# Biopsychosocial Factors as Predictors of School of Nursing Students' Academic Performance in University College Hospital (UCH), Ibadan, Oyo State Nigeria

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***Abstract*—Extensive research has been conducted globally on the academic performance of nursing students. However, in Nigeria, there remains a paucity of studies examining the biological, psychological, and social factors that may significantly influence learning outcomes among this population. This study examined biopsychosocial predictors of academic performance among nursing students in Ibadan, Oyo State. A descriptive survey of the ex-post facto type was employed. Data were collected from 143 purposively selected nursing students using the Biopsychosocial Factor Questionnaire (BFQ). Four hypotheses were formulated and tested using multiple regression analysis to assess the joint and independent contributions of biopsychosocial factors to academic performance. Psychological and social factors, which include self-esteem, self-efficacy, anxiety, age, gender, religion, marital status, and academic level, jointly predicted academic performance ([F(3, 139) = 1.992, p > .05]; [F(6, 136) = 4.765, p < .05]). Independent predictors were age (β = –.042), academic level (β = –.398), self-esteem (β = .120), and marital status (β = .244). Younger students, those at lower academic levels, single students, and those with healthier self-esteem were more likely to achieve higher academic performance. Findings highlight the importance of psychosocial and demographic factors in shaping academic outcomes among nursing students. The result suggests that fostering self-esteem and providing targeted psychosocial support could enhance student success. Biopsychosocial factors significantly influence academic performance in nursing education. Addressing these factors through student-centered interventions may strengthen academic outcomes and overall professional preparedness.**

***Index Terms*—Academic performance, Biopsychosocial model, Nursing students, Predictors of learning**
**Word Count: 234**

## I. INTRODUCTION

Academic performance in nursing students is shaped by biological, psychological, and social factors (Blackman, 2007; Willcox, 2011; Mustapha et al., 2020). Understanding these influences is essential for designing interventions that support student well-being, improve learning outcomes, and enhance professional competence (Hayat et al., 2020). In Nigeria, academic performance is typically measured using the Cumulative Grade Point Average system, which reflects knowledge, skills, and professional behaviors required in nursing practice.

For nursing students, academic success is particularly important because it underpins the development of clinical skills and professional attitudes necessary for safe patient care. Yet, evidence suggests that strong academic performance does not always translate into clinical competence, raising concerns about graduate preparedness and the quality of healthcare delivery (Blessing, 2024; Grotan et al., 2019).

Nursing education in Nigeria traces back to the Nightingale model introduced during colonial times, with the Nursing and Midwifery Council of Nigeria (NMCN) established in 1947 to regulate training and practice. Today, programs span basic and post-basic pathways, enabling progression to advanced degrees. High academic performance benefits students through employability, career growth, and skill mastery, while

also contributing to national and global healthcare outcomes (NMCN, n.d).

Research shows that academic outcomes are shaped by multiple factors, including individual (intelligence, motivation), social (age, gender, marital status), psychological (stress, self-esteem, self-efficacy, anxiety), and environmental (learning conditions, socioeconomic status) (Acosta-Gonzaga, 2023; Adenrele & Olley, 2016; Alyami et al., 2017; D'Mello, 2018; Folorunsho, 2025; Rozman, 2025). Psychological distress, such as stress, low self-esteem, and reduced self-efficacy, has been linked to poor academic performance, yet few studies have examined these factors among Nigerian nursing students.

This study addresses that gap by investigating how biological factors (particularly physical health conditions) and psychosocial variables (self-esteem, self-efficacy, anxiety, age, gender, and academic level) influence academic performance among nursing students at the University College Hospital School of Nursing, Ibadan. Findings are expected to guide interventions that enhance student well-being, strengthen nursing education, and improve healthcare delivery in Nigeria.

