roles and Women's Quality Of Life: In Iran (Zabol). Iran J Psychiatr, 3: 93–99.

Alfaqeeh, G., Cook, E. J., Randhawa, G., & Ali, N. (2017):Access and utilisation of primary health care services comparing urban and rural areas of Riyadh Providence, Kingdom of Saudi Arabia. BMC Health Services Research,17(1), 106. doi:10.1186/s12913-017-1983-z

Almojali, A. I., Almalki, S. A., Alothman, A. S., Masuadi, E.M., & Alaqeel, M. K. (2017). The prevalence and association of stress with sleep quality among medical students.

Ansari, T., Alghamdi, T., Alzahrani, M., Alfhaid, F., Sami, W.,Aldahash, B. A., . . . Almutairi, N. M. (2016). Risky health behaviors among students in Majmaah University,

Arronqui GV, Lacava RM, Magalhães SMF. Percepção de graduandos de enfermagem sobre sua qualidade de vida. Acta Paul Enferm. 2011;4 (6):762-5.

Backes , Ankar, M and Mohanraj, R. (2014), Quality of Work Life Sustain Robust WorkCulture: A Field Experience Sampling Study on SAGO Industry, *International Journal of Advance Research*, Vol. 1, Issue. 6, pp. 269-273.

Barcaccia, Barbara (2013). "Quality Of Life: Everyone Wants It, But What Is It?". Forbes/ Education.

Bottomley, Andrew (2012). "The Cancer Patient and Quality of Life". The Oncologist. 7 (2): 120–125. doi:10.1634/theoncologist.7-2-120. ISSN 1083-7159. PMID 11961195. Retrieved 7 May 2018

Cruz, Aboshaiqah Hamam, F. A., Eldalo, A. S., Alnofeie, A. A., Alghamdi, W. Y., Almutairi, S. S., & Badyan, F. S. (2017). The association ofeating habits and lifestyle with overweight and obesity among health sciences students in Taif University, KSA.Journal of Taibah University Medical Sciences, 12, 249-260.

Cruz, J. P., Felicilda-Reynaldo, R. F. D., Lam, S. C. ,Contreras, F. A. M., Cecily, H. S. J., Papathanasiou, I. V.,. . . Colet, P. C. (2018): Quality of life of nursing students from nine countries: A cross-sectional study. NurseEducation Today, 66, 135-142.

Dominick KL, Ahern FM, Gold CH, Heller DA. (2014): Relationship of health-related quality of life to health care utilization and mortality among older adults. *Aging Clin Exp Res*;14(6):499–508.

Enns S.C., Perotta B, Paro H.B, Gannam S, Peleias M, Mayer F.B, Santos I.S, Menezes M, Senger M.H, Barelli C, Silveira P.S.P, Martins M.A and Tempski P.Z. (2015): Medical Students' Perception of Their Educational Environment and Quality of Life: Is There a Positive Association? Academic Medicine. 2016; 91: 409–417.

Evans, M. S. S. (2016): Examining the relationship between socioeconomic status and mental health QOL in a rural neighborhood context (Master's thesis), University of Iowa. Retrieved from http://ir.uiowa.edu/etd/3081

Inzinerine Ekonomika(2009): The Concepts of Quality of Life and Happiness – Correlation and Differences Dalia Susniene, Algirdas Jurkauskas Kaunas University of Technology, Panevezys Institute Klaipedos str. 1, LT-35209

Jane T.K, Celia .B.R and Karthick, M. (2012), A Study on Quality of Work Life in the IT Sector, Journal of Sri Krishna Research & Education Consortium, *Asia Pacific Journal of Research in Business Management,* APJRBM; Vol.3, Issue.2, February, 2012, pp. 27-35.

Juozulynas, A., Reklaitienė, R., Jurgelėnas, A., Zabulytė, D., Valeikienė, V. & Narkauskaitė, L. (2006)

Love, K. L. (2014). A midrange theory of empowered holisticnursing education: A pedagogy for a student-centeredclassroom. Creative Nursing, 20(1), 47-58.

McLeish, Kenneth (1999): Aristotle the Great Philosophers. Routledge. Excerpted from Psychology, 7th edition, New York: Worth Publishers.

