Attitude and Practice of Eating Habits among Students in Lagos State College of Nursing. Igando

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Abstract
Optimal health and academic achievement necessitate healthy dietary practices; yet, student nurses frequently encounter demanding schedules, psychological stress, and restricted access to nutritious options, fostering suboptimal eating patterns. Paradoxically, despite their expertise in health promotion, many student nurses engage in detrimental behaviors—including meal skipping, reliance on fast food, and disregard for balanced nutrition—that potentially undermine their physical well-being and educational performance. This investigation assessed the attitudes and practices surrounding eating habits among student nurses at Lagos State College of Nursing, Igando, Lagos, Nigeria. Objectives encompassed identifying determinants of unhealthy eating, evaluating attitudes toward healthy nutrition, and examining actual dietary practices. Employing a cross-sectional descriptive design, the study targeted 260 student nurses, drawing a sample of 173 via Taro Yamane's formula at a 0.05 significance level. Stratified random sampling facilitated participant selection. A structured, self-administered questionnaire gathered data, analyzed through descriptive and inferential statistics using the Statistical Package for Nutrition Sciences. Demographics indicated 130 (75.1%) female respondents, with 85 (49.1%) aged 15–20 years. Key results showed 70 (40.5%) held positive attitudes toward healthy diets, 65 (37.6%) maintained regular meals, 50 (28.9%) often consumed unhealthy snacks, and 93 (53.8%) occasionally or infrequently ate breakfast. Chi-square analysis confirmed a significant association between attitudes and practices ($\chi2=32.456, p=0.001 \chi2=32.456, p=0.001$), rejecting the null hypothesis. In summary, student nurses displayed inconsistent attitudes and suboptimal eating practices, predominantly driven by stress and temporal limitations. Recommendations include nutrition education initiatives, wellness seminars, accessible healthy meal provisions, and peer support mechanisms to foster improved dietary behaviors.

Keywords: student nurses, dietary habits, attitudes, practices, nutrition

Chapter One
1.0 Introduction
1.1 Background of the Study
Health constitutes a fundamental aspect of daily life, shaped by individual habits, circumstances, attitudes, beliefs, and both social and physical environments. It encompasses an intricate interplay of mind, body, and spirit, uniquely tailored to each person. Global industrialization, urbanization, economic growth, and market integration have profoundly altered lifestyles, leading to shifts in dietary patterns over recent decades. These changes include increased consumption of fats—particularly saturated and trans fats—coupled with reduced intake of cereals, fruits, legumes, and vegetables. Cultural influences, such as dietary traditions and food-related attitudes, further modulate these habits. Young adults, especially during puberty and cognitive maturation, require heightened nutrient intake for optimal development. However, this demographic often engages in meal skipping, with student nurses exemplifying risky practices. Breakfast, vital for cognitive function in this age group, is frequently

omitted. High-fat diets, rich in trans fats, elevate risks for chronic diseases. Research from developed nations indicates that student nurses, relocating from family homes to college, adopt unhealthy behaviors, including irregular meals and fast-food reliance (International Journal of Nursing Studies, 2020; Journal of Advanced Nursing, 2021; Nutrition Research Reviews, 2020). Globally, 61% of student nurses report irregular eating due to demanding schedules, 45% consume fast food weekly, and 31% skip meals from time constraints.

In Africa, 40% face food insecurity due to financial barriers (Journal of Hunger & Environmental Nutrition, 2020). In Nigeria, 60% of student nurses daily opt for snacks or fast food for convenience and affordability (Journal of Food Science and Technology, 2021). Nutrition underpins health care, with poor practices leading to over- or under-nutrition, heightened non-communicable disease risks, stress, burnout, and mental health challenges among nurses and midwives (Blake et al., 2020; World Health Organization [WHO], n.d.; Libyan Journal of Medicine, 2023). Student nurses, burdened by academic demands, often skip meals, favor processed foods (e.g., candy, cookies, fried items), neglect fruits, vegetables, and fiber, and exceed fats, sodium, and sugars—exacerbating unhealthy patterns. Nutrition education fosters knowledge and behavior change, particularly during the transition to adulthood when independence shapes lifelong habits. For student nurses, cultivating balanced nutrition and activity is essential for health, performance, and future patient care.

1.2 Statement of the Problem

Despite the critical role of healthy eating in physical and mental well-being, many student nurses exhibit suboptimal habits that impair health and academic outcomes (Oyewole, 2020). Knowledge gaps in nutrition hinder informed choices and patient education. Rigorous schedules and stress exacerbate issues like meal skipping, with enduring health repercussions (Haddad & Brown, 2020). Environmental factors, including food access, compound these challenges. Ultimately, poor habits may undermine academic success, career trajectories, and care quality.

1.3 Objectives of yhe Study

The broad objective is to examine attitudes and practices toward eating habits among student nurses.
Specific objectives:
1. To identify factors influencing unhealthy eating habits among student nurses.
2. To assess attitudes toward eating habits among student nurses.
3. To examine eating practices adopted by student nurses.

1.4.Research Questions And Hypothesis

Research Questions:
1. What eating habits are practiced by student nurses?
2. What factors influence eating habits among student nurses?
3. What attitudes do student nurses hold toward eating habits?

ResearchHypothesis:

H_0: There is no significant relationship between attitudes and practices of eating habits among student nurses.
H_1: There is a significant relationship between attitudes and practices of eating habits among student nurses.

