



Quality of Life and Related Factors Among Final Year Nursing Students During the COVID-19 Pandemic

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Background: COVID-19 has significantly influenced to the healthcare educational programs. Final year nursing students did not except, even maybe became the vulnerable respondents in the pandemic. Therefore, their quality of life has considerably reduced.

Objectives: To describe the quality of life and explore the relationships between demographic information, fear of COVID-19, and quality of life among final year nursing students.

Methods: This was a cross-sectional descriptive study of 113 final year nursing students at Da Nang University of Medical Technology and Pharmacy, Vietnam, from March to April 2022. All participants completed a questionnaire which consisted of 3 parts including the demographic information, fear of COVID-19, and the World Health Organization Quality of Life Brief (WHOQOL-BREF). Data were analyzed using descriptive statistics, Mann-Whitney *U* test, Kruskal-Wallis test, and Spearman rank correlation.

Results: The quality of life of participants was at medium level (mean [SD], 87.86 [9.14]). There were statistically significant relationships between gender and fear of COVID-19 to quality of life ($P < .05$), whereas age, living with, and monthly income were not correlated with quality of life ($P > .05$).

Conclusions: During the COVID-19 pandemic, final year nursing students had medium quality of life. Physical domain and fear of COVID-19 should be improved to increase quality of life.

Keywords: Quality of life, Fear of COVID-19, WHOQOL-BREF, Nursing students

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Introduction

Quality of life was defined by the World Health Organization (WHO) as the perception that individuals have in their lives, within the cultural contexts and valuable systems they live, in their interactions with goals, desires, social norms, and concerns.¹ Health care students regarded as having quality of life lower than other majors, especially in physical and psychological field.^{2,3} Overloading in full-time courses, lacking of time for entertainment activities reduced their physical quality of life.^{2,4} Other researches demonstrated that nursing students had the highest quality of life in social filed, and the lowest in physical domain.³ The mean score of quality of life decreased over the years. Final year nursing students got the lowest score as comparing to the others.³

As the COVID-19 broke up, many countries around the world applied social distancing methods or lockdowns. These methods affected to the quality of life of nursing students such as switching to online learning, lack of interaction with teachers and friends, delaying clinical courses at the healthcare facilities, dramatically changing of studying plan to be suitable for each stage of the lockdown, and increasing fear of COVID-19 pandemic.^{5,6} In addition, it was concerning that the students worried about the paying fee because of parents' unemployment.⁷

As a result, the pandemic impacted considerably on the quality of life of nursing students. About a half of nursing students in rural Appalachia, America, showed the poor quality of life in COVID-19 pandemic.⁸ A survey conducted in 2600 Norwegian nursing students during COVID-19 revealed significantly low physical quality of life, lower general health, and high level of mental issue.⁵ Psychological intervention was suggested to relieve stress and depression of nursing students in China during the pandemic.⁷ Prolonged virtual class, interruption of relationships, and social isolation led to reduce quality of life among nursing students.⁸

Some studies identified that there were the following factors influencing the quality of life of nursing students during the COVID-19 pandemic including gender,⁹ people

living with,⁶ monthly income, and fear of COVID-19.^{5,10} According to the study of Grande et al,¹¹ female nursing students had lower physical quality of life than males.¹¹ Students who lived with their family had better quality of life than those living alone.⁶ Monthly income included of budget students' parents supported, and earning by themselves. Students had higher monthly income got higher quality of life.¹² Students had higher fear of COVID-19 showed the lower quality of life.⁵

Similarly, Vietnamese nursing students suffered the negative felling of stress and depression when learning online because of COVID-19 pandemic.¹³ With the final year nursing students, clinical practice played crucial role in learning activity in order to confirm career opportunity. However, because of COVID-19 pandemic, final year nursing students could not participate in clinical placement. It affected to their clinical experiences to become a real nurse in the future.¹⁴ There were some studies conducted in final year nursing students about mental health¹⁵ or clinical practice.^{14,16}

Given the little of studies on quality of life of final year nursing students during COVID-19 in Vietnam, the study was carried out. Da Nang University of Medical Technology and Pharmacy was the second largest medical schools in the middle of Vietnam. Nursing students studied 4-year curriculum and began the clinical rotation in the second semester of the second school year with the practice of basic nursing skills. The aims were to explore the quality of life among the final year nursing students during the COVID-19 pandemic and identified the relationship between demographic information, fear of COVID-19, and quality of life.

