

Original Research Article

Perceptions On Caffeine, Smoking, And Insomnia Among Nursing Students In A Private Institution In Manila

ABSTRACT

Background: A common psychoactive and cognitive-improving substance used worldwide is caffeine. It is known for its cognitive and physical enhancing effects which is the common reason for students' caffeine consumption (Kharaba et al., 2022). Therefore, most college students consume caffeine to start their day since it stimulates their bodies to be more alert and focused in their daily tasks. In moderation, caffeine has many positive effects; hence, a couple of cups of strong coffee will benefit a person making him more alert and focused. However, too much consumption will result in harmful effects such as being jittery and nervous (Godsen A., 2022).

Purpose: The study the focus of this study is to measure the perceptions of nursing students in private institutions in Manila on caffeine, smoking, and insomnia. The researchers tackled the perceptions of nursing students about caffeine, smoking, and insomnia and found out that the students were aware about the harmful effects of caffeine and smoking.

Methods: A validated questionnaire focusing on caffeine, smoking, and insomnia was administered to 265 nursing students at Emilio Aguinaldo College-Manila as a research sample. This study with a descriptive survey design identified the demographic profile of the respondents in terms of their age and sex.

Results: There are 216 female respondents to the survey, or 81.51%, making up most of the respondents. The result shows in terms of age which 19-20 got the highest percentage which is 56.23 %, while age 17-18 get only 9.81%. In terms of their knowledge in effects of caffeine consumption responses showed that 139 (52.45%) and 143 (53.96%) of the respondents strongly agree gathering a mean of 4.408.

Conclusion: The respondents are part of a health-allied course, wherein, they are known as students who have heavy academic workloads including clinical duties, community immersions, and outreach programs that they need to accomplish as part of their nursing curriculum. In the study, the findings revealed that 94 (35.47%) of the respondents agreed having trouble concentrating or staying focused during the day due to lack of sleep. On the other hand, 100 (37.74%) out of 265 respondents agreed that they are engaging in activities such as using electronic devices or watching TV in bed that interfere with their ability to fall asleep.

Keywords: *Caffeine, insomnia, nursing student, smoking*

1.0 Introduction

A common psychoactive and cognitive-improving substance used worldwide is caffeine. It is known for its cognitive and physical enhancing effects which is the common reason for students' caffeine consumption (Kharaba et al., 2022). Also, caffeine is an organic compound that can affect the human body in many possible ways, (Godsen (2022) 92% of college students drink caffeine regularly according to the study of Mahoney et al. in 2019. Therefore, most college students consume caffeine to start their day since it stimulates their bodies to be more alert and focused on their daily tasks. In

moderation, caffeine has many positive effects; hence, a couple of cups of strong coffee will benefit a person making him more alert and focused. However, too much consumption will result in harmful effects such as being jittery and nervous (Godsen A., 2022). Another way of stimulating the body is to smoke cigarettes to keep working on the tasks despite its harmful effects on the body. Among the 479 medical students who participated in the study, only 52 have tried smoking cigarettes, while 23 are currently smoking. The researchers also found that the majority of medical students supported a ban on tobacco sales to minors (96.5%), and a ban on tobacco product commercials (91.6%) supported this claim. 75.6% of students and 95.2% of students, respectively, thought that health practitioners should be role models for patients and should obtain specialized training in cessation methods. Therefore, medical students were aware of the harmful effects of smoking and advocated not to commercialize it. (Boopathirajan, R. & Muthunayanan, L., 2017).

According to the National Heart, Lung, and Blood Institute (2022), one typical sleep concern is insomnia. If a person has insomnia, he could suffer from difficulty falling asleep, sleeping through the night, or getting quality rest. It occurs even if a person has the ideal circumstances and enough time to have a good night's sleep. Thus, everyday tasks may be hindered by insomnia, which can also cause daytime sleepiness. There are many reasons why people suffer from insomnia and one of these is stress and adjustments to the routine or environment. This is called short term insomnia. It could last a couple of days or several weeks. When it lasts longer than three months, happens three or more nights per week, and is not adequately explained by another medical condition, it is considered chronic (long-term) insomnia. In the study of Bhaskar, Hemavathy, and Prasad (2016), numerous studies around the world have revealed that 10%–30% of people are affected by insomnia, with some estimates reaching 50%–60%. It frequently affects older adults, women, and people with mental and physical conditions. Moreover, the prevalence of insomnia among university students in South Asian countries was explored in a systemic analysis of seven studies that revealed significantly higher prevalence, ranging from 35.4% to 70%. (Chowdhury et al., 2021). A considerably higher prevalence of insomnia among university students in the South Asia region students was reported in Pakistan (Nadeem et al., 2018; Surani et al., 2015), Nepal (Bhandari et al., 2017), India (Ghrouz et al., 2019; Patil et al., 2019; Kumar et al., 2016), and Bangladesh (Jahan et al., 2019). Whereas, the Philippines, according to extrapolated statistics from Health Grades Inc. in 2014, is estimated to have one of the highest rates of sleep deprivation in the world, with more than 10 million adults suffering from insomnia reaching 50%–60%. It frequently affects older adults, women, and people with mental and physical conditions.