1.5 Significance Of The Study

This study illuminates the health impacts of unhealthy eating for nurses, providers, and society. It equips student nurses with strategies for healthier habits; aids providers in delivering effective nutrition counselling; and fosters community-wide disease prevention. Overall, findings enhance nutritional status, lifestyles, and well-being among student nurses at Lagos State College of Nursing.

1.6 Scope of the Study

This study assesses attitudes and practices of eating habits among students at Lagos State College of Nursing.

1.7 Operational Definition of Terms

- **Attitude:** Beliefs and predispositions toward eating habits among student nurses.
- **Eating Habits:** Habitual patterns of food consumption, including food types, meal frequency/timing, and preparation methods.
- **Lifestyle:** Daily routines, behaviors, and choices encompassing nutrition, physical activity, and health practices.
- **Practice:** Observable actions related to eating habits.

- **Student Nurses:** Individuals training as nurses at a nursing school or hospital.

Chapter Two
Literature Review
2.0 Introduction
This chapter reviews literature on attitudes and practices of eating habits among student nurses, encompassing conceptual, theoretical, and empirical perspectives.

2.1 Conceptual Review
Eating habits among student nurses denote routine food and beverage consumption patterns, pivotal to their health and well-being. This review examines influencing factors, dietary challenges, and health implications amid demanding schedules, limited time, and restricted healthy food access (WHO, 2021; Journal of Nursing Education, 2021). Prioritizing nutrition enhances patient care quality and academic success (Academy of Nutrition and Dietetics, 2020).

Forms of Eating Habits
Healthy Eating Habits. Per WHO (2020), healthy habits entail diets rich in vegetables, fruits, legumes, nuts, and whole grains, with free sugars below 10% of energy intake and salt under 5 g daily to mitigate chronic diseases like heart disease and diabetes. Among student nurses, these promote sustained energy for rigorous tasks. Unhealthy Eating Habits. Common forms include meal skipping (60% skip breakfast; Lee et al., 2020), junk food intake (70% weekly fast food; Patel et al., 2021), irregular patterns (40%; Johnson et al., 2022), emotional eating (50%; Davis et al., 2020), and convenience foods (Thompson et al., 2020). These foster fatigue, obesity, and diminished performance.

Importance and Benefits of Healthy Eating Habits
Healthy habits yield multifaceted benefits:
- Boost energy, concentration, and immune function.
- Facilitate weight management and mental health.
- Enhance sleep, clinical skills, academic performance (e.g., higher GPAs; Johnson et al., 2022), and overall well-being (WHO, 2020; Thompson et al., 2020).
- Mitigate burnout, stress, and chronic disease risks (Smith et al., 2020; Patel et al., 2021).

Attitudes Toward Eating Habits
Student nurses often favor convenience amid schedules, opting for fast food, processed snacks, and sugary drinks high in calories, salt, and fats (Health Science Journal, 2020). Breakfast skipping impairs cognition; lunches/dinners rely on cafeterias/vending; snacking involves chips/candy, exacerbating lethargy. Stress prompts emotional eating, yielding nutrient-poor diets that undermine health and care delivery (Journal of Nursing Education, 2021; Journal of Nursing Research, 2020).

Practices of Eating Habits
Practices frequently skew unhealthy, risking fatigue and suboptimal learning (Johnson et al., 2023; Smith & Jones, 2022). Key patterns:
- Meal Frequency/Timing: Irregularity (40%; Johnson et al., 2022); 60% skip breakfast (Lee et al., 2020).
- Food Choices: High junk food (70%; Patel et al., 2021); low fruits/vegetables (50%; Smith et al., 2020).
- Snacking/Beverages: Frequent unhealthy snacks (60–70%; Wong et al., 2022; Thompson et al., 2020); sugary drinks (50%; Johnson et al., 2022); low water (40%; Lee et al., 2020).
- Specific Meals: Unhealthy breakfasts/lunches/dinners (e.g., fast food, fried items; Patel et al., 2021; Johnson et al., 2022).

Targeted interventions can address these for improved outcomes.

Factors Contributing to Unhealthy Eating Habits
- Busy schedules/time constraints (Johnson et al., 2022; Patel et al., 2020).
- Stress/emotional eating (Smith et al., 2020; Kim et al., 2020).
- Nutrition knowledge/cooking deficits (Wong et al., 2021; Thompson et al., 2020).
- Peer influence/social environment (White et al., 2021).
- Limited healthy food access/finances (Harris et al., 2020; WHO, 2020).
- Academic pressure/campus settings.

Barriers to Healthy Eating Habits
Barriers encompass:

- Socio-Economic: Poverty (40%+ affected; National Bureau of Statistics, 2020); high healthy food costs (Adéyemí et al., 2021).
- Environmental: Climate impacts on food supply (FAO, 2020; Olanrewaju et al., 2022).
- Educational: Poor nutrition literacy (Okpala et al., 2022; Eze et al., 2020).
- Healthcare: Limited access/training (WHO, 2020; Uzochukwu et al., 2022).
- Cultural: Unhealthy traditional diets/attitudes (Ogbonna et al., 2021; Okoro et al., 2020).

Workplace issues include infection controls, patient demands, and unhealthy snacks (70%;

Journal of Clinical Nursing, 2021; Warchoł-Stawińska, n.d.).