Methods

Participants

The cross-sectional descriptive study was carried out in 140 final year nursing students of Da Nang University of Medical Technology and Pharmacy, Vietnam, and 113 nursing students agreed to participate in the study. The convenient recruitment method was used to collect



data online. In the period lasted until the middle of the year 2022, online class was prolonged because the COVID-19 pandemic had been still complicated.

Ethics

The study was approved by the Ethics Council in Biomedical Research of Da Nang University of Medical Technology and Pharmacy, Vietnam, (No.118/BB-HDDD on March 2, 2022). Data collected was anonymous and used for research purpose only. The information provided by participants was assured regarding the confidentiality.

Instruments

The questionnaire consisted of 3 parts. Part A was the demographic information of participants including age, gender, people living with (family, friends, alone), and monthly income. Monthly income was defined as personal budget from part-time jobs, or allowances from family, relatives, and society.

Part B was the fear of COVID-19 scale (FCV-19S) used to measure of the fear participants regarding COVID-19. This scale was developed by Ahorsu et al¹⁷ in 2020 with the Cronbach alpha of 0.82. The tool included 7-question using 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Total score was calculated by adding each item mark ranged from 7 to 35. Participants got higher score showed greater fear of COVID-19. In this study, the mean score was applied to interpret. It was calculated by dividing the total mean score of each sample by the number of items. Nguyen et al¹⁸ implemented the test of reliability of FCV-19S in Vietnam with Cronbach alpha of 0.90.¹⁸ The reliability of the questionnaire was also conducted in the pilot study with 30 students of Da Nang University of Medical Technology and Pharmacy. The Cronbach alpha was calculated in 0.88.

Part C was the World Health Organization Quality of Life Brief questionnaire (WHOQOL-BREF) to measure quality of life of participants. The questionnaire consisted of 26-item categorized of general, physical, psychological, social relationship, and environmental domains. The general items were the first and second questions that specified

the overview perspectives of quality of life. The physical domain included 7-item to assess quality of physical life. It included of activities of daily living, dependence on medicine substances, energy and fatigue, mobility, pain and discomfort, sleep and rest, and work capacity. The psychological subscale had 6-item that were interest in life; positive feeling, negative feeling, concentration ability, body image and appearance, self-esteem, and religion belief. The social relationship domain was 3-item that showed the personal relationships, social support, and sexual activity. The environmental domain had 8-question that mentioned the financial resource; freedom, physical safety and security, physical environment, entertainments, chances for updating new information and skills, housing condition, health care service, and transport. A questionnaire used a 5-point Likert scale from 1 (not at all) to 5 (completely). The total score of each domain was converted to a scale of 0 to 100 based on the WHOQOL-BREF conversion table. With higher score, participants had better quality of life in the physical domain. The Cronbach alpha of the original was 0.86.¹ The Cronbach alpha in the pilot study was 0.84.

Data Collection

Because of the epidemic situation of COVID-19 in Vietnam, students had not gone to school for studying directly. Therefore, researchers set up the questionnaire on Google Forms and sent to each class of final year nursing. The instruction and permission declaration were clearly displayed in the first page of the form.

Participants' completion and submission of the survey stated that they agreed to join the study. The questionnaire was provided to fill up in about 10 minutes. Information of participants was kept confidentially and used for research aim only. Data was collected by researcher from March to April 2022.

Data Analysis

Data were analyzed and interpreted by SPSS version 21.0 (IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp; 2012). Qualitative variables were



described by frequency and percentage, and continuous variables were described using mean and standard deviation (SD). Mann-Whitney U and Kruskal-Wallis tests were used to explore the difference of quality of life in gender and living with, respectively. Because normal distribution was not reached regarding of Kolmogorov-Smirnov test, Spearman rank correlation was applied to determine the relationship between age, monthly income, fear of COVID-19, and physical quality of life. P value less than .05 was considered statistically significant.