This study aimed to determine the perceptions on caffeine, smoking, and insomnia among nursing students in a private institution. The researchers tackled the perceptions of nursing students about caffeine, smoking, and insomnia and found out that the students were aware about the harmful effects of caffeine and smoking. Hence, they were avoiding the use of smoking cigarettes and reducing their caffeine consumption. The researchers also found out the causes of sleep disturbances nursing students were experiencing.

2.0 Methods

2.1. Research Design

This study used a descriptive survey design in the context of quantitative research. As far as the study is concerned, the characteristics of quantitative design are most appropriate for the sample processing of quantitative data. The researchers used descriptive survey quantitative research in which the differences between the variables that naturally exist between them can be defined. Descriptive study is used in its popular format to describe the characteristics of a sample population. Moreover, this study with a descriptive design identified the demographic profile of the respondents in terms of their age and sex. Also, the researchers sought to analyze the perceptions of the nursing students on caffeine, smoking, and insomnia.

2.2. Population/Sample and Sampling Technique

The researchers obtained 265 samples from the institution by employing stratified sampling technique. Since the researchers' respondents were nursing students consisting of different year level; by using stratified sampling technique, the researchers got an equal sample size by getting the thirty percent (30 %) of the total population from each year level. The target respondents are the nursing students from a private institution and the sample size are nursing students). First-year to fourth-year nursing students are currently enrolled in the academic year 2022 - 2023 were included. The researchers chose nursing students as respondents to focus on students who are in the medical field because it is seldom to come across researches and/or journals that tackles sleep disturbances that is specific to student nurses. The inclusion criteria for the respondents were the following: 1) must be a student and 2) enrolled in Bachelor of Science in Nursing. Meanwhile, the exclusion criteria are: 1) not a student and 2) not enrolled and not a nursing student. The researchers distributed copies of ethically approved informed consent and validated questionnaire to students within the inclusion criteria, all of which were completed and submitted for analysis.

2.3. Research Instrument

The survey questionnaire formulated by the researchers was used as a research instrument. The researcher opted to use the 5 point - Likert scale (5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly Disagree) in answering the questions. There are two (2) parts in the questionnaire. The first part is the profile of respondents which consists of age, sex, perceptions on caffeine and smoking. The perceptions on caffeine consists of twenty(20) questions and the perceptions on smoking consists of nineteen (19) questions. Overall, the questions for the profile of respondents are forty-one (41) including their age and sex. The second part of the questionnaire consists of questions that measured the perceptions on insomnia among nursing students which also comprises twenty (20) question.

On the twenty (20) related literature in this review, a total of "50,765" samples, 19837 records, 15 studies, and 10 articles consisting of 2841 who considered oral rehydration solutions and zinc, 826 samples considered handwash, 46423 samples considered Sanitation, hygiene and Water, and the rest considered Water filters in Prevention and Control of Diarrheal Diseases. Reported methods or procedures included oral hydration and zinc therapy, handwashing facility (EHF), sanitation, hand hygiene, wash, water filters, etc. All studies have range of three to five years for follow up. Study characteristics were summarized (Table 1). Average age of the study population were children under five years and middle aged with few senior participants.

3.0 Result and Discussion

This chapter presents the data gathered from the survey questionnaire conducted by the researchers on the 265 college students under a nursing program. The respondents were given the assurance that all of the

data accumulated from them are only for research purposes and that the identities of the respondents will be confidential.