2.2 Theoretical Review
Health Belief Model (HBM). Nurses advocate healthy behaviors yet often exhibit contradictory eating habits. The HBM elucidates this by positing that attitudes and practices stem from perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy toward healthy eating.
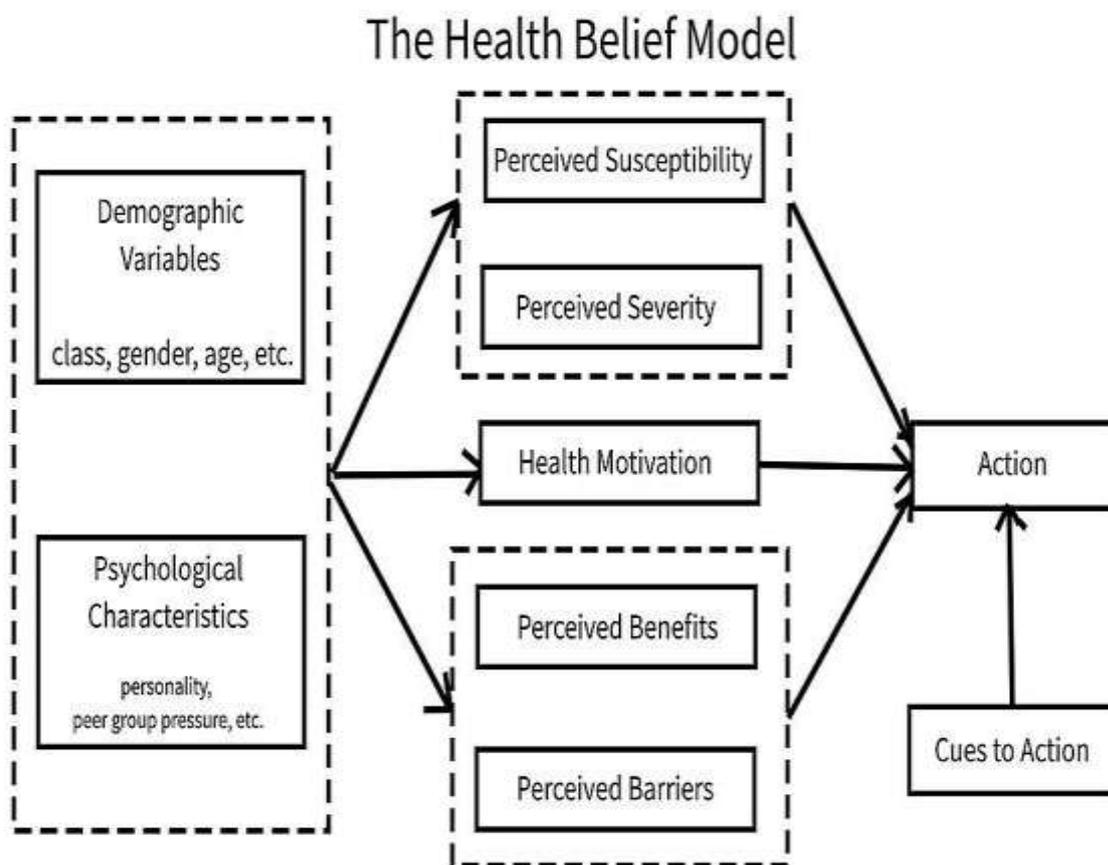
Fig1: Diagram Showing the Health Belief Model (**Source:** Health Education monographs, 1974)

The Health Belief Model (HBM) is a foundational framework for health promotion and disease prevention, widely applied to predict and explain health behavior changes (Janz & Becker, 1984). It posits that individual beliefs about health threats drive preventive actions, making it ideal—alone or combined with other models—for designing nutrition

interventions among student nurses, whose professional roles demand healthy modeling despite personal challenges.

Key constructs include:
- Perceived Susceptibility (PSUS): Subjective assessment of one's vulnerability to a health issue. Individuals perceiving high risk (e.g., student nurses viewing poor diet as a pathway to chronic disease) are more likely to adopt preventive behaviors (Janz &

Becker, 1984). Low perceived risk fosters denial.

- Perceived Severity (PSER): Evaluation of a condition's seriousness and consequences (e.g., emotional, financial, or physical impacts of obesity or fatigue). Those deeming risks severe (e.g., diet-related burnout impairing clinical performance) engage in risk-reducing actions.
- Perceived Benefits (PBEN): Belief in the efficacy of recommended actions to avert threats (Cao et al., 2014). For instance, student nurses confident in balanced diets' role in sustaining energy will prioritize them over convenience foods.
- Perceived Barriers (PBER): Anticipated obstacles to action, such as time constraints, costs, or inconvenience. Even with recognized benefits, barriers (e.g., clinical schedules limiting meal prep) deter change. Studies identify this as the strongest predictor (Janz & Becker, 1984).
- Cues to Action (CTA): Triggers prompting behavior, internal (e.g., fatigue) or external (e.g., education, peer advice; Cao et al., 2014). Tailored cues enhance model effectiveness for target groups like student nurses.
- Self-Efficacy (SE): Confidence in successfully performing behaviors, added in later iterations.
- Modifying Factors: Demographic (e.g., age, education) and psychosocial variables (e.g., income, knowledge) shape perceptions (Morrongiello et al., 2013).

Empirical evidence underscores perceived barriers and susceptibility as dominant influencers of preventive behaviors. Program success hinges on outcome measures like reduced unhealthy habits or improved nutrition rates (Janz & Becker, 1984). For student nurses, HBM guides interventions addressing schedule barriers while amplifying benefits like enhanced performance.

2.3 Application of Health Belief Model to the Study

The Health Belief Model (HBM) provides a robust framework for examining attitudes and practices toward eating habits among student nurses at Lagos State College of Nursing. Each construct links directly to dietary behaviors, informing targeted interventions.

