

THE RELATIONSHIP BETWEEN SELF-EFFICACY AND QUALITY OF LIFE AMONG NURSES STUDENTS IN PUNJAB, PAKISTAN

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Abstract

Self-efficacy is the assurance that one can overcome obstacles and finish tasks successfully. High-quality education gives students a broad range of abilities and the chance to succeed in their future achievements in society. The purpose of the study was to ascertain the degree of self-efficacy and how it affects life quality. Using a cross-sectional descriptive design, the study was carried out from January to April 2023 in the nursing institutes of Punjab. 650 students made up the sample size, and simple random sampling was used. Data were gathered using a self-efficacy and quality of life questionnaire, and analysis was done using SPSS 25.0. There were 640 participants in all, with female making up the majority (51.49%) compared to male students (48.51%). The majority of students had high levels of self-efficacy (69.8%), which were followed by average levels (21.8%) and very low levels (8.5%) of self-efficacy in the student body. Compared to female students (31.5%), a higher percentage of male students (38.1%) had a high level of self-efficacy. The students' overall quality of life score was good at (3.6 ± 0.57). The school environment had the highest mean score (3.9 ± 0.95) among the quality of life domains, with a high domain score of (3.6 ± 0.83) for the physical sub-scale. According to the study's findings, the majority of students had high levels of self-efficacy and a decent quality of life. Quality of life (QoL) and self-efficacy have a weak positive correlation with age, but a weak negative correlation with self-efficacy.

Keywords: Self-efficacy, Nursing Student, Quality of Life

1. INTRODUCTION

In Pakistan's Punjab province, the nursing profession is expanding at the fastest rate, drawing interest from the public to join this honorable vocation that will one day play a crucial role in the healthcare system. Currently, the single public sector medical university is associated with 92 nursing colleges and 7 constituent institutes, a move that the academic and regulatory authorities applaud ^[1]. Every country should prioritize education not only to meet its basic needs but also to reduce poverty ^[2]. Pakistan's three parallel educational systems—Urdu-medium, English-medium, and Madrassas—have caused the country's trend toward basic education to

stall^[3]. Thus, when more and more institutes opened their doors, intellectuals and experienced people began to worry that the quality would be degraded or maintained despite the growing number of establishments. As a result, every institute started to compete with other colleges to offer their students a top-notch education and to position their college as an institution that offers a top-notch education. A high-quality education aims to provide students with a diverse range of abilities and the chance to excel in their future endeavors within society^[4]. The role of the quality enhancement cell is becoming increasingly crucial in the present and the future in order to evaluate institutions for their operation and quality. Students learn best in a healthy atmosphere, but it's also important that they have the self-sufficiency to get over small obstacles.

Self-efficacy is the conviction that one can overcome obstacles and carry out activities effectively^[5]. It is regarded as an indication of improvement for people's psychological health. The degree of self-efficacy, which is widely applied in many domains, affects the choice of tasks, the pursuit of these tasks, and the choice of exercises in challenging situations^[6]. A high degree of self-efficacy enables people to work hard to acquire the skills they need in order to solve problems and accomplish goals. If they don't succeed, they take it as a compliment and attribute it to not trying hard enough. Consequently, compared to those who have low self-efficacy, these individuals experience less stress^[7]. In order to fulfill their learning objectives, nursing students must overcome a number of challenges, which can be stressful. These challenges include addressing personal responsibilities, completing projects, meeting deadlines, and being exposed to new situations^[8]. Senior nursing professionals receive training with a focus on practical application in undergraduate nursing programs. Enhancing self-efficacy is crucial for nursing students because their final year requirements included a comprehensive quality assessment of the employment unit, which has high expectations for knowledge, skills, and emotions related to clinical nursing work^[9].

Due to a number of internal and external influences, including personal, family, social, educational, and professional concerns, nursing students in particular have more challenges with their academic motivation. Nursing students' quality of life, as well as their physical, psychological, and social well-being, may be impacted by these issues^[10]. Therefore, evaluating and enhancing the quality of life of nursing students may have an effect on their academic success, learning, and socializing^[11].

2. RESEARCH OBJECTIVE

To assess the relationship between the self-efficacy and quality of life among nursing students in Punjab, Pakistan.