Table1. Ageofthe Respondents

AGE	FREQUENCY	RELATIVE FREQUENCY
17 -18	26	9.81%
19 -20	149	56.23%
21 yearsoldandabove	90	33.96%
Total	265	100.00%

The researchers based the age categories that ranged in 1s because the target audience (nursing students) ages from 17 and above depending on when the student starts going to school. The researchers opted to include the '21 and above' because there are some instances where the student is a second courser or stayed in the college year level than the usual. In terms of ranging the age, the target audience is not large enough to apply the usual 5s and 10s range, hence, the researchers apply 1s only to range the ages of the respondents. Furthermore, the researchers opted to use this method because they want to know the perspectives of their target audience after turning 18 and after entering their 20s. As shown in Table 1, the age group 19 to 20 years old got the most responses out of the three age groups, resulting in 56.23% or 149 of the total respondents, followed by the age group 21 and above, which received 33.96% or 90 responses. Lastly, there were just 26 people in the 17 to 18 age bracket, completing up the remaining 9.81%. The average age of first and second-year students ranges from 17 to 20 years old, which explains why the majority of respondents fall within those age categories as well.

First and second-year students comprise a larger group than the senior year. Hence, many of the responses were from the first year since that year level helped the researchers in several ways to get the necessary number of participants. An issue with their availability to respond to the survey could be the reason for the fourth-year level's low response rate. Also, according to the official list of nursing students given by the Academic Coordinator, first year level students have the largest population as compared to other year levels.

Table 2. Sex of the Respondents

AGE	FREQUENCY	RELATIVE FREQUENCY
Male	49	18.49%
Female	216	81.51%
Total	265	100.00%

As shown in Table 2, there are 216 female respondents to the survey, or 81.51%, making up the majority of the respondents. On the other hand, only 49 out of 265 respondents or 18.49%,

answered the survey. Considering most of the nursing students who enrolled in the School of Nursing (SON) at EAC-M could be the affecting factor of the higher rate of female than male respondents. According to the list given by the Academic Coordinator of the School of Nursing, there are only 76 males (18.10%) and 344 females (81.90%) from different year levels respectively. In the study of Cho & Jang (2021), since the time of Florence Nightingale, the old belief is that the nature of nursing is feminine. She believed that as it was an extension of mothering, women were more suited to provide care. Therefore, even before nursing is a motherly instinct that the female possesses, which influences their way of caring for the patient. However, modern age has already changed the perception of people in terms of stereotyping a job or anything that would bring up a gender bias.

Table3.PerceptionsonCaffeine Intake

Descriptive Statement	SA	A	N	D	SD	Weighted Mean	Interpretation
1. I consume coffee, tea, or other caffeinated beverages regularly.	95 (35.85%)	70 (26.42%)	55 (20.75%)	19 (7.17%)	26 (9.81%)	3.713	Agree
2. I consume chocolate or other caffeine-containing foods regularly.	67 (25.28%)	79 (29.81%)	82 (30.94%)	23 (8.68%)	14 (5.28%)	3.615	Agree
3. I sometimes use caffeine containing supplements or medications (e.g. energy drinks)	26 (9.81%)	44 (16.60%)	51 (19.25%)	64 (24.1%)	80 (30.19%)	2.517	Disagree

4. I am able to function normally without consuming caffeine.	108 (40.75%)	71 (26.79%)	54 (20.38%)	20 (7.55%)	12 (4.53%)	3.917	Agree
5. I avoid consuming caffeine after a certain time of day to prevent sleep problems.	81 (30.57%)	76 (28.68%)	54 (20.38%)	30 (11.32%)	24 (9.06%)	3.604	Agree
6. I am knowledgeable about the potential health effects of caffeine consumption.	139 (52.45%)	100 (37.74%)	22 (8.30%)	3 (1.13%)	1 (0.38%)	4.408	Strongly Agree
7. I have experienced negative side effects (such as extreme nervousness or anxiety) after consuming caffeine.	64 (24.15%)	79 (29.81%)	55 (20.75%)	31 (11.70%)	36 (13.58%)	3.392	Neutral

8. I have tried to quit or reduce my caffeine intake in the past.	61 (23.02 %)	78 (29.43 %)	67 (25.28 %)	29 (10.94 %)	30 (11.32 %)	3.419	Agree
9. I am generally comfortable with the amount of caffeine I consume on a daily basis.	111 (41.89 %)	87 (32.83 %)	55 (20.75 %)	4 (1.51 %)	8 (3.02 %)	4.091	Agree
10. I would be willing to reduce or eliminate my caffeine consumption if a health professional advised me to do so.	115 (43.40 %)	90 (33.96 %)	47 (17.74 %)	8 (3.02 %)	5 (1.89 %)	4.140	Agree
11. I consume coffee regularly.	74 (27.92 %)	56 (21.13 %)	57 (21.52 %)	31 (11.70 %)	47 (17.74 %)	3.298	Neutral