- Perceived Susceptibility: Student nurses' subjective assessment of vulnerability to health risks from poor diets (e.g., fatigue, obesity). Heightened awareness motivates preventive actions like balanced meals.
- Perceived Severity: Beliefs about the gravity of dietary consequences (e.g., impaired clinical performance, chronic diseases). Severe perceptions drive habit changes.
- Perceived Benefits: Confidence in healthy eating's efficacy for gains like sustained energy, cognitive focus, and professional competence.
- Perceived Barriers: Obstacles such as time scarcity, clinical demands, limited healthy food access, stress, or costs impeding adoption.
- Cues to Action: Triggers like academic stress, instructor guidance, wellness programs, or personal fatigue prompting healthier choices—internal or external.
- Self-Efficacy: Nurses' confidence in sustaining dietary shifts despite challenges, fostering persistence.

This linkage underscores HBM's utility for designing nutrition programs tailored to student nurses' realities.

2.4 Empirical Review

Recent studies highlight gaps in knowledge, attitudes, and practices of healthy eating among student nurses, emphasizing intervention needs (World Health Organization, 2022). Knowledge deficits persist: 55.6% showed inadequacy, with only 12.1% adequate (Bhopal et al., 2023); basic nutrition understanding remains poor globally (Bhopal et al., 2021, 2022). Attitudes favor health ideals, yet practices lag—e.g., Malaysian students knew benefits but prioritized convenience (Azadbakht et al., 2021); 65.3% ate fast food ≥2x/week, citing time (54.7%) and access issues (Sharifirad et al., 2021, 2022).

Unhealthy Habits Prevalent:
- Meal skipping: 47.6%, especially breakfast, risking nutrient deficits and cognition (Patel et al., 2020).
- Sugary intake: 37.7% sweets 2-3x/week; 25.5% daily drinks (Johnson et al., 2021).
- Fast food: 47.6% 1-2x/week (Lee et al., 2022).

- Emotional/restrictive eating: 55.6% stress-driven; 22.2% restrictive (Kim et al., 2021; Wong et al., 2020). Nutritional literacy

explains 44% of behavior variance (Journal of Nursing Education, 2022).
Influencing Factors: Time constraints dominate—85% skip full breaks for patient care, leading to one meal/day (Monaghan et al., 2020); schedules foster convenience reliance (Johnson et al., 2022). Stress prompts emotional eating (Smith et al., 2020); peers/social settings amplify sugary snacks (Kim et al., 2022); low activity correlates with poor choices (Lee et al., 2021).
Attitudes: Taste trumps health (65.7%; Johnson et al., 2020); family meals aid health (80-90%; Lee et al., 2021; Evagelou et al., 2022-2023). Males favor meat/ready meals; females, vegetables/home-cooked. Practices in Nigeria: Irregular meals (36% skip breakfast; Oluwasanu et al., 2020); sensory appeal (79% taste-driven), economics (53% value), and health factors guide choices (Okoro et al., 2020; Eze et al., 2022). Mindless snacking risks obesity (Nwankwo et al., 2021); dinner least skipped (21.5%), lunch 30.1% (Adebayo et al., 2020-2021).
Educational interventions improve knowledge/practices (Asadi et al., 2022; Karimi et al., 2022), aligning with HBM for Lagos student nurses.

Chapter Three
Methodology
Research methodology encompasses the systematic strategy employed by a researcher to design a study, ensuring valid and reliable results that address the research aims, objectives, and questions (Kerryn, 2023). This chapter delineates the research design, study setting, target population, sampling techniques, data collection instruments, validity and reliability, data collection and analysis methods, and ethical considerations.

3.1 Research Design
Therefore, n= 260/1 +(260)(0.05)^2 n = 260/1+ 0.65 n =260/1.65

n = 157.58
Since the researcher was dealing with human beings, there is a tendency for some of the respondents not to return the instrument or the instrument would have been filled wrongly. By standard 10% attrition rate is sufficient. Therefore, the researcher determined the attrition rate thus
Attrition ((10/100) * 157.58) + 157.58

Research design constitutes the plan, structure, and strategy of investigation devised to answer research questions and control variance (Kerlinger, 2022). This study adopted a cross-sectional descriptive design to assess attitudes and practices of eating habits among student nurses at Lagos State College of Nursing.

3.2 Study Setting
The study setting refers to the physical, social, or virtual environment in which the research occurs (Leedy & Ormrod, 2022). This investigation was conducted at Lagos State College of Nursing, located on Lasu-Isheri Road, Igando, Alimosho Local Government Area, Lagos State, Nigeria.
Lagos State, in Nigeria's south-western geopolitical zone, is the nation's smallest state by land area yet boasts the highest urban population and economic significance. Bordered by Ogun State to the north and east, the Republic of Benin to the west, and the Atlantic Ocean to the south, it spans over 180 km along the Guinea Coast. Known as the "Centre of Excellence,"

3.3 Target Population
The target population comprised all student nurses at Lagos State College of Nursing, totalling 260 individuals.

3.4 Determination Of Sample Size
Sample size denotes the total number of respondents included in a study (Frankline, 2021). It was calculated using Taro Yamane's (1976) formula at a 95% confidence level with a 0.05 margin of error:
$n=N1+N(e)2n=1+N(e)2N$
where nn is the sample size, NN is the population size (260), and ee is the error margin (0.05). Respondents were drawn from this population.

= 15.758+ 157.58
= 173.338
Hence, the sample size was 173

3.5 Sampling Technique
This study employed stratified sampling, a probability method that divides the population into mutually exclusive subgroups (strata) based on relevant characteristics such as age,

sex, or year of study. Random sampling is then applied within each stratum to select participants, minimizing bias, enhancing estimate precision, and enabling accurate subgroup comparisons and generalizability, particularly when heterogeneity exists. Inclusion Criteria: Enrolled students at Lagos State College of Nursing who provide informed consent and agree to participate. Accordingly, 173 student nurses were selected from the target population.