## II. STUDY AIM AND OBJECTIVES

The specific objectives are to:

I determine the extent to which medical health status predicts academic performance.

ii. assess the impact of psychological factors, including self-esteem, self-efficacy, and examination anxiety, on academic outcomes.

iii evaluate the role of social factors, including age, gender, religion, marital status, and academic level, in influencing academic performance.

Iv identify the relative contributions of biological, psychological, and social factors in predicting academic achievement.

By addressing these objectives, the study seeks to provide evidence-based insights for interventions that enhance students' academic success, well-being, and professional readiness in nursing education.

## III. METHODS

### Procedure

A descriptive survey of the ex-post facto type was employed. A written letter of introduction was obtained by the researcher from the Department of Arts and Social Sciences, Faculty of Arts & Education, Lead City University, Ibadan, Oyo State, Nigeria, to the University College Hospital (UCH), School of Nursing, and prospective participants. The researcher also applied to obtain ethical approval from the Bioethics committee of UCH to ensure that participants' protection is upheld. After the Permission to conduct the study was granted by all the parastatals involved, participants were briefed about the purpose of the research and data collection procedures. The participants were assured confidentiality, and their anonymity was guaranteed as names or any means of identification were not recorded on the questionnaire. Participants that are willing to participate, met with inclusion criteria, and gave consent were required to sign the informed consent form and then fill out the questionnaires afterwards. A collection of data was carried out by the researcher and two research assistants. Averagely filling out the questionnaires by participants took about 30-40 minutes. After completion of the questionnaire by participants, the data obtained were retrieved for statistical analysis. All completed questionnaire were stored securely, and only the research team had access to the data.

### Participants/Settings

A non-probability sampling (purposive sampling) technique was used for data collection from 143 nursing students (24 male (16.8%) and 117 female (81.8%)) from the University College Hospital (UCH) School of Nursing, Ibadan, in Oyo State, South-West Nigeria. Inclusion criteria were: to be currently a registered student in the school, must have obtained a Cumulative Grade Point Average (CGPA), indicate willingness to participate in the study by consent.

### Measures

Socio-demographic variables. A 7-item scale used to gather demographic information, including age, gender, marital status, religion, academic grade level, who is financially responsible for payment of fees, and current CGPA.

Physical health condition. A 4-item scale to elicit responses about any medical condition the participants might have.

Self-efficacy. A 10-item General Self-efficacy Scale (GSE; Schwarzer & Jerusalem, 1995) was used to assess a general sense of perceived self-efficacy. It is

a self-administered four-point Likert scale response set where 1 indicates never, 2 indicates rarely, 3 indicates sometimes, and 4 indicates usually. The scoring system for this tool ranged from 10-40. This score is classified into 3 equal parts: Low (10-19), moderate (20-29) and High (30-40).

Self-esteem. A 10-item Rosenberg Self-esteem scale (RSES; Rosenberg,1965) is a measure of global self-worth, and includes items such as "On the whole, I am satisfied with myself". Respondents express their degree of agreement on a 3-point Likert-type scale ranging from 3 'strongly agree' to 0 'strongly disagree' for some of the items, which provide positive assessments of self-worth (items 1, 2, 4, 6, 7), whereas others are measures of self-derogatory statements (items 3, 5, 8, 9, 10). Final scores range from 0 to 30. Scores below 15 represent lower levels of self-esteem, scores between 15 and 25 are normal, whereas scores between 46-50 represent high self-esteem.

Anxiety. A 21-item Beck Anxiety Inventory (BAI; Beck et al., 1988) is a self-report measure of anxiety. Respondents express their degree of agreement on a 4-point Likert-type scale ranging from 0 'not at all' to 3 'severely-it bothered me a lot'. Final scores range from 0 to 36. Scores of 0-21 represent low anxiety, 22-35 represent moderate anxiety, and scores of 36 and above represent potentially concerning levels of anxiety.