12. I consume tea regularly.	17 (6.42%)	37 (13.96%)	67 (25.28%)	67 (25.28%)	77 (29.06%)	2.434	Disagree
13. I consume energy drinks regularly.	11 (4.15%)	26 (9.81%)	69 (26.04%)	67 (25.28%)	92 (34.72%)	2.543	Disagree
14. I consume instant coffee regularly.	50 (18.87%)	49 (18.49%)	60 (22.64%)	46 (17.36%)	60 (22.64%)	2.936	Neutral
15. I consume Cola every day.	20 (7.55%)	48 (18.11%)	68 (25.66%)	58 (21.89%)	71 (26.79%)	2.577	Disagree

16. I consume chocolate or other caffeine-containing foods regularly.	44 (16.60 %)	82 (30.94 %)	79 (29.81 %)	33 (12.45 %)	27 (10.19 %)	3.313	Neutral
17. I consume more than one caffeinated beverage or food item per day.	38 (14.34 %)	54 (20.38 %)	72 (27.17 %)	53 (20 %)	48 (18.11 %)	2.928	Neutral
18. I consume caffeine to help me stay awake during long study sessions or clinical shifts.	89 (33.58 %)	70 (26.42 %)	45 (16.98 %)	26 (9.81 %)	35 (13.21 %)	3.574	Agree
19. I am knowledgeable about the risk of too much caffeine consumption.	143 (53.96 %)	94 (35.47 %)	22 (8.30 %)	5 (1.89 %)	1 (0.38 %)	4.408	Strongly Agree

20. I am aware of the recommended daily limit for caffeine intake (400mg/day for most adults).	97 (36.60 %)	83 (31.32 %)	59 (22.26 %)	20 (7.5%5)	6(2.26%)	3.925	Agree
<i>Grand Mean</i>						3.438	Agree
<i>Legend: Strongly Agree(4.20-5.00); Agree(3.40-4.14); Neutral(2.60-3.39); Disagree(1.80-2.59); Strongly Disagree (1.00 -1.79)</i>							

As illustrated in Table 4, the researchers gathered a data of 214 (80.75%) on the descriptive statement “*I believe that smoking is harmful and should be avoided*” and has a weighted mean of 4.664. Just like in caffeine consumption, nursing students have a strong agreement of their awareness on the harmful effects of smoking and it should be avoided as it will cause health issues to them. It is obvious that they were aware of the consequences of the lifestyle on the health of a person. The study by Boopathirajan and Muthunarayanan (2017), found that majority of medical student supported a ban on tobacco sale to minors (96.5%) and a ban on tobacco product commercials (91.6%), supported this claim. 75.6% of students and 95.2% of students, respectively, thought that health practitioners should be role models for patients and should obtain specialized training in cessation methods. Among students, there were 26.9% who wanted to stop smoking at the moment.

Moreover, it encompasses the next statement that garnered 217 (81.89 %) of the responses which strongly agree to the statement “*I am aware of the health risks associated with smoking and tobacco use*” and 183 (69.06 %) responses which strongly agreeing in the statement “*I am aware of the long-term health consequences of smoking or using tobacco products*”, such as lung cancer and heart disease, where it accumulated a mean of 4.653 and 4.234, respectively. It indicates that nursing students are aware of the health risk and health consequences associated with smoking and tobacco use since they are studying these topics as part of their curriculum. Meanwhile, the descriptive statement “*I smoke cigarettes or use other tobacco product on a daily basis*” gathered 197 (74.34%) responses and a lowest mean of 1.415, which indicates strongly disagreement in the statement. It shows that the respondents do not smoke cigarettes on a daily basis, being in the medical field course could be the factor to this result as they were aware of the possible health risks and consequences of smoking.

As seen in the study of Sychareun et al. (2013) the smoking prevalence among medical, pharmacy, dental, and nursing students was relatively low. The students were also supportive of tobacco control policies. The researchers suggested that health professional students should be provided health lessons to discourage the use of tobacco use. Hence, it is necessary to further disseminate information about efforts to prevent smoking. In relation to the study of Boopathirajan and Muthunaryanan (2017), wherein, the researchers found out that the percentage of students who said they had official training in smoking cessation methods was only 23.6%. It indicates that formal training in smoking cessation would help the students understand how they would be able to stop using cigarettes so they can also appropriately instruct their patients in doing the same thing. On the other hand, in the study of Pingak et al. (2019), there is a significant percentage of nursing students who smoke. It could hinder the effectiveness of delivering cessation services, even if most students have positive attitudes toward offering services to help people quit smoking and have adequate knowledge of smoking-related topics. To support crucial nursing-led interventions to help nurses quit smoking, personal smoking behavior among nurses needs to be addressed. As part of the healthcare team, the health professional students should be cautious with their health to effectively deliver health education to their future patients.