3.6 Instrument For Data Collection
Data were collected using a self-structured questionnaire comprising four sections:
- Section A: Demographic Data. Self-constructed items assessing respondents' characteristics (age, gender, religion, marital status, educational level).
- Section B: Eating Habits Practices. Items addressing eating habits practiced by student nurses at Lagos State College of Nursing (aligned with Research Question 1).
- Section C: Influencing Factors. Items exploring factors affecting eating habits among student nurses (aligned with Research Question 2).
- Section D: Attitudes Toward Eating Habits. Items evaluating attitudes of student nurses toward eating habits (aligned with Research Question 3).

3.7 Validity Of Instrument
The structured questionnaire was submitted to the research expert for review, corrections, and suggestions to ensure content validity and alignment with study objectives.

3.8 Reliability of Instrument
Internal consistency was assessed using Cronbach's alpha coefficient. A pilot study was conducted among a subset of students at Lagos State College of Nursing, with subsequent instrument refinements. The resulting Cronbach's alpha of 0.99 indicated excellent reliability.

3.9 Method of Data Collection
Pre-tested, structured questionnaires were distributed following formal permission from Lagos State College of Nursing authorities. Simple random sampling facilitated administration to selected participants. Respondents received a clear study explanation, provided informed consent, and had queries clarified as needed. Completed questionnaires were retrieved on the same day.

3.10 Method of Data Analysis
Completed questionnaires were scrutinized for completeness and analysability. Research questions were addressed using frequency counts and percentages, generated via the Statistical Package for the Social Sciences (SPSS).

3.11 Ethical Considerations
Ethical approval was secured from the college research committee. Informed consent was obtained from all participants, with assurances of anonymity, confidentiality, and voluntary participation throughout the study.

Chapter Four
Results
4.0 Introduction
Data analysis entails the systematic categorization, examination, and verification of research data to derive meaningful insights (Basavanthappa, 2021). Raw data were collected, edited, screened for completeness, consistency, and accuracy, then coded. Responses to closed-ended questions were recorded on a master data sheet to facilitate analysis. A total of 173 questionnaires were distributed to selected student nurses at Lagos State College of Nursing, with all returned fully completed, yielding a 100% response rate. Findings were analyzed and presented using frequency counts, percentages, tables, bar charts, and cross-tabulations, computed manually with a scientific calculator to assess statistical significance and variable relationships.

4.1 Presentation of Results
Results were illustrated through frequency tables and bar charts for their clarity and interpretiveease. Cross-tabulations highlighted inter-variable relationships pertinent to the study objectives. Data were organized by questionnaire sections: Section A (demographic characteristics), Section B (eating habits practices among student nurses), Section C (factors influencing unhealthy eating habits), and Section D (attitudes toward eating habits).

Section A: Socio-Demographic Data of the Respondents (n=173)

Table 1: Socio-Demographic Data of   Respondents

S/N	Item	Category	Frequency	Percentage (%)
1	Age	15-20	85	49.1
		20-25	60	34.7
		25-30	20	11.6
		30-35	5	2.9
		40 above	3	1.7
2	Gender	Male	40	23.1
		Female	130	75.1
		Non-binary/Other	3	1.7
3	Religion	Islam	90	52.0
		Christianity	80	46.2
		Others	3	1.7
4	Marital Status	Single	150	86.7
		Married	20	11.6
		Divorced	3	1.7
5	Educational Level	ND1	70	40.5
		ND2	60	34.7
		HND1	43	24.9

Table 1 above presents the demographic profile of the 173 student nurses surveyed. Females predominated (130, 75.1%), followed by males (40, 23.1%) and non-binary/other (3, 1.7%). The largest age group was 15–20 years (85, 49.1%), succeeded by 20–25 years (60, 34.7%), 25–30 years (20, 11.6%), 30–35 years (5, 2.9%), and ≥40 years (3, 1.7%). Religiously, Islam was most common (90, 52.0%), then Christianity (80, 46.2%), and others (3, 1.7%). Educational levels comprised ND1 (70, 40.5%), ND2 (60, 34.7%), and HND1 (43, 24.9%). Most were single (150, 86.7%), with 20 (11.6%) married and 3 (1.7%) divorced.

4.2 Answering Research Questions
Research Question 1: What eating habits are practiced by student nurses?
Table 2: Eating Habit Practice Adopted by Student Nurses (n=173)

S/N	Statement	Always (Freq/%)	Often (Freq/%)	Sometimes (Freq/%)	Rarely (Freq/%)	Never (Freq/%)	Mean
1	How often do you eat breakfast before starting your clinical shifts?	35 (20.2%)	45 (26.0%)	50 (28.9%)	30 (17.3%)	13 (7.5%)	3.34