Statistical analysis

Both descriptive and inferential statistics were used to analyze the data that were collected from the respondents using SPSS software version 27. To deduce the relationship between biopsychosocial variables among the students, Zero-Order Correlation analysis was collated with the dependent variable being academic performance of students before the study, Independent variables were derived from (a) Socio-demographic variables such as age, gender, marital status, religion and academic level (b) Biopsychosocial Variables were derived from physical health condition, self-efficacy, self-esteem and anxiety.

## IV. RESULTS

Preliminary analysis that involved Pearson correlation statistics was carried out to ascertain the nature of the relationship between the demographic data and the biopsychological variables on academic performance within the scope of this study, which is shown in Table 1. Demographic data include age, gender, religion, marital status, and academic level, while biopsychological variables include physical health conditions, self-efficacy, self-esteem, and anxiety.

**Table 1: Showing Zero Order Correlation, Means, and Standard Deviation of Biopsychosocial Factors on Academic Performance**

| Variables | Age | Gender | Reli | MariSta | AcaLevel | Asthma | Dysmenorrhea | Seizure | Peptic | PTB | ShortS | Migrain | Tooth | SEsteem | SEfficacy | Anxiety | AcademicPer | x̄ | SD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 1 | | | | | | | | | | | | | | | | | 21.21 | 2.701 |
| Gender | 0.017 | 1 | | | | | | | | | | | | | | | | 1.80 | 0.432 |
| Religion | -0.013 | 0.286** | 1 | | | | | | | | | | | | | | | 1.87 | 0.415 |
| MaritalSta | -0.222** | 0.282** | 0.530** | 1 | | | | | | | | | | | | | | 1.92 | 0.337 |
| AcaLevel | 0.229** | 0.373** | 0.488** | 0.445** | 1 | | | | | | | | | | | | | 2.59 | 0.632 |
| Asthma | -0.031 | 0.054 | -0.394** | 0.027 | 0.078 | 1 | | | | | | | | | | | | 0.01 | 0.118 |
| Dysmenorrhea | -0.054 | 0.054 | -0.106 | 0.027 | -0.111 | -0.014 | 1 | | | | | | | | | | | 0.03 | 0.236 |
| Seizure | -0.007 | 0.038 | -0.379** | -0.480** | -0.345** | -0.010 | -0.010 | 1 | | | | | | | | | | 0.02 | 0.251 |
| PepticUlcer | 0.061 | 0.067 | 0.047 | 0.034 | 0.018 | -0.017 | -0.017 | -0.012 | 1 | | | | | | | | | 0.08 | 0.575 |
| PTB | 0.087 | 0.038 | 0.027 | 0.019 | 0.055 | -0.010 | -0.010 | -0.007 | -0.012 | 1 | | | | | | | | 0.03 | 0.418 |
| ShortSighted | -0.007 | -0.157 | 0.027 | 0.019 | -0.078 | -0.010 | -0.010 | -0.007 | -0.012 | -0.007 | 1 | | | | | | | 0.04 | 0.502 |
| Migraine | -0.038 | 0.038 | 0.027 | 0.019 | -0.078 | -0.010 | -0.010 | -0.007 | -0.012 | -0.007 | -0.007 | 1 | | | | | | 0.05 | 0.585 |
| Tooth Cavity | 0.025 | 0.038 | 0.027 | 0.019 | 0.055 | -0.010 | -0.010 | -0.007 | -0.012 | -0.007 | -0.007 | -0.007 | 1 | | | | | 0.06 | 0.669 |
| SelfEsteem | 0.042 | 0.307** | 0.421** | 0.408** | 0.288** | -0.109 | -0.069 | -0.127 | 0.053 | 0.031 | -0.070 | 0.074 | 0.016 | 1 | | | | 23.87 | 5.861 |
| SelfEfficacy | 0.152 | 0.206* | 0.310** | 0.385** | 0.314** | -0.160 | 0.099 | -0.099 | 0.007 | -0.018 | -0.059 | -0.302** | 0.090 | 0.629** | 1 | | | 22.35 | 6.228 |
| Anxiety | 0.016 | -0.065 | 0.042 | 0.028 | -0.070 | -0.074 | -0.052 | 0.042 | -0.018 | -0.013 | -0.052 | 0.097 | 0.151 | 0.080 | -0.072 | 1 | | 9.66 | 10.761 |
| AcademicPer | -0.181* | -0.022 | 0.140 | 0.208* | -0.198* | -0.130 | 0.088 | -0.027 | 0.002 | 0.021 | -0.074 | 0.103 | -0.003 | 0.175* | 0.091 | 0.116 | 1 | 3.22 | 0.714 |