Table 4. Perception on Smoking

Descriptive Statement	SA	A	N	D	SD	Weighted Mean	Interpretation
1. I currently smoke cigarettes or use other tobacco products.	6 (2.26%)	11 (4.15%)	18 (6.79%)	38 (13.34%)	192 (72.45%)	1.494	Strongly Disagree
2. I have smoked cigarettes or used other tobacco products in the past but have quit.	9 (3.40%)	24 (9.06%)	21 (7.92%)	29 (10.94%)	182 (68.68%)	1.713	Strongly Disagree

3. I have never smoked cigarettes or used other tobacco products.	157(59.25 %)	12 (4.53%)	14 (5.28%)	33 (12.45%)	49 (18.49%)	3.736	Agree
4. I am aware of the health risks associated with smoking and tobacco use.	217 (81.89 %)	25 (9.43%)	8(3.02 %)	9 (3.40 %)	6(2.26 %)	4.653	Strongly Agree
5. I feel confident in my ability to resist peer pressure to start smoking or using tobacco products.	152 (57.36 %)	32 (12.08 %)	30 (11.32 %)	28 (10.57 %)	33 (12.45%)	3.951	Agree
6. I am aware of resources available to help me quit smoking or using tobacco products if I wanted to.	120 (45.28 %)	54 (20.38 %)	40 (15.09 %)	19(7.17 %)	32 (12.08%)	3.796	Agree

7. I believe that smoking is harmful and should be avoided.	214 (80.75%)	30 (11.32%)	9 (3.40%)	7 64 (2.%)	5 (1.89%)	4.664	Strongly Agree
8. I currently smoke cigarettes or use other tobacco products.	10 (3.77%)	12 (4.53%)	17 (6.42%)	39 (14.72%)	187 (70.57%)	1.562	Strongly Disagree
9. I smoke cigarettes or use other tobacco products on a daily basis.	6 (2.26%)	5 (1.87%)	14 (5.28%)	43 (16.23%)	197 (74.34%)	1.415	Strongly Disagree

10. I smoke cigarettes or use other tobacco products several times a week.	8 (3.02 %)	3 (1.13 %)	15 (5.66%)	44 (16.60%)	195 (73.58%)	1.434	Strongly Disagree
occasionally (less than once a week).			16 (6.04%)	41 (15.47%)	187 (70.57 %)	1.543	Strongly Disagree
12. I have not smoked cigarettes or used other tobacco products in the past 30 days.	149 (56.23 %)	21 (7.92 %)	14 (5.28 %)	28 (10.57 %)	53 (20 %)	3.698	Agree
13. I typically smoke more when I am under stress or feeling anxious.	14 (5.28%)	18 (6.79%)	12 (4.53%)	38 (14.34%)	183 (69.06%)	1.649	Strongly Disagree

14. I have tried to quit smoking or using tobacco products in the past but have been unsuccessful.	13 (4.91 %)	10 (3.77 %)	36 (13.58 %)	33 (12.45 %)	173 (65.28 %)	1.706	Strongly Disagree
15. I have quit smoking or using tobacco products in the past but have relapsed.	14 (5.28 %)	15 (5.66 %)	36 (13.58 %)	33 (12.45 %)	167 (63.02 %)	1.777	Strongly Disagree
16. I have developed a persistent cough or other respiratory symptoms due to smoking or using tobacco products.	4 (1.51%)	4 (1.51%)	22 (8.30%)	42 (15.85 %)	193 (72.83 %)	1.430	Strongly Disagree

Legend: Strongly Agree(4.20-5.00); Agree(3.40-4.14); Neutral(2.60-3.39); Disagree (1.80 -2.59); Strongly Disagree(1.00 - 1.79)

As illustrated in Table 4, the researchers gathered data of 214 (80.75%) on the descriptive statement “*I believe that smoking is harmful and should be avoided*” and has a weighted mean of 4.664. Just like in caffeine consumption, nursing students have a strong agreement of their awareness on the harmful effects of smoking and it should be avoided as it will cause health issues to them. It is obvious that they were aware of the consequences of the lifestyle on the health of a person.