3. MATERIAL AND METHODS

Using a cross-sectional descriptive design, the study was carried out from January to April 2023 in the nursing institutes of Punjab. The setting of study was nursing institutes with nursing programs and female health visitors. Therefore, the total number of students enrolled in these institutions was used as the population. A sample size of 650 students was selected using a simple

random sampling technique, with a 95% confidence level, 5% margin of error, and 80% prevalence. However, 10 students' forms were missing some information, so those students were not included in the analysis.

The inclusion criteria included students who were willing to participate and were enrolled in any nursing program approved by the nursing board of the province, the Pakistan Nursing Council, or the Medical University. Excluded from the study were students who were doing clinical duties, preparing for exams, were not promoted, or who were unwilling to participate voluntarily.

After receiving official approval from the institutes, the data gathering process was started. The data was gathered in three sections. The participants' demographic information made up part I, the students' self-efficacy level was determined by a checklist in part II, and the quality of life checklist was used in part III.

The information was gathered in two sections: the first section included the student self-efficacy and quality of life questionnaires, and the second section contained the age, gender, semester, institute status, and living status of the institute.

The first of the two instruments used in this study was the self-efficacy scale, for which we employed the Smith Perceived Health Competencies Scale. This scale consists of eight items divided into two domains: the behavioral domain and the outcome domain. Each domain contains four equal items with a 6-point Likert scale and a reliability of 0.82 ^[12].

The second checklist was the Norwegian K-27 quality of life checklist, that contain 5 domains and 27 items, using 1-never to 5-always Likert scale, while the Cronbach alpha range from 0.73 to 0.83 ^[13].

For continuous data, SPSS 25.0 was used to compute the mean and standard deviation, and for categorical variables, it was used to calculate the frequency and percentages. In order to evaluate the relationship between the participants' self-efficacy and quality of life, inferential statistics such as Pearson correlation were utilized.

Each participant gave their informed consent before data collection began, and received ethical review committee approval in addition to formal permission from the institute's administration.

4. RESULTS

Table 1. Demographic Characteristics of the Respondents (N=640)

Demographic Characteristics		Frequency	Percentage (%)
Gender	Male	310	48.51
	Female	329	51.49
Age (Years)	18-22	355	55.55
	23-27	198	31
	Above 28	86	13.45
College Status	Government	99	15.50
	Private	540	84.50
Programs	4 Years BSN	408	63.85
	2 Years Post RN	85	13.30
	MSN	30	4.70
	LHV	116	18.15

There were 640 participants in all, with female students making up the majority (51.49%) compared to male students (48.51%). The bulk of students (55.55%) in the 18–22 age group are those enrolled in the four-year Bachelor of Science in Nursing (BSN) program, which began following intermediate. Private institute enrollment was higher (84.5%) than that of government nursing colleges (16.5%). This indicates that more nursing schools are opening up in the province and bringing in new students to the health care sector, which will likely worsen the shortage of nurses in the near future.

Table 2. Level of Self-Efficacy among the Students

Frequency	Low	Average	High
	54 (8.5%)	139 (21.8%)	446 (69.8%)
Male	33 (5.1%)	52 (8.1%)	244 (38.1%)
Female	21 (3.2%)	87 (13.5%)	202 (31.5%)
18-22 Years	40 (6.2%)	75 (11.7%)	262 (40.9%)
23-27 Years	4 (0.6%)	60 (9.3%)	132 (20.6%)
Above 28 Years	10 (1.5%)	4 (0.6%)	52 (8.1%)
BSN-4 Years	39 (6%)	71 (11%)	305 (47.6%)
Post-RN	10 (1.5%)	20 (3.1%)	48 (7.5%)
MSN	0	4 (0.6%)	20 (3.1%)
LHV	5 (0.7%)	44 (6.8%)	73 (11.4%)

Out of the total number of students (640), the majority had a high degree of self-efficacy (69.8%), followed by a medium level (21.8%), and a very small percentage (8.5%) had a low level. Compared to female students (31.5%), a higher percentage of male students (38.1%) had a high level of self-efficacy. The highest number of students with strong self-efficacy (40.9%) were between the ages of 18 and 22, and the majority of those with high self-efficacy (46.6%) were in the four-year BSN program.

