Research article

Family Structure Moderates the Relationship between Parenting Styles and Psychological Well-being among Nursing Students

Nwagwu S.A.J[1]., Ogbonnaya N.P.[1], Chinwuba A.U.[1]., Ihudiebube S.C.[1]

Department of Nursing Sciences, Faculty of Health Sciences and Technology, University of Nigeria, Enugu Campus.

ABSTRACT

Psychological well-being as a positive mental state defines an individual's self-acceptance, positive connection with others, environmental mastery, autonomy, life purpose, and self-awareness, all of which improve one's quality of life. The mental state of healthcare providers is often overlooked or given little attention in low-and middle-income countries; however, this area of exploration remains a major concern in Nigeria. This study aims to investigate whether family structure moderates the relationship between parenting styles and psychological well-being among nursing students in Imo State, Nigeria. Three hundred and thirty-eight (338) nursing students selected from two different nursing institutions in Imo State were sampled in this study. The participants' age ranges from 18–50 years (M = 36.82 and SD = 10.46). The study adopted a cross-sectional survey design. Two research instruments were used for data collection: the Parenting Style Rating Scale (PSRS) and the Psychological Wellbeing Rating Scale (PWR). Moderated regression analysis was conducted using Process Macro version 4.1 to analyse the data. The result revealed that family structure significantly predicted psychological well-being. Also, parental styles positively and significantly predicted psychological well-being. Furthermore, family structure positively and significantly moderates the relationship between parenting styles and psychological well-being. The study emphasizes the need for adequate measures to improve the psychological well-being of nursing students by developing a grass-roots advocacy and sensitization program for student-parents or sponsors that would encourage parental involvement or participation in their child's quality of life.

Keywords: *Family structure, Parenting styles, Psychological well-being, Nursing*

INTRODUCTION

The acquisition of standard education and clinical practice in nursing science in Nigeria often comes with some tremendous challenges that may negatively impact the training programme of nursing students. During the pre-and-post clinical nursing training, nursing students are expected to work in a variety of areas of human services to improve their knowledge, skills, and attitudes toward providing nursing care to their patients and the general public (Ubochi *et al*. 2019). This involves undergoing some technical training on the physical and mental health care of all patients, ethically based standard principles (e.g., socially accepted norms and values) of conduct, positive behavioural practices (good emotional control), personality predisposition, availability and management of time, and so on. In a similar term, average nursing students are exposed to extensive learning activities and ways of coping with significant mastery of information in a short time, stressful examination readiness, and also dealing with the issues of daily living. This is perhaps why the profession plays an important role in a dynamic healthcare system that adapts to the needs of the society it is meant to serve (Adeyemo, Akin-Otiko, & Alogba, 2022).

Although caring for patients can be a quite dramatic and rewarding experience for nurses, a large number of studies have reported that there is increasing negligence regarding the quality of life of nursing staff on the frontline of the healthcare delivery system (Adeyemo *et al*., 2022; Lebni *et al*., 2021; Popoola, Popoola & Nelson, 2022). The recent COVID-19 pandemic has further exposed the loopholes in the welfare of healthcare providers, especially nurses in low- and middle-income countries, in particular Nigeria (Mudenda *et al*., 2022). Also, research findings from a systematic review have shown that a considerable number of healthcare workers often report mental health problems like anxiety, depression, stress, insomnia, and burnout in their line of duty (Mudenda *et al*., 2022). This is irrespective of the fact that the environmental, physiological, and psychological burdens that come with work are largely not addressed (Davenport & Levin-Scherz, 2017).

Hence, literature has highlighted the increasing globalization and the need to enhance nurses' well-being and professional development in research; however, there is an extensive dearth of such exploration in Nigeria (Van Doorn *et al*., 2016). According to the International Council of Nurses [ICN] (2021a), nurses devote the most time to providing patient care and make up the largest percentage of a single group of health professionals in the national healthcare working population globally. Similarly, empirical evidence has shown that among the challenges that negatively affect the nursing practice of students are stress, excessive workload, lack of time, lack of social support, infectious disease exposure, exposure to violence or work-related threats, lack of sleep (shift work), a lack of adequately trained staff, a lack of career opportunities, and so on (Lorber & Dobnik, 2022; Shohani, 2019).