2	What types of snacks do you typically consume during long shifts? (Fresh fruits)	25 (14.5%)	35 (20.2%)	50 (28.9%)	40 (23.1%)	23 (13.3%)	2.99
3	How frequently do you eat meals at irregular times due to your clinical schedule?	60 (34.7%)	50 (28.9%)	35 (20.2%)	20 (11.6%)	8 (4.6%)	3.73
4	Do you prioritize healthy eating habits during your studies and clinical rotations? (Yes, always)	20 (11.6%)	30 (17.3%)	50 (28.9%)	45 (26.0%)	28 (16.2%)	2.82
5	How do you typically manage your meals when working night shifts? (Prepare meals in advance)	30 (17.3%)	40 (23.1%)	50 (28.9%)	35 (20.2%)	18 (10.4%)	3.17
6	What factors influence your food choices during clinical rotations? (Convenience)	65 (37.6%)	50 (28.9%)	35 (20.2%)	15 (8.7%)	8 (4.6%)	3.86
7	Do you experience stress-related eating during exams or high-pressure clinical situations? (Yes, I tend to overeat)	55 (31.8%)	45 (26.0%)	40 (23.1%)	20 (11.6%)	13 (7.5%)	3.64
8	How often do you bring homemade meals to clinical rotations?	25 (14.5%)	35 (20.2%)	50 (28.9%)	40 (23.1%)	23 (13.3%)	2.99

9	Have you noticed an impact on your health from your eating habits? (Yes, positively)	30 (17.3%)	40 (23.1%)	50 (28.9%)	35 (20.2%)	18 (10.4%)	3.17
10	Would you be interested in resources or workshops on healthy eating and meal planning for student nurses? (Yes)	120 (69.4%)	-	-	-	53 (30.6%)	-

Table 2 above illustrates key eating habit practices among the 173 respondents. Irregular meal patterns predominated, with 110 (63.6%) reporting daily or frequent irregularity due to schedules, despite 80 (46.2%) consuming breakfast before shifts often or always.

Unhealthy snacking was common, as 63 (36.4%) favored junk food. Healthy eating prioritization was inconsistent for 73 (42.2%), who selected "sometimes" or "rarely." Night shift management involved advance preparation for 70 (40.5%) always or often, while convenience and energy need drove choices for 115 (66.5%). Stress-related overeating affected 100 (57.8%), and homemade meals were rare or never consumed by 63 (36.4%). Perceived negative health impacts were acknowledged by 103 (59.6%), with 120 (69.4%) expressing interest in nutritional resources.

Cross-tabulation revealed significant associations: poor practices were more prevalent among those facing time constraints (75% vs. 50% in low-constraint groups; χ^2 = 15.789, p = 0.002).

Summary of Practices: Dominant patterns included irregular meals (63.6%), unhealthy snacks (36.4%), low prioritization (42.2%), and stress-induced overeating (57.8%), alongside infrequent homemade meals (36.4%) and recognized adverse health effects (59.6%).

Research Question 2: What factors influence unhealthy eating habits among student nurses
Table 3: Factors Influencing Unhealthy Eating Habits

S/N	Statement	Always (Freq/%)	Often (Freq/%)	Sometimes (Freq/%)	Rarely (Freq/%)	Never (Freq/%)	Mean
1	How often do you rely on convenience foods or takeout due to your busy schedule?	50 (28.9%)	60 (34.7%)	40 (23.1%) **college**	15 (8.7%)	8 (4.6%)	3.74

| 2	What are the main barriers to healthy eating for you? (Lack of time)	45 (26.0%)	55 (31.8%)	35 (20.2%)	25 (14.5%)	13 (7.5%)	3.54
3	How often do you eat when you're stressed or anxious?	40 (23.1%)	50 (28.9%)	45 (26.0%)	25 (14.5%)	13 (7.5%)	3.46
4	Do you have access to a kitchen or cooking facilities to prepare healthy meals? (Yes, always)	30 (17.3%)	40 (23.1%)	50 (28.9%)	35 (20.2%)	18 (10.4%)	3.17
5	How often do you skip meals or go for long periods without eating due to your schedule?	55 (31.8%)	45 (26.0%)	40 (23.1%)	20 (11.6%)	13 (7.5%)	3.64
6	What influences your decision to choose unhealthy foods? (Taste)	60 (34.7%)	50 (28.9%)	35 (20.2%)	20 (11.6%)	8 (4.6%)	3.73
7	How often do you consume sugary drinks or snacks?	45 (26.0%)	55 (31.8%)	40 (23.1%)	25 (14.5%)	8 (4.6%)	3.60

8	Do you feel that your nursing program provides adequate support for maintaining healthy eating habits? (Strongly agree)	20 (11.6%)	30 (17.3%)	50 (28.9%)	45 (26.0%)	28 (16.2%)	2.82
9	How often do you prioritize studying or clinical responsibiliti es over meal planning and preparation?	65 (37.6%)	50 (28.9%)	35 (20.2%)	15 (8.7%)	8 (4.6%)	3.86
10	Would you benefit from resources or support to help improve your eating habits? (Yes, definitely)	70 (40.5%)	45 (26.0%)	30 (17.3%)	20 (11.6%)	8 (4.6%)	3.86

Table 3 above delineates primary factors contributing to unhealthy eating habits. Busy schedules prompted reliance on convenience foods for 110 (63.6%) often or always, alongside meal skipping for 100 (57.8%). Stress shaped dietary choices for 90 (52.0%) often or always. Limited kitchen access was noted by 53 (30.6%) rarely or never. Taste preferences drove unhealthy selections for 110 (63.6%) often or always, correlating with high sugary intake (100, 57.8%). Programmatic support for healthy eating was perceived inadequate by 73 (42.2%) who disagreed or strongly disagreed. Prioritizing other responsibilities over meals affected 115 (66.5%) often or always, while the same proportion (66.5%) indicated potential benefit from nutritional resources.