Table 3. Quality of Life among the Students

Physical	Psychological	Autonomy & Respect	Social Support & Peer	School Environment	Overall
3.6 ± 0.83	3.2 ± 0.56	3.5 ± 0.83	3.6 ± 0.81	3.9 ± 0.95	3.6 ± 0.57

The students' overall quality of life was measured at (3.6 ± 0.57), which was good. Among the quality of life domains, the school environment had the highest mean score (3.9 ± 0.95), followed by the physical domain (3.6 ± 0.83), social support and peers (3.6 ± 0.81), autonomy and respect (3.5 ± 0.83), and the psychological domain (3.2 ± 0.56), which had the lowest mean score compared to the other domains.

Table 4. Correlation of Self-Efficacy with Quality of Life

Variables	1	2	3	4
Age	-	-.023	.039	.036
Programs		-	-.041	-.096*
S.E			-	-.036
QOL				-

Age is weakly positively connected with both self-efficacy and quality of life, but QoL is negatively weakly correlated with self-efficacy. Program is negatively weakly correlated with all three of these variables.

5. DISCUSSION

While QoL is a broader concept that looks at people's physical, psychological, and social aspects, self-efficacy among nursing students is crucial because it defines how they will handle problems and make attempts to achieve their goal of becoming a competent health care provider in the future. The current study had 640 participants in total. Because most students in nursing colleges in Punjab province were female, the majority of participants' students (51.49%) were female. Our ratio is supported by a research done in Iraq, where female made up the majority of participants (60.9%)^[14]. Other research, which show that there were more female participants—79%, 100%, and 82.7% than male respondents^[15, 16, 17].

The majority of students in the current study had strong self-efficacy (69.8%), mediocre self-efficacy (21.8%), and weak self-efficacy (8.5%) among the participants. According to a study done in the United Arab Emirates, the highest percentage of BSN program participants had high self-efficacy (56.07), followed by moderate self-efficacy (35.5%), and low self-efficacy (8.41%)^[17]. A different study by Bodys-Cupak et al. (2021) found comparable results to ours, showing that most students had high levels of self-efficacy^[18].

A contrasting set of findings from our study is shown in the study by Naeem et al. (2022), where the majority of students had intermediate (55.2%) self-efficacy, followed by high (43.7%) and low

(1.1%) levels, maybe another study that also found that most participants had moderate levels of self-efficacy [19].

College students, who are making the shift from childhood to adulthood, are more vulnerable to mental health problems, struggle with academic pressure, and show signs of extreme stress. This has a negative impact on QOL, social functioning, and academic accomplishment [20, 21]. The individuals in the current study had an overall mean score of (3.6 ± 0.57) , which is a satisfactory quality of life score. The educational environment had the highest mean score (3.9 ± 0.95) , followed by the physical domain (3.6 ± 0.83) , and the psychological domain report had the lowest score (3.2 ± 0.56) . The findings support Heng et al.'s (2021) study, which discovered that South Asian students have a higher QOL [22]. A Swedish study (Berman et al. 2016) [23] supports our findings, which show a higher degree of QOL among the study participants using the K-27 QOL questionnaire. Our findings showing the QOL of the research participants was good in 56.8% of them are also supported by a study done in Brazil. Additionally, the environmental domain had the lowest mean score [24], while the social and physical domains had the highest means. Additional research also showed that 75% of nursing students in one study and 85.4% of students in another study thought their quality of life was good [25, 26]. According to Labrague et al.'s (2018) study, the participant's quality of life is average (3.00 ± 0.57) [27]. The social domain has the highest mean score (2.57 ± 1.11) among the domains, whereas the physical domain has the lowest mean score [27]. According to other research (Ali et al. 2015), which report a moderate QOL among the participants, the participants' QoL was likewise average [28]. Another study (Kyranou & Nicolaou 2021) [29] found that the study participants had a low QOL.

QoL and self-efficacy have a modest negative correlation in the current study. Lower self-efficacy was linked to a lower quality of life, according to study results [30], which allowed researchers to investigate the impact of self-efficacy while adjusting for disease load.

6. CONCLUSION

The study concluded that self-efficacy and quality of life is important factor that are associated with academic performance, quality care, psychological well-being and, physical activity and social interaction. In the current study that majority of the students self-efficacy was high, and good quality of life. The study also concluded that self-efficacy is weakly negative correlated with quality of life, while weak positively with age.

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