Furthermore, the expectation of caring for needy and severely or physically ill patients may present some psychosocial difficulties, which may affect their work productivity and sense of responsibility, as well as cause some potential errors in practice while performing their professional duties. Unlike other professional healthcare providers, the psychological well-being of nursing students is one of the most essential factors that define their proficiency, emotional exhaustion, and active learning and thus should be recognized as a global research interest. Despite the magnitude of the work requirements for the nursing profession, little attention is given to the psychological state of nurses (students), who are always at the receiving end of healthcare providers (Arinze-Onyia *et al*., 2020).

There is a remarkable existence of psychological toxicity among nursing students that could be largely minimized by bolstering the relationship with family members (parents) or sponsors (Francis *et al*., 2020). One of the factors that contribute to the educational performance and overall well-being of students is parenting style (Rauf & Ahmed, 2017). Thus, parental involvement enhances the positive emotional state of children by helping them develop basic skills to solve critical life problems effectively (Loke & Low, 2021). According to a meta-analysis finding, parental styles can serve as an encouraging and ambitious function, as well as having a strong positive correlation with children's academic performance (Lara & Saracostti, 2019).

Although the link between a stable family and the quality of children's relationships is well established in the literature, there is controversy about the importance of family structure on the well-being of adult individuals (Gerhardt, 2020). Family structure can be classified into nuclear families, single-parent families, stepfamilies, families headed by two unmarried partners (either of the opposite sex or the same sex), adoptive families, extended families, and grandparent families (Benokraitis & Buehler, 2019). Interestingly, the nuclear family structure, also known as the intact family structure, is typically made up of married couples with children. The nuclear family structure serves as a protective factor for normative development. In contrast, any reconstructed, reconstituted, or the blended family in which one of the partners is not a biological parent is known as a "non-intact family" (Blackwell, 2010).

Non-intact family structures (e.g., single-parent or stepfamilies) are associated with a higher risk of sexual initiation, suicide, and deprived psychological adjustment, including social isolation and low self-esteem (Susukida, Wilcox, & Mendelson, 2016). Drawing from a systematic review, most of the effects of family structure on performance evaluation and the well-being of individuals have primarily focused on the western population (Jensen & Sanner, 2021). This is despite the wealth of established evidence linking parental styles and psychological well-being in clinical and non-clinical populations; the role of family structure in moderating these relationships is still largely unknown (Van Doorn *et al*., 2016). Thus, there is a dearth of scientific evidence on the moderating effect of family structure on the relationship between parenting styles and the psychological well-being of nursing students in Nigeria. Given these concerns, the present study tested three hypotheses in light of the above evidence. a. Parental styles will significantly predict psychological well-being among nursing students. b. Family structure will significantly predict psychological well-being. c. Family structure will moderate the relationship between parenting styles and psychological well-being.
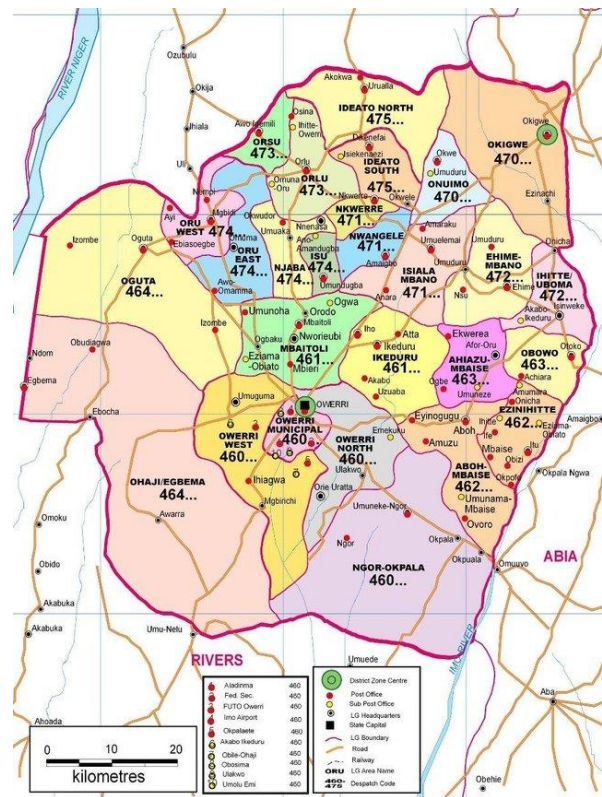