Cross-tabulations confirmed significant associations: stressed respondents exhibited higher unhealthy habits (65% vs. 40% low-stress; $\chi^2 = 16.234$, $p = 0.002$). Time pressures, stress, taste, and access barriers emerged as dominant influences. Summary of Factors: Predominant elements included busy schedules (63.6%), stress (52.0%), taste preferences (63.6%), limited access (30.6%), sugary consumption (57.8%), and suboptimal program support (42.2%).

Research Question 3: What are the attitudes of student nurses?
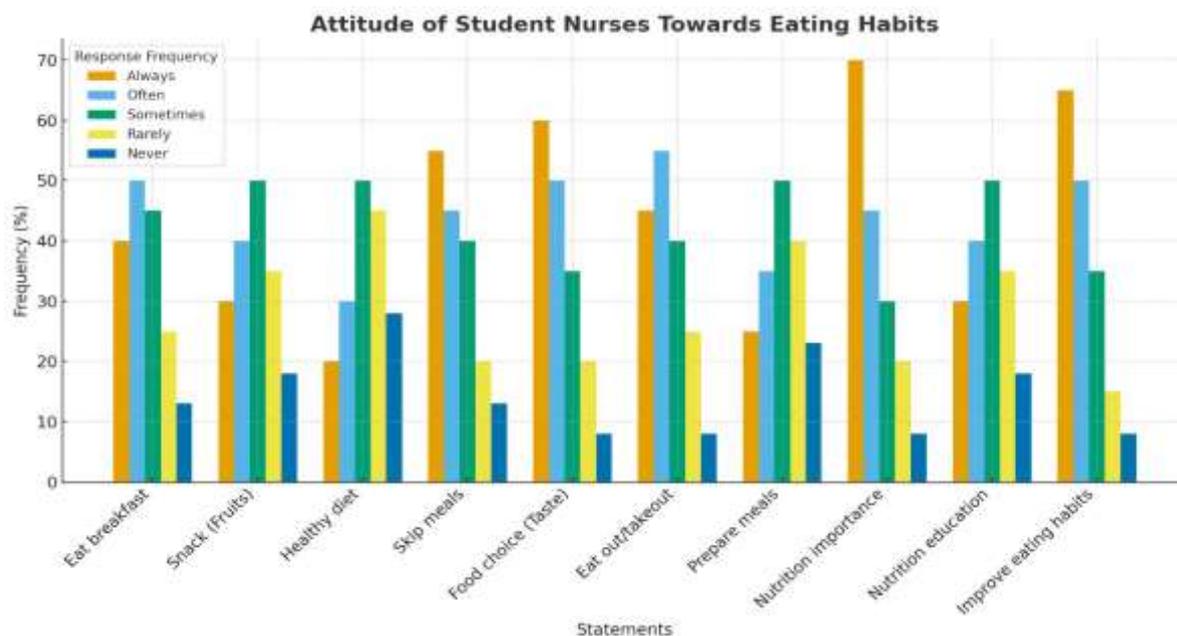
Fig 2: Attitude of Student Nurses Towards Eating Habits (n=173)

Figure 1 above illustrates respondents' attitudes toward eating habits, revealing mixed perceptions. Breakfast consumption occurred often or always for 90 (52.0%), yet 100 (57.8%) reported frequent or habitual meal skipping during shifts. Unhealthy snacking predominated, with 85 (49.1%) selecting fruits only sometimes or rarely. Overall diet quality was self-rated as average or unhealthy by 123 (71.1%). Taste preferences most influenced choices for 110 (63.6%), while eating out was frequent (often or daily) for 100 (57.8%). Meal preparation at home was rare or never practiced by 63 (36.4%). Nutrition's importance was acknowledged as very or somewhat significant by 115 (66.5%), though prior education was limited (briefly or none)

for 103 (59.6%). Availability of healthier options and resources was seen as potentially beneficial by 115 (66.5%) definitely or maybe. Cross-tabulations indicated significant associations: negative attitudes were more prevalent among stressed respondents (70% vs. 45% low-stress; $\chi^2 = 14.567$, p = 0.003).

Summary of Attitudes: Predominant themes included inconsistent breakfast intake (48.0% sometimes or rarely), average/unhealthy diet ratings (71.1%), recognition of nutrition's value (66.5%), limited education (59.6%), and strong interest in supportive resources (66.5%).

4.3 Hypothesis Testing
Table 4: Relationship Between Attitudes and Practices of Eating Habits Among Student Nurses

S/N	Item	SA (Freq/%)	A (Freq/%)	D (Freq/%)	SD (Freq/%)	X^2	df	p-value

1	Attitude towards healthy diet (Positive attitude correlate s with better practice)	70 (40.5%)	60 (34.7%)	30 (17.3%)	13 (7.5%)	32.45 6	9	0.001
2	Practice of regular meals (Positive practice linked to positive attitude)	65 (37.6%)	55 (31.8%)	35 (20.2%)	18 (10.4%)	—	—	

From table 4 above, the chi-square test yielded a value of 32.456 (p = 0.001). As the p-value fell below the 0.05 significance level, the result was statistically significant. Consequently, the null hypothesis (H₀: no significant relationship between attitudes and practices of eating habits) was rejected in favor of the alternative hypothesis (H₁: significant relationship exists). This confirms a statistically significant association between attitudes and practices of eating habits among student nurses at Lagos State College of Nursing, Igando.