McNally, James W. (2009). Encyclopedia of the Life Course and Human Development(vol.3 ed.). USA: Macmillan Reference. p. 317.

Moritz, A. R., Pereira, E. M., de Borba, M. P., Clapis, M. J.,Gevert, V. G., & de Fatima Mantovani, M. (2016). Quality of life of undergraduate nursing students at a Brazilian

Moura, I. H. D., Nobre, R. D. S., Cortez, R. M. A., Campelo, V., Macedo, S. F. D., & Silva, A. R. V. D. (2016). Quality of life of undergraduate nursing students. Revista Gauchade Enfermagem, 37(2), e55291. doi:10.1590/1983-1447.2016.02.55291

Nursing Students' Quality of Life

Noyez L. (2013). Quality of life research, it's only the beginning. Neth Heart J, 21 (1): 19–20. [PMC free article] [PubMed]

Randall, C., Tate, B., & Lougheed, M. (2007). Emancipatory teaching-learning philosophy and practice education in acute care: Navigating tensions. Journal of Nursing Education, 46(2), 60–64.

Souza J.D, Felipe T.I and Munhoz C. W, (2015): Health-related quality of life and depressive symptoms in undergraduate nursing students. Revista Latino-Americana de Enfermagem, 20, 736-743.

Ruzevicius J (2016): Quality of Life and its Components' Measurement. Vilnius University (Lithuania). Available at https://www.researchgate.net/publication/26496151

Suleiman, K., Alghabeesh, S., Jassem, H., Shahroor, L., & Ali, R. (2013). Quality of life (QOL) among university students in Jordan: A descriptive study. Journal ofEducation and Practice, 4(11), 161, 167.

Salehi A, Harris N, Coyne E, Sebar B. (2014). Trust and quality of life: A cross sectional sudy of young Iranian women. Int J Soc Psychiat. pii: 0020764014560595.

WHOQOL-BREF (1996): introduction, administration, scoring and generic version of the assessment: field trial version, 1996. http://www.who.int/iris/handle/10665/63529 (accessed July25, 2018).

Yang T. R , Ahmadi, F. Salavati, A. and Rajabzadeh, E. (2012), Survey relationship Between

Quality of Work Life and Organizational Commitment in PublicOrganization in Kurdistan Province, *Interdisciplinary Journal of Contemporary Research in Business* (2012) May, Vol.4, No.1, pp-235-246.

Yildirim, Y., Kilic, S. P., & Akyol, A. D. (2013). Relationship between life satisfaction and quality of life in Turkish nursing school students. Nursing & Health Sciences, 15,415-422.

Young R.D, (2008): Quality of Life Indicator Systems–Definitions, Methodologies, Uses, and Public Policy Decision Making. Available at http://www.ipspr.sc.edu/ejournal/ejmay05/Indicators.pdf.

Zhang, Y., Qu, B., Lun, S., Wang, D., Guo, Y., & Liu, J. (2012). Quality of life of medical students in China: A study using the WHOQOL-BREF. PloS One, 7(11), e49714. doi:10.1371/journal.pone.0049714

Cite this article:

Author(s), EKE, Justina Helen RN,RM,RPHN,B.Sc Nursing Education, MSc (Medical Surgical Nursing), AGUGO, Nkem RN,RM,RPHN,B.Sc Nursing Education, MSc (Medical Surgical Nursing), OKUNADE, Rachael Adedoja MPH, ROHN, ADEBIYI, Falilat Omowumi RN, RM, R.PDN, R.NE, BNSc, R.PHN, MSc (MCH) , (2025). "Factors Influencing Quality of Life Among Students of College of Nursing and Midwifery, Eleyele, Ibadan Oyo State", **Name of the Journal:** International Journal of Medicine, Nursing & Health Sciences, (IJMNHS.COM), P, 129- 150 . DOI: www.doi.org/10.5281/zenodo.15002929 , Issue: 1, Vol.: 6, Article: 8, Month: February, Year: 2025. Retrieved from https://www.ijmnhs.com/all-issues/

Published By

AND

ThoughtWares Consulting & Multi Services International (TWCMSI)