Results

In the total of 140 final year nursing students, 113 (80.71%) were agreed to participate in the study and completed the questionnaire. Most of final year nursing students were female (92.9%). The mean (SD) age of participants was 21.95 (0.39) years with the range of 21 to 23 years. A significant proportion of participants lived with friends (61.9%). Average monthly income of participants was VND 2.85 million (USD 119.98) (SD, VDN 0.62 million [USD 26.08]) (Table 1).

The overall mean (SD) fear of COVID-19 score was 2.66 (0.80). The highest mean (SD) score was 2.98 (1.13) in the item “I am most of afraid of COVID-19”, and the lowest score was 2.22 in the item “My hands become clammy when I think about COVID-19”. The overall mean (SD) quality of life was 87.86 (9.14), illustrating a medium level. The highest quality of life was in social relationships (mean [SD], 65.88 [13.80], whereas the lowest score was in physical domain (mean [SD], 58.58 [10.28]) (Table 2).

There was no significant relationship between age, living with, monthly income, and quality of life, whereas the result revealed a weakly negative correlation between fear of COVID-19 and quality of life ($P < .05$). Moreover, it could be concluded that there was the difference between gender regarding quality of life. It was detailed that quality of life of female final year nursing students was statistically significantly higher than male ($P < .05$) (Table 3).

Table 1. Participant Demographics

Demographic	No. (%)
Age, y	
Mean (SD)	21.95 (0.39)
Gender	
Female	105 (92.9)
Male	8 (7.1)
People living with	
Families	24 (21.2)
Friends	70 (61.9)
Alone	19 (16.8)
Monthly income, VND million	
Mean (SD)	2.85 (0.62)

Abbreviation: SD, standard deviation, VND, Vietnamese Dong.

Table 2. Fear of COVID-19 and Quality of Life

Item	Mean (SD)
Fear of COVID-19	
I am very afraid of COVID-19	2.98 (1.13)
It makes me uncomfortable to think about COVID-19	2.88 (1.03)
My hands become clammy when I think about COVID-19	2.22 (1.07)
I am afraid of losing my life because of COVID-19	2.82 (1.93)
When watching news and stories about COVID-19 on social media, I become nervous or anxious	2.79 (1.09)
I cannot sleep because I am worrying about getting COVID-19	2.48 (1.01)
My heart races or palpitates when I think about getting COVID-19	2.43 (1.16)
Quality of life	
Social relationships	65.88 (13.80)
Environment	62.03 (11.09)
Psychological	60.19 (8.95)
Physical	58.58 (10.28)

Abbreviation: SD, standard deviation.



Table 3. Correlation Between Demographics, Fear of COVID-19, and Quality of Life

Variable	Quality of Life	
	Correlation	P Value*
Gender	-2.05 ^a	.04
Living with	3.58 ^b	.17
Age	0.09 ^c	.31
Monthly income	-0.05 ^c	.63
Fear of COVID-19	-0.23 ^c	.01

^a Mann-Whitney *U* test.

^b Kruskal-Wallis test.

^c Spearman rank correlation.

* Significance for the test was determined at *P* < .05.

Discussion

There were 113 final year nursing students at public medical university participated in this study. The average age of participant (mean [SD], 21.95 [0.39] was equivalent to previous study, conducting in 8-university in Vietnam.⁶ It was suitable to the situation in Vietnam that after high school, most students often admitted the university between 19 and 22 years of age. Almost participants were female and higher than previous studies in Philippines¹⁹ and Saudi Arab.¹¹ Nursing working required the ingenuity, meticulousness, and thoughtfulness that was available in female's characteristics. More than a half of participants lived with their friends. In Vietnam, as getting in the university, students have often hired the room that closed the school because of its convenience. They have often shared the room with their friends to reduce the cost. With the monthly income around VND 2.85 million (USD 119.98), the students got from the allowance from their family partly, and the part-time jobs.