* P< .05; **P< .01. *PTB means Pulmonary tuberculosis

This first hypothesis stated that there will be no significant combined influence of biological factors (asthma, dysmenorrhea, seizure, peptic ulcer, Pulmonary tuberculosis (PTB), short-sightedness, migraine, tooth cavity) on academic performance among nursing students. The result of the analysis is summarized in Tables 2 and 3.

Table 2: Summary showing the combined influence of biological factors on academic performance using Multiple Regression

| Multiple R | $R^2$ | Adjusted $R^2$ | Standard Error | F-ratio | Sig. F Change |
|---|---|---|---|---|---|
| .024 | .001 | -.007 | .71642 | .078 | .781 |

Table 3: Summary showing analysis of Variance on biological factors

| Source of Variance | Sum of Squares | DF | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | .040 | 1 | .040 | .078 | .781 |
| Residual | 72.369 | 141 | .513 | | |
| Total | 72.409 | 142 | | | |

*Sig. at $p<0.05$

From Table 2, it could be observed that asthma, dysmenorrhea, seizure, peptic ulcer, PTB, short-sightedness, migraine, and tooth cavity yielded a positive multiple correlation (R) coefficient of 0.024 and joint contribution ($R^2$) of -0.007 on academic performance. This implies that 2.4% of the total variance of academic performance is accounted for by the linear combination of the biological factors. Table 3 also indicated that biological factors of asthma, dysmenorrhea, seizure, peptic ulcer, PTB, short-sightedness, migraine, and tooth cavity put together have no significant combined influence on academic performance [$F (1, 141) = 0.078$; $p>.05$]. Based on this result, it can be concluded that there is no significant combined contribution of biological factors to academic performance. Therefore, the hypothesis is confirmed.

The second hypothesis stated that there will be no significant combined influence of psychological factors (self-efficacy, self-esteem, anxiety) on academic performance among nursing school students. The result of the analysis is summarized in Tables 4 and 5

Table 4: Summary showing the combined influence of psychological factors (self-esteem, self-efficacy, anxiety) on academic performance using Multiple Regression

| Multiple R | $R^2$ | Adjusted $R^2$ | Standard Error | F-ratio | Sig. F Change |
|---|---|---|---|---|---|
| .203 | .041 | .021 | .70672 | 1.992 | .118 |

Table 5: Summary showing analysis of variance on psychological factors

| Source of Variance | Sum of Squares | DF | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | 2.985 | 3 | .995 | 1.992 | .118 |
| Residual | 69.423 | 139 | .499 | | |
| Total | 72.409 | 142 | | | |

*Sig. at $p<0.05$

From Table 4, it could be observed that psychological factors (self-esteem, self-efficacy, and anxiety) yielded a multiple correlation (R) coefficient of 0.203 and joint contribution ($R^2$) of 0.021 on academic performance. This implies that 20.3% of the total variance of academic performance is accounted for by the linear combination of the psychological factors. Table 5 also indicated that psychological factors of self-esteem, self-efficacy, and anxiety put together have a significant combined influence on academic performance [$F (3, 139) = 1.992$; $p>.05$]. Based on this result, it can be concluded that there is no significant combined contribution of psychological factors (self-esteem, self-efficacy, and anxiety) on academic performance among this population. Therefore, the stated hypothesis is confirmed.