Figure 1:
Geographical Location of the studied area in Imo state received (*Source: Nigeria zip code map*).

MATERIALS AND METHODS

Study Area/Study Population: A cross-sectional questionnaire-based survey research design was employed to select 338 nursing students from three different nursing institutions in Imo State for the academic session of 2020–2021. A multistage sampling technique was used to select participants from the College of Nursing Science at Amigbo (110; 15 male and 95 female students); Ezeala College of Nursing Science (120 nursing students; 21 male and 99 female

students); and Imo State University (108 nursing students; 30 male and 78 female students), respectively. All the participants were 18 or older, with a mean age of 36.77 and a standard deviation of 10.46. These are Imo State's only nursing colleges, where students receive critical nursing training. It is an embodiment of a learning institution that is registered with and certified by a Nigerian nursing school. The study's participants came from all ethnic groups and cultures, both within and outside the state.

Imo State is in the southeast geopolitical zone of Nigeria. It is one of the 36 states in Nigeria. Imo State lies between latitudes 5°12 and 5°56 north of the equator and longitudes 6°38 and 7°25 east of the Greenwich meridian. Imo State has Owerri as its capital and has three senatorial zones, which also make up the six educational zones in the state. Twenty-seven local government areas make up the state. Imo State has seven nursing colleges, including the College of Nursing Science in Amigbo, the Ezeala College of Nursing Science, the Holy Rosary School of Nursing in Emekuku; and Imo State University. The sample size used in this study was determined through the use of Taro Yamane's (1967) sample size formula.

Data collection/Instrument: permission to carry out the study was obtained from the ethical committee of the Department of Nursing Science, University of Nigeria, and the ethical board of the selected nursing colleges, respectively. Subsequently, rapport, informed consent, freedom to withdraw, and confidentiality were well established before test administration. A statistical formula for sample determination was used to obtain the sample size. The inclusion criteria for this study are: (1) The participant must be a legitimate student of the selected school; (2) The participant must be in their second year; and (3) The participant must volunteer willingly to participate in the study. Those who consented to participate in the study were recruited using a multi-stage sampling technique (which entails dividing the population into groups or clusters). A sampling frame of relevant separate sub-groups justified the use of this sampling technique. The process was carried out by soliciting information from the exams and records of nursing schools in Imo State, Nigeria, concerning the registered and government-approved nursing schools in the state (2021). Thus, three nursing colleges out of the seven nursing colleges in Imo State (Amigbo College of Nursing; Ezeala College of Nursing, Holy Rosary College of Nursing Emekuku, Imo State College of Nursing Orlu, the Department of Nursing at Imo State University, the School of Nursing Umulogho Obowu, and the School of Nursing Owerri) were selected due to their large populations. Then the participants were purposively drawn from the selected schools. A total of 400 copies of the questionnaire were administered to them. However, 11 questionnaires were not properly filled and were excluded from the data analysis due to errors. The questionnaire surveyed includes the sociodemographic variables of the participants like age, gender, educational level, and family structure, among others. The entire study lasted for 5 weeks. The reliability and validity of the research instruments were tested through a pilot study by the researchers.