In the study, final year nursing students showed considerably higher level of fear of COVID-19 comparing to Polish students.²⁰ The result was consistent with previous studies carried out Vietnamese and Chinese undergraduates, and Norwegian nursing.^{5, 21, 22} Notably, the mean FCV-19S score was lower than study in Iran,¹⁷

Philippines,¹⁹ and in the public medical and pharmacy university of the Southern, Vietnam.²³ Final nursing students had the highest mean score of 2.98 in the item "I am most of afraid of COVID-19" and the lowest score of 2.22 in the item "My hands become clammy when I think about COVID-19", which were comparable with the study of Doan et al.²⁴ The reasons of considerable fear of COVID-19 among final year nursing students were social isolation, limitation of communication, closing of campuses, difficulties of online class, uncertainty about the graduation on time, and anxiety of getting infected during the pandemic.^{5, 6, 25}

The quality of life among final year nursing students in this study was quite high (mean [SD], 87.86 [9.14]). This result was higher than previous studies conducted in undergraduate nursing students in Norway,⁵ America,⁸ and Hong Kong.²⁶ However, this was lower than the quality of life among Indonesian medical students.²⁷ Moreover, participants in this study got the lowest score in physical domain (mean [SD], 58.58 [10.28]) and the highest score in social relationship (mean [SD], 65.88 [13.8]), which illustrated good individual relationship and social supports. This compared to the findings of previous studies conducted in internship nursing student in Saudi Arabia¹¹ and university students in Malaysia.⁹ Conversely, Tejoyuwono et al²⁷ indicated that 88.6% of students had moderate quality on physical health and lowest number of participants in social relationship.

During the COVID-19 pandemic, social relationship was influenced by social distancing or lockdown, especially for people who could not come back their home because of movement restriction. It was a chance for young people to keep contact with their relatives, friends, and acquaintances through social media. Students also applied digital technology to study, submit assignments, even do the tests.⁹ It developed their interactions despite of dependence of technology. In addition, social support of food, vegetables, or essential necessities from Vietnamese government, local authorities, and charity organizations for people in the pandemic rose. Thus, social relationship of final year nursing students was improved.



For adults, it was necessary to take vigorous exercise for at least 30 minutes and 5 times per week or 20 minutes of vigorous exercise 3 times per week and plus 30 minutes of moderate activity 5 times per week.²⁸ However, methods in COVID-19 pandemic including social distancing period, lockdown, school closures, and online learning importantly impacted on physical health and activities of students.¹⁸ This was perhaps the reason for the lowest score of physical quality of life of participants. In the pandemic, most participants lived with their friends, they had to stay at their rooms to minimize the disease transmission. As the result, self-isolation worsened final year nursing students' psychological quality of life.

There was no correlation between age, living with, monthly income, and quality of life, whereas gender and fear of COVID-19 were related to quality of life. This findings were consistent with previous studies in different countries.^{5, 9, 11, 12} Male students demonstrated lower mean score of environmental domain than females, whereas female students had higher average scores of physical domain.⁹ In contrast, a study on medical students in southern Vietnam showed that male had higher psychological and physical quality of life.²⁹ The difference of gender on physical quality of life was also demonstrated in the study in Saudi Arabia.¹² This result suggested that in the pandemic, females were considered to be prepared than males to adapt to the new situation.

The findings revealed the statistically negative relationship between fear of COVID-19 and quality of life. That meant that greater fear of COVID-19 among participants had led to lower quality of life. COVID-19 impacted to nursing students even though the social distancing was removed.^{26, 30} Specially, the psychological and social relationships domains were lower than standard scores before the pandemic, while others did not change.³⁰ In fact, it had been confirmed that social isolation had caused nursing students by delaying face-to-face class, disrupting clinical learning, increasing the risk of exposure of COVID-19, and being worry about postponing graduation.^{8, 10, 16, 26} These had an adverse effect on nursing students' mental health, quality of life as well as

well-being.²⁶ Even fear of COVID-19 related to students' thinking to stop studying nursing.¹⁹ Some of reasons correlated to clinical setting for this negative intention of nursing students in the pandemic were stressful working conditions, social support, and considerable experiences.³¹