The third hypothesis stated that there will be no significant combined influence of social factors (age, gender, religion, marital status, academic level, and who is responsible for fees) on academic performance among school of nursing school students. The result of the analysis is summarized in Tables 6 and 7.

Table 6: Summary showing the combined influence of Social factors (age, gender, religion, marital status, academic level, and who is responsible for fees) on academic performance using Multiple Regression

| Multiple R | $R^2$ | Adjusted $R^2$ | Standard Error | F-ratio | Sig. F Change |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| .417 | .174 | .137 | .66328 | 4.765 | .000 |

Table 7: Summary showing analysis of variance on Social factors

| Source of Variance | Sum of Squares | DF | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | 12.577 | 6 | 2.096 | 4.765 | .000 |
| Residual | 59.831 | 136 | .440 | | |
| Total | 72.409 | 142 | | | |

*Sig. at $p<0.05$

From Table 6, it could be observed that social factors (age, gender, religion, marital status, academic level, and who is responsible for fees) yielded a multiple correlation (R) coefficient of 0.417 and a joint contribution ($R^2$) of 0.137 on academic performance. This implies that 41.7% of the total variance of academic performance is accounted for by the linear combination of the social factors. Table 7 also indicated that social factors of age, gender, religion, marital status, academic level, and who is responsible for fees put together have a significant combined influence on academic performance [F (6, 136) = 4.765; p<.05]. Based on this result, it can be concluded that there is a significant combined contribution of psychological factors (self-esteem, self-efficacy, and anxiety) on academic performance among this population. Therefore, the stated hypothesis is not confirmed.

The fourth hypothesis stated that there will be no significant relative influence of psychosocial factors (self-efficacy, self-esteem, anxiety, age, gender, religion, marital status, academic level) on academic performance among school of nursing school students. This hypothesis was tested using multiple regression. A summary of the results is presented in Table 8.

Table 8: Summary Showing Relative Influence of Psychosocial Factors on Academic Performance

| Independent Variables (Predictors) | Unstandardized Coefficients | | Standardized Coefficients | | | |
|---|---|---|---|---|---|---|
| | B | Standard Error | Beta | Rank | t | Sig. |
| Self Esteem | .015 | .013 | .120 | 4th | 1.099 | .274 |
| Self-Efficacy | .002 | .012 | .015 | 8th | .140 | .889 |
| Anxiety | .004 | .005 | .066 | 5th | .821 | .413 |
| Age | -.011 | .023 | -.042 | 6th | -.479 | .633 |
| Gender | -.035 | .143 | -.021 | 7th | -.243 | .808 |
| Religion | .263 | .173 | .153 | 3rd | 1.521 | .131 |
| Marital Status | .516 | .226 | .244 | 2nd | 2.286 | .024 |
| Level | -.450 | .116 | -.398 | 1st | -3.886 | .000 |

From Table 8 out of the eight factors, academic level made the greatest contribution (β=-.398), followed by marital status (β= .244), followed by religion (β= .153), followed by self-esteem (β= .120), followed by anxiety (β= .066), followed by age (β=-.042), followed by gender (β=-.243), followed by self-efficacy (β= .015).

Of all the eight factors, only two variables are statistically significant. Academic level as a variable in this model had a significant independent influence on academic performance (β = -.398; t = -3.88; p<.05), hence its contribution of 39% to the joint variance on academic performance. This implies that the higher the class level of respondents, the better their academic performance. Furthermore, marital status had a significant independent influence (β = .244; t = 2.28; p<.05) on academic performance, thus accounting for 24% of the total variance observed in academic performance. This implied that being single brings about better academic performance.

Other factors in the model, despite impacting the overall contribution, do not have a statistically significant influence on academic performance among nursing school students. Based on this result, the fourth hypothesis was partly supported.