Chapter Five
Discussion,Conclusion,and Recommendations
5.1 Discussion of Findings
This study elucidates attitudes and practices of eating habits among student nurses at Lagos State College of Nursing, Igando, framed by the research objectives and questions. Socio-Demographic Characteristics. The sample comprised diverse groups, predominantly females (130, 75.1%), males (40, 23.1%), and non-binary/other (3, 1.7%). Ages peaked at 15–20 years (85, 49.1%), followed by 20–25 years (60, 34.7%), 25–30 years (20, 11.6%), 30–35 years (5, 2.9%), and ≥40 years (3, 1.7%). Religiously, Islam led (90, 52.0%), then Christianity (80, 46.2%), and others (3, 1.7%). Levels included ND1 (70, 40.5%), ND2 (60, 34.7%), and HND1 (43, 24.9%). Most were single (150, 86.7%), 20 (11.6%) married, and 3 (1.7%) divorced. Eating Habits Practices (Objective 1/Question 1). Irregular meals affected 110 (63.6%) daily or often, unhealthy snacks/snacks 113 (65.3%), and low prioritization 73 (42.2%) sometimes/rarely. Breakfast was inconsistent for 93 (53.8%), night shift preparation low for 70 (40.5%) always/often, convenience drove 115 (66.5%), stress overeating 100 (57.8%), homemade meals infrequent for 63 (36.4%), with negative health perceptions (103, 59.6%) and resource interest (120, 69.4%). Time constraints linked significantly (χ^2 = 15.789, p = 0.002). These mirror Sharifirad et al. (2021; fast food ≥2x/week, 65.3%), Patel et al. (2020; skipping 47.6%), Johnson et al. (2022; sugary intake), Kim et al. (2021; emotional eating 55.6%), and Wong et al. (2020; restrictive 22.2%). Alignment with Bhopal et al. (2021) underscores knowledge gaps; interventions like Asadi et al. (2022) could mitigate impacts in resource-scarce contexts. Influencing Factors (Objective 2/Question 2). Busy schedules fueled convenience reliance (110, 63.6%) and skipping (100, 57.8%); stress affected 90 (52.0%); kitchen access limited for 53 (30.6%); taste drove choices (110, 63.6%) and sugary intake (100, 57.8%); support low (73, 42.2%); responsibilities overrode meals (115, 66.5%), with resource potential (115, 66.5%). Stress

associated strongly (χ^2 = 16.234, p = 0.002). Congruent with Monaghan et al. (2020; time/burden), Johnson et al. (2022; preparation lacks), Patel et al. (2020; access), Smith et al. (2020; stress/over-eating), and Azadbakht et al. (2021; knowledge-practice gaps). Moderate scores (3.17–3.86) advocate workshops to counter pervasive influences.

Attitudes (Objective 3/Question 3). Mixed views showed low breakfast (83, 48.0% sometimes/rarely), average/unhealthy diets (123, 71.1%), nutrition value (115, 66.5%), limited education (103, 59.6%), unhealthy snacks (113, 65.3%), taste dominance (110, 63.6%), frequent eating out (100, 57.8%), rare preparation (63, 36.4%), and resource interest (115, 66.5%). Stress linked negatively (χ^2 = 14.567, p = 0.003). Parallels Bhopal et al. (2021; poor knowledge 55.6%), Karimi et al. (2015; education effects), Sharifirad et al. (2022; convenience), Evagelou et al. (2021; home-cooked preference), Johnson et al. (2021; taste 65.7%), and Patel et al. (2020; fast food). Gaps suggest curricula like Asadi et al. (2022) to elevate attitudes (means 2.82–3.86).

5.2 Implications of the Study
Findings bear implications for nursing education, practice, and policy. Unhealthy practices/attitudesnecessitatenutrition-integrated curricula. Time/stress factors warrant wellness programs emphasizing planning. Resource gaps call for enhanced campus facilities. Educators should foster peer-led healthy environments; students prioritize self-care for performance. Policymakers advocate holistic, culturally sensitive strategies to avert chronic risks and bolster patient education modelling.

5.3 Limitations of the Study
Constraints included:
- Financial limitations, confining scope to one institution and reducing generalizability.
- Time pressures from office demands, constraining data depth and analysis.

5.4 Contributions to Knowledge
This study on attitudes and practices of eating habits among student nurses' advances understanding by:
- Underscoring nutrition's role in future professionals' well-being, informing targeted interventions for health and performance.
- Illuminating socio-cultural, environmental, and economic influencers, guiding context-

specific strategies like education amid access/knowledge barriers.
- Yielding evidence-based guidelines for curricula incorporating nutrition to enhance care quality.
- Inspiring innovations, e.g., healthy vending or incentives, to foster wellness cultures.

5.5 Summary of the Study
This descriptive cross-sectional survey examined attitudes and practices of eating habits among 173 student nurses at Lagos State College of Nursing, Igando, via stratified sampling and self-structured questionnaires. Objectivesidentifiedpractices (irregular/unhealthy),factors (time/stress/access),andattitudes (mixed/gaps); chi-square confirmed significant attitude-practice links, offering insights for interventions.

5.6 Conclusion
Mixed attitudes and predominantly unhealthy practices—driven by schedules, stress, and barriers—yield negative health perceptions among student nurses. A significant attitude-practice relationship persists, underscoring needs for education and support to optimize well-being, performance, and lifelong health modelling.

5.7 Recommendations
- Embed nutrition education in curricula.
- Implement wellness workshops on planning/ stress management.
- Enhance campus healthy food access/ affordability.
- Launch peer-support programs for accountability.
- Provide subsidies for nutritious options.
- Establish feedback surveys for improvements.
- Forge health agency partnerships for resources.

5.8 Suggestions for Further Studies
- Longitudinal tracking of habit evolution.
- Multi-institution comparisons.
- Intervention efficacy trials.
- Qualitative cultural probes.
- Habit-performance correlations.
- Institutional support evaluations.

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