The strength of the study was its contribution regarding to explore quality of life among final year nursing students during the pandemic, whereas there was a few of study carried out on this group of people. The main limitation was the sample size that was not all final year nursing students of the public medical university. Because of COVID-19, students did not go to school. Data collection was implemented online. Many studies recruited students as participants. It could be bored for students to continue to take part in the study. Further study was needed to examine whether students in other years or in other educational programs met the same impact on quality of life during the COVID-19. In order to there were some suggestions to the university to increase students' quality of life such as health consultant service via online network, gym club, or traditional martial art club. Additionally, both the university and the faculty of nursing should closer follow-up of vulnerable final year nursing students to detect students who suffered from COVID-19 stress.

Conclusions

The current study revealed that final year nursing students had medium quality of life. The study identified that gender and fear of COVID-19 affected to overall quality of life of participants. Participants should be improved physical health and controlled fear of COVID-19 to enhance quality of life during the pandemic.

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คุณภาพชีวิตและปัจจัยที่เกี่ยวข้องของนักศึกษาพยาบาลปีสุดท้ายในช่วงการระบาดของไวรัสโควิด 19

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บทนำ: การระบาดของโรคติดเชื้อไวรัสโควิด 2019 หรือโควิด 19 มีอิทธิพลอย่างมากต่อหลักสูตรการศึกษาด้านสุขภาพ แม้กระนั้นนักศึกษาพยาบาลชั้นปีสุดท้ายที่อาจเป็นกลุ่มเปราะบางในช่วงการระบาดของโควิด 19 ทำให้คุณภาพชีวิตลดลง

วัตถุประสงค์: เพื่ออธิบายคุณภาพชีวิตและศึกษาความสัมพันธ์ระหว่างข้อมูลประชากรศาสตร์ ความกลัวเกี่ยวกับโควิด 19 และคุณภาพชีวิตของนักศึกษาพยาบาลชั้นปีสุดท้าย

วิธีการศึกษา: การศึกษาเชิงพรรณนาแบบตัดขวางในกลุ่มตัวอย่างนักศึกษาพยาบาลชั้นปีสุดท้าย จำนวน 113 คน ณ มหาวิทยาลัยเทคโนโลยีการแพทย์และเภสัชกรรมแห่งประเทศไทย ตั้งแต่เดือนมีนาคมถึงเมษายน พ.ศ. 2566 กลุ่มตัวอย่างทั้งหมดตอบแบบสอบถามครบทั้ง 3 ส่วน ประกอบด้วย ข้อมูลประชากรศาสตร์ ความกลัวเกี่ยวกับโควิด 19 และเครื่องชี้วัดคุณภาพชีวิตขององค์การอนามัยโลก การวิเคราะห์ข้อมูลใช้สถิติ Mann-Whitney U test, Kruskal-Wallis test, และ Spearman rank correlation

ผลการศึกษา: นักศึกษาพยาบาลชั้นปีสุดท้ายมีคุณภาพชีวิตอยู่ในระดับปานกลาง (mean [SD], 87.86 [9.14]) เพศและความกลัวเกี่ยวกับโควิด 19 มีความสัมพันธ์ต่อกันอย่างมีนัยสำคัญ ($P < .05$) ขณะที่อายุ การอยู่อาศัยร่วมกัน และรายได้ต่อเดือน ไม่พบความสัมพันธ์ต่อกัน ($P > .05$)

สรุป: ในช่วงการระบาดของโควิด 19 นักศึกษาพยาบาลชั้นปีสุดท้ายมีคุณภาพชีวิตอยู่ในระดับปานกลาง จึงควรได้รับการปรับปรุงด้านร่างกายและความกลัวเกี่ยวกับโควิด 19 เพื่อเพิ่มคุณภาพชีวิต

คำสำคัญ: คุณภาพชีวิต ความกลัวเกี่ยวกับโควิด 19 เครื่องชี้วัดคุณภาพชีวิต ขององค์การอนามัยโลก นักศึกษาพยาบาล

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