The psychological well-being scale consists of a 42-item questionnaire designed to evaluate individuals' mental states in six different dimensions: autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance (Ryff, 1989). It contains 7 items in each of the dimensions and is rated on a 6-point Likert-type response scale (strongly disagree = 1 to strongly agree = 6). The scale has positive and negative items. The scores are obtained by calculating the mean of the total score. A total score above the mean indicates better psychological well-being, and a score below the mean level indicates poor psychological well-being. The psychometric properties of the scale were reported by Hicks and Mehta (2018) and Aboh *et al.* (2019) in Nigerian and western cultures, respectively. Hicks *et al.* (2018) and Aboh *et al.* (2019), for example, obtained reliability coefficients of.75 and.82, respectively. The current study had a Cronbach's alpha of.78.

The parenting care scale consists of a 20-item questionnaire designed to assess different approaches to parenting styles, which are authoritarian, authoritative, and permissive (Baumrind, 1991). It is rated on a dichotomous response format, awarding yes = 1 and no = 2. The following are the items for the categories: Authoritarian Style: 2, 9, 11, 12, 14, 15, 19; Authoritative Style: 1, 5, 8, 10, 17, 20; Permissive Style: 3, 4, 6, 7, 13, 16, 18. The reliability coefficient of.85 was reported by Baumrind (1991), and mean scores of 7.80, 13.20, and 7.44 for authoritarian, permissive, and authoritative parenting styles, respectively, were provided by Tumasi-Ankarh (2002). Omoluabi (2002) revalidated the scale in Nigeria, reporting a concurrent validity coefficient of 0.73 by correlating the PCS and the Index of Family Relations (IFR). The present study reported a reliability coefficient (Kuder Richardson internal consistency) of .81, .84, and .80 for authoritarian, authoritative, and permissive parenting styles, respectively.

Furthermore, family structure was measured in this study using the format of the structured question that participants were asked to indicate their family structures. For example, the participants were given the option to select whether they are from nuclear families, single-parent families, stepfamilies (e.g., my mother and stepfather), families headed by two unmarried partners, adoptive families, extended families (e.g., other relatives), or grandparent families. However, for this study, the family structure was classified into two dichotomous operationalizations, such as intact family (which comprises the nuclear family structure) and non-intact family (e.g., other living arrangements like single-parent, stepfamilies, and so on). The justification of these classifications of family structure is supported in the literature (Blackwell, 2010).

Method of Data Analysis: The data collected were systematically coded and managed using the Statistical Package for the Social Sciences (SPSS) version 25.0. Descriptive statistics (percentage, mean, and standard deviation), the Pearson product-moment correlation coefficient, and moderated regression analyses (Process Macro version 4.1) were used to analyze the data.

Ethical Considerations: Ethical clearance to conduct this study was obtained from different authorities, like the research ethical committee of the selected Imo State nursing schools, and the head of the Department of Nursing Sciences at the University of Nigeria, Enugu Campus. The ethical clearance

approval no was NHRE/05/01/2008B-FWA00002458-1RB00002323. Also, the study adheres to the Revised Helsinki Declaration of 2013's ethical standards. Thus, rapport, informed consent, and confidentiality were established with the participants before data collection.

RESULTS

Socio-economic variables of the selected participants: Table 1 shows the sociodemographic characteristics obtained from the participants. They included 38 (11%) males and 300 (89%) females, whose ages ranged from 18 to 45 years, with a mean age of 36.82 and a standard deviation of 10.46. The religious information revealed that Christians were 298 (86%), Muslims 20 (20%), and others 20 (20%). The participants' ages are classified as 18-40 years (n = 133) (89%), 31-40 years (n = 157 (46%), and 41-50 years (14%). The marital status information shows that singles were 297 (88%), married were 27 (8%), divorced were 6 (2%), and separated were 6 (2%). On the parental level of education, participants' data revealed that 62 (6%) had primary school leaving certificates, 126(37%) had senior secondary certificate education, 37 (11%) were holders of higher national diplomas, 26(8%) had a diploma certificate, 78(23%) had a bachelor's degree, and 9 (3%) had a master's degree. According to family structure data, 199 (59%) were from intact families, while 139 (41%) were from non-intact families.