## V. DISCUSSION

This study investigated the biopsychosocial predictors of academic performance among nursing students at the University College Hospital (UCH), Ibadan. A key finding was that common physical health conditions present within this population, such as asthma,

dysmenorrhea, seizures, peptic ulcer, pulmonary tuberculosis, short-sightedness, migraine, and dental cavities, did not exert a statistically significant influence on academic performance. This contradicts prevailing evidence, which often reports negative academic outcomes associated with poor physical health. For example, recent studies have highlighted the adverse impact of sleep-related problems on learning, concentration, and GPA among nursing students (Alqarni et al., 2024; Hershner & O'Brien, 2018). This suggests that although specific physical conditions in this study were not significant predictors, other health indicators, such as sleep quality and fatigue, when fused with conditions like migraines or respiratory illness, remain critical for students' academic well-being.

Contrary to much of the literature, psychological factors such as self-esteem, self-efficacy, and anxiety were not jointly associated with academic performance. Prior studies have consistently demonstrated that self-efficacy and intrinsic motivation contribute positively to academic outcomes (Salamonson et al., 2006), and self-esteem has been linked to achievement in nursing and related fields (Buhat-Mendoza, 2014; Jerylene & Relton, 2014). More recent evidence continues to emphasize that resilience, confidence, and self-efficacy buffer the effects of academic stress and burnout, thereby supporting performance (Nwankwo et al., 2023; Zhang & Wang, 2025). The divergence observed in this study may be attributed to contextual factors such as cultural differences, institutional learning environments, or psychosocial variables not captured in these findings.

In contrast, social factors, including age, gender, marital status, and academic level, were found to jointly predict academic performance. This aligns with earlier findings that demographic factors can shape student outcomes. Gender differences in performance have been reported in nursing education, with some cohorts showing females outperforming males (Beharu, 2018). Furthermore, the present study revealed that academic performance improved as students advanced in their program. This is consistent with findings that higher-level nursing students perform better academically and clinically, likely due to increased professional identity, confidence, and clinical exposure (Jerylene et al., 2014; Alqarni et al., 2024).

When considered individually, academic level and marital status consistently predicted academic performance. Senior students performed better, reinforcing evidence that advanced-level students develop stronger academic and clinical competence as they progress (Beharu, 2018; Jerylene & Relton, 2014). Marital status was also significant, with single students performing better than their married peers. This echoes earlier reports suggesting that married students face competing life demands such as childcare and financial responsibilities, which may detract from their academic engagement (Rosli, 2012; Nwankwo et al., 2023). Conversely, single students may benefit from greater flexibility, peer support, and fewer non-academic burdens.

Taken together, these findings underscore the complexity of predicting academic performance among nursing students. While psychological constructs such as self-efficacy and self-esteem are important in theory, their influence may not always be observable in every academic context. Instead, social and demographic factors, particularly academic level and marital status, appear more decisive in shaping performance within this cohort. This suggests that nursing schools should adopt a holistic approach to student support, including targeted mentoring for junior students, tailored support for married students balancing academic and personal responsibilities, and wellness programs that foster resilience, mental health, and healthy lifestyle practices. Future studies should employ longitudinal designs to capture how biopsychosocial factors interact over time to influence academic outcomes.

In conclusion, this study demonstrates that biological factors, while important, show mixed and sometimes non-significant effects on nursing students' academic performance. Psychological variables such as self-esteem, self-efficacy, and anxiety did not jointly predict academic outcomes in this cohort, thus diverging from much of the established literature (Salamonson et al., 2006; Buhat-Mendoza, 2014; Jerylene & Relton, 2014; Nwankwo et al., 2023; Zhang et al., 2025). However, social factors such as age, gender, marital status, and particularly academic level emerged as more consistent predictors of performance (Beharu, 2018; Rosli, 2012). Independently, academic level, self-esteem, and marital status were the strongest contributors, with higher-level and single students performing better

academically. These findings highlight the need for nursing education programs to implement context-sensitive, holistic interventions that address not only physical health but also social realities and psychosocial well-being to optimize students' success.

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