Employment data revealed that 142(42%) were employed or self-employed to support themselves and 196 (58%) were unemployed. Data on the living condition showed that 212 (63%) of the participants were living with their parents, 47(14%) were living with single parents, 35(10%) with siblings, 11(3%) with relatives, and 33(10%) with significant others.

Table 1:
Socio-economic variables of nursing students

Variables	Levels	Frequency (f)	(%)
Gender	Male	38	11%
	Female	300	89%
Age	18-30 years	133	39%
	31-40 years	157	46%
	41-50 years	46	14%
	Mean - 36.77(SD= 10.46)		
Marital Status	Single	297	88%
	Married	27	8%
	Divorced	6	2%
	Separated	6	2%
Parents' educational level	Primary	62	18%
	SSCE	126	37%
	HND/OND	37	11%
	Diploma	26	8%
	BSC	78	23%
	MSC	9	3%
Religion	Christians	298	88%
	Muslim	20	6%
	Others	20	6%
Family Structure	Intact family	199	59%
	Non-intact family	139	41%
Employment	Employed or Self-employed	142	42%
	Unemployed	196	58%
Living condition	With both parents	212	63%
	Single-parents	47	14%
	Siblings	35	10%
	Relatives	11	3%
	Significant others	33	10%

Table 2: Means, Standard Deviations, and Zero-order correlation coefficient matrix(N=338)

Variables	Mean	SD	1	2	3	4	5
PWB	2.82	.36	1				
Family structure	2.44	.33	.98**	1			
Authoritarian	2.63	.53	.013	.002	1		
Authoritative	3.31	.51	.22**	.22**	-.12		
Permissive	1.53	.46	-.22**	-.22**	-.02	-.28**	1

*Note. ** p <.01, * p < .05; ** = the test is significant at the .01 level; PWB = Psychological well-being.*

Table 3: Moderated regression analysis for the interaction between family structure, parental styles, and psychological well-being.

Latent Variable	Adj R²	df1(df2)	F	Effect	Std Error	T	LLCI	ULCI
Model 1	.52	3(334)	121.19**					
Age				-.02	.01	-.06	-.01	.02
Gender				.05	.04	1.22	-.03	.14
Parents' educational level				.01	.01	.15	-.02	.02
Model 2	.21	3(334)	4.45**				1.09	.28
Authoritative (A)				.28**	.08	3.19	.11	.46
Family structure (B)				-.16*	.04	-1.56	-.13	.02
A x B				-.12*	.07	.91	-.16	.15
Authoritarian (C)				-.17	.10	-1.63	-.37	.03
Family structure (D)				-.03	.10	-1.63	-.37	.04
C x D				.13	.07	1.75	-.02	.27
Permissive (X)				-.40**	.13	-3.06	-.66	-.14
Family structure (Y)				.02	.04	-.03	- .07	.08
X x Y				.16*	.08	1.95	-.01	.32

LLCI = lower limit class interval; ULCI = upper limit class interval; Adj R² = adjust R²
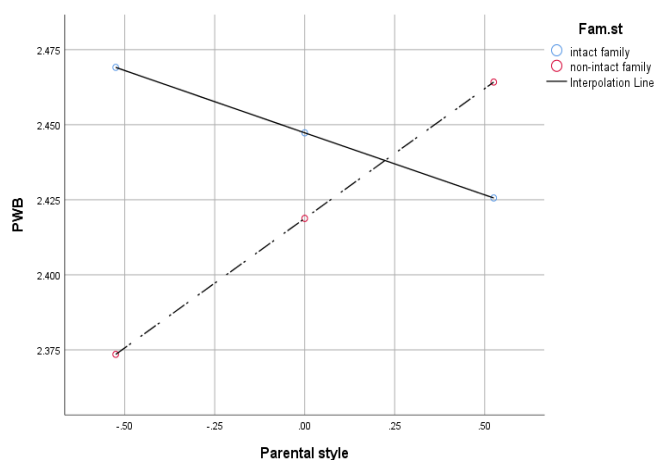
Figure 1:
The interaction of family structure and parental styles on psychological well-being.

The table 2 revealed that there was a significant and positive correlation between family structure, authoritative, permissive parental styles, and psychological well-being, r = .98, p<. 01; .22, p<.01; .22, p<.01 respectively. However, the authoritarian parental style did not significantly correlate with psychological well-being among nursing students at *r= -.013, p>.01.*

The result of the moderated regression analysis (Table 3) using process macro (conditional processing matrix) revealed that in model 1, age, gender, and parents' educational level were keyed as covariates (controlled), and the adjusted R^2 for the model was .52. This was statistically significant at F (3,334) = 121.19, p.01. Furthermore, in model 2, authoritative and permissive parental styles significantly predicted psychological well-being respectively, effect = .28, p = .01; -.40, p<. 01. This was statistically significant at F (3,334) = 4.45, p <.01. The first hypothesis was accepted. Similarly, family structure predicted psychological well-being, effect = .16, p = .05. Thus, the second hypothesis was confirmed. Furthermore, family structure moderated the relationship between authoritative and permissive parenting styles and psychological well-being; effect = -.12, p =.01; 16; p.05.The three hypotheses were accepted. According to Figure 1, the moderator level was high at +1 SD, and the simple slope value was 2.30, p =.01.

DISCUSSION

The study examined the moderating effect of family structure on the relationship between parenting styles and psychological well-being among nursing students. The results showed that authoritative parenting styles predicted psychological well-being positively and significantly, whereas permissive parenting styles predicted psychological well-being negatively and significantly. However, authoritarian parental styles did not predict psychological well-being. This implies that children raised with authoritative and permissive parenting styles are more predisposed to positive behaviours than those with authoritarian parenting styles. This is perhaps why many families reported that strict training of children could lead to antisocial, delinquent, and other inappropriate

behaviours even when they are more well-protected and supported by their parents than their counterparts (Adeyemo *et al*., 2022). This finding was supported by previous empirical evidence, which reported that an authoritative parenting style instills disciplinary actions in children instead of punishment (Loke *et al*., 2021; Sanvictores *et al*., 2021). This may help them to develop a sense of commitment built on endurance, effort, and helpful communication channels (Sanvictores *et al*., 2021). Also, research has found that permissive parenting styles encourage positive behaviour and use rules that are flexible to follow (Loke *et al*., 2021). This could be one of the factors that motivate children who have been raised with a permissive parenting style to use different problem-solving mechanisms and take advantage of the many opportunities that come their way (Loke *et al*., 2021).

In contrast, the result disagrees with the finding of Francis *et al*., (2020) in their report that the authoritarian parental style is related to positive behaviours and improves one's psychological well-being (Loke *et al*., 2021). This may not always be the case because using a strict rule may encourage the child to develop a rebellious trait and perhaps engage in inappropriate behaviour while they are not at home or among peers. Such harsh training may unintentionally encourage children to try negative ways of getting things done.

Conceptually, "parenting style" is a psychological construct representing standard strategies that parents use in their children's upbringing (Spera, 2005). According to Francis *et al*. (2020), parents lay the foundation for the effective psychological state of their children through their shared connections and attachments. The patterns implored to foster a child through the primary source of socialization would greatly contribute to the psychological well-being and general mental health of the individual (Rauf & Ahmed, 2017). Thus, parental style is a method of behaviour used to communicate between parents and children (Rahimpour, 2015). Traditionally, there are three types of parental styles: authoritative, authoritarian, and permissive, which are often used in literature (Baumrind, 1966). In an authoritative parenting style, parents clearly define the guidelines for expectations in their relationship with their children and prioritize disciplinary actions (Loke & Low, 2021). However, in most cases, disciplinary actions are used to support children rather than punish them. The context involves the commitment between both the parents and the children, built on patience, effort, and effective communication (Sanvictores & Mendez, 2021). At the same time, authoritative parenting styles are both severe and responsive to the child (Rahimpour, 2015).

Conversely, authoritarian parenting is less fostering, with high expectations and limited flexibility for the children (Loke *et al*., 2021). There is little room for bargaining with their parents, so they use a one-way communication channel; for example, parents impose strict rules on their children, and mistakes are typically punished (Sanvictores *et al*., 2021). On the other hand, permissive parenting styles implored more affectionate and encouraging behaviour than the other styles. In this style of parenting, disciplinary measures are rarely used, and expectations and rules are unnecessary for children to follow (Loke *et al*., 2021). Also, parents maintain open lines of communication with their children, encouraging them to

explore and solve problems on their own (Sanvictores *et al.*, 2021). Research (Francis *et al.*, 2020) has shown that authoritarian parenting is associated with a positive result for parents and that it provides children with more support and warmth from their parents, has better psychological well-being, and makes children less likely to engage in externalizing behaviours like drug use, antisocial behaviours and so on (Loke *et al.*, 2021). Similarly, children raised with a permissive parenting style have higher self-esteem and social skills, but they may be impulsive, demanding, and lack self-control (Sanvictores *et al.*, 2021).

Furthermore, the current study found that family structure moderated the relationship between parenting styles and psychological well-being in a significant and positive way (effect =.28, p =.01; -.40, p.01). The p-value is less than 0.05 level of significance, and this implies that the family structure is a strong determining factor in the psychological well-being of nursing students in Nigeria. This is supported by the findings of Worringer (2020) on the perspective that family structure greatly impacts individuals' personalities. For example, in systematic observation, Worringer (2020; Zaborskis *et al.*, 2022) demonstrated that family structure determines to a great extent whether a child may commit a crime, perform better in academics, and have better employment opportunities. Similarly, Zaborskis *et al.* (2022) found that family structure is imperative for improving and enhancing individuals' quality of life. The result is also in consonant with McKee's (2012) observation, which found that family structure significantly moderated the relationship between parenting, low self-control, and delinquency.

Indeed, family structure plays an important role in every individual's life in terms of developing personality patterns, moral behavior, and attitude buildup, and improving one's quality of life (Zaborskis *et al.*, 2022). It precipitates a secure attachment between parents and children and necessitates a stable parent-child relationship (Worringer, 2020). As the first social template, the family structure tends to have an impact on the types of relationships that children form in their adult stage. For example, empirical observations have supported the fact that people who were raised in a stable family are less likely to be excluded, commit a crime, and are more likely to have better employment opportunities and perform better in school than their counterparts from a broken family (Worringer, 2020; Zaborskis *et al.*, 2022).

To this effect, psychological well-being could be seen as a positive mental state related to self-acknowledgment, positive connection with others, environmental mastery, autonomy, purpose in life, and self-awareness (Ryff, 2014). It defines one's feelings of development and self-realization and how individuals endeavour to work with experiences of purposeful engagement (Ruini & Ryff, 2016). Literature has demonstrated that psychological well-being plays a crucial role in impacting nursing students' choices to enroll and remain in the nursing field and effectively adjust to school/college life (Morales-Rodríguez *et al.*, 2020). According to Purwaningrum, Hanurawan, Degeng, and Triyono (2019), people with high psychological well-being are better able to use their potential and develop optimally, both personally and professionally, than those with low psychological well-being. Interestingly, the psychological

well-being of individuals determines their happiness, functionality, life fulfillment, and environmental influence, among others (Shah & Marks, 2004). Psychological well-being reflects good mental health states devoid of anxiety, stress, depression, low self-efficacy, and other psychological conditions (Mollyrin, 2019).

In theory, psychological well-being includes psychological bolstering tools such as autonomy, environmental mastery, and personal growth; positive interpersonal relationships; a sense of purpose in life; and other acceptance (Ryff, 2009). As opined by Huppert (2009), psychological well-being is the combination of feelings and effective functioning. However, the concept of psychological well-being is categorized as eudaimonic well-being and hedonic well-being (Ryan & Deci, 2000). Eudaimonic well-being represents the objective, meaningful, or intentional aspect of functionality, whereas hedonic well-being is concerned with subjective feelings of happiness, well-being, and positive emotions (Johnson, Robertson, & Cooper, 2018). As noted by Yoon, Coburn, and Spence (2018), "eudaimonic well-being" is often used to explain this concept with respect to Ryff's six dimensions of psychological well-being in most literature. However, in the context of nursing students, the recent global pandemic and post-pandemic occurrences have had a significant impact on population health, challenging and overwhelming health system capacity, and putting even more strain on global nursing staff (Davenport & Levin-Scherz, 2017).

Academic workload has long been recognized as a major contributing factor that can affect nursing students' psychological well-being (Zhou *et al.*, 2022). For example, research has demonstrated that competitiveness, stressful learning environments, educational debts, and sleep deprivation are precursors that affect the mental health of medical students (Anosike, Anene-Okeke, Ayogu, & Oshigbo, 2022). In an educational setting, students must deal with the intense pressure of mastering large amounts of information in a relatively short time, dreadful exams, limited time for leisure and self-care, and dealing with personal issues of daily living and relationships (Anosike *et al.*, 2022). The stress level of nursing students may be far more psychologically damaging than that of other students (Ogunsemi *et al.*, 2013).

During the pandemic, nursing students as a group are more predisposed to experiencing high psychological distress (Brouwer *et al.*, 2021). Anxiety, depression, or comorbid anxiety and depression were reported to be prevalent among nursing students in Nigeria at rates of 61.7% and 71.8%, respectively (Anosike *et al.*, 2022). Furthermore, the report from the study revealed that only 24.9% expressed a willingness to seek professional psychological help (Anosike *et al.*, 2022). Based on this, research has called for nursing students to focus on social support as a means of improving their well-being (Li *et al.*, 2021).

Given the above observations, it is important to understand that these empirical studies may have examined the predictive effects of family structure, on parental styles and life satisfaction among children in western culture. However, the present study tested similar knowledge on psychological well-being among nursing students in Nigeria.

The findings of this study have both research and practical implications. The research implications of this study could be seen in the context of nursing programmes in Nigeria. The programme is designated in such a way that it has a practical and theoretical aspect. For example, nursing students are exposed to theoretical aspects through learning the basic theoretical position of the discipline, its applications, strengths, and weaknesses. On the other hand, they are exposed to practical learning through indirect and direct participation in medical examination, surgical evaluation, midwifery, and so on. Given these observations, there is a need for further exploration of ways to improve the psychological well-being of nursing students in Nigeria. The practical implication of this study is to enlighten policymakers to take adequate measures to improve the psychological well-being of nursing students by developing a grass-roots advocacy and sensitization program for student-parents or sponsors that would encourage parental involvement or participation in their child's quality of life. Since nurses are mostly trained to understand and take care of people and their health needs, their contributions to various health issues and building healthier communities should be promoted, and their mental health should be prioritized.

In conclusion, at a national level, maintaining a stable family structure and high psychological well-being among students should be encouraged and achieved through a review of the national policy that would incorporate parents, school management, and other relevant groups like religious leaders in fine-tuning proper mechanisms that help students better. Open seminars and practical workshops on the importance of family structure on psychological well-being should be encouraged among scholars.

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