Table 5 exhibits the frequency/percentage, weighted mean, and interpretation of the perceptions on insomnia among the nursing students.

Table 5. Perception on Insomnia

Descriptive Statement <i>Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).</i>	S A	A	N	D	SD	Weighted Mean	Interpretation
1. I have trouble falling asleep at night.	66 4. 91 %	87 (32.83 %)	67 (25.28 %)	27 (10.19 %)	18 (6.79 %)	3.589	Agree
2. I have Difficulty staying asleep	42 (15.85%)	67 (25.28 %)	74 (27.92 %)	49 (18.49 %)	33 (12.45 %)	3.136	Neutral
3. I have Problems waking up too early	76 (28.68%)	57 (21.51 %)	67 (25.28 %)	37 (13.96 %)	28 (10.57 %)	3.438	Agree

4. I wake up frequently during the night and have difficulty falling back asleep.	45 (16.98%)	43 (16.23%)	81 (30.57%)	55 (20.75%)	41 (15.47%)	2.985	Neutral
5. I wake up feeling tired and unrested, even after a full night's sleep.	83 (31.32%)	83 (31.32%)	57 (21.51%)	26 (9.81%)	16 (6.04%)	3.721	Agree
6. I feel irritable or moody due to lack of sleep.	99 (37.36%)	74 (27.94%)	54 (20.38%)	25 (9.43%)	13 (4.91%)	3.834	Agree
7. I have trouble concentrating or staying focused during the day due to lack of sleep.	94 (35.47%)	91 (34.34%)	62 (23.40%)	11 (4.15%)	7 (2.64%)	3.958	Agree
8. I rely on sleep aids or medication to help me fall asleep.	15 (5.66%)	22 (8.30%)	45 (16.98%)	49 (18.49%)	134 (50.57%)	2.000	Disagree
9. I have difficulty falling asleep or staying asleep due to stress or anxiety.	67 (25.28%)	75 (28.30%)	69 (26.04%)	23 (8.68%)	31 (11.70%)	3.468	Agree

10. I engage in activities such as using electronic devices or watching TV in bed that interfere with my ability to fall asleep.	100 (37.74 %)	85 (32.08 %)	46 (17.36 %)	16 (6.04 %)	18 (6.79 %)	3.879	Agree
11. I have experienced negative impacts on my academic or work performance due to lack of sleep.	80 (30.19 %)	82 (30.94 %)	63 (23.77 %)	20 (7.55 %)	20 (7.55 %)	3.687	Agree
12. I have spoken to a healthcare provider about my sleep difficulties and received treatment or recommendations for improving my sleep.	20 (7.55 %)	17 (6.42 %)	40 (15.09 %)	66 (24.91 %)	122 (46.04 %)	2.045	Disagree
13. My sleep difficulties have lasted for more than a month.	58 (21.89 %)	50 (18.87 %)	63 (23.77 %)	44 (16.60 %)	50 (18.87 %)	3.083	Neutral

14. I have tried multiple strategies to improve my sleep, but have not found significant relief.	75 (28.30 %)	64 (24.15 %)	69 (26.04 %)	27 (10.19 %)	30 (11.32 %)	3.479	Agree
15. My sleep difficulties have had a significant negative impact on my daily functioning, such as academic or work performance, social relationships, or physical health.	68 (25.66 %)	67 (25.28 %)	76 (28.68 %)	34 (12.83 %)	20 (7.55 %)	3.487	Agree
16. I experience intense anxiety related to my sleep difficulties.	62 (23.40 %)	56 (21.13 %)	73 (27.55 %)	37 (13.96 %)	37 (13.96 %)	3.260	Neutral
17. My sleep difficulties are affecting my ability to enjoy life and engage in activities I used to enjoy.	53 (20 %)	58 (21.89 %)	82 (30.94 %)	36 (13.58 %)	36 (13.58 %)	3.211	Neutral
18. My sleep difficulties are causing me to experience symptoms such as depression, irritability, or mood swings.	53 (20 %)	71 (26.79 %)	75 (28.30 %)	31 (11.70 %)	35 (13.21 %)	3.287	Neutral
19. I have trouble concentrating or staying focused during class discussions due to a	69 (26.04 %)	77 (29.06 %)	75 (28.30 %)	29 (10.94 %)	15 (5.67 %)	3.589	Agree

lack of sleep.							
20. I have received treatment or recommendations for improving my sleep with the help of health care provider	18 (6.79 %)	17 (6.42 %)	43 (16.23 %)	67 (25.28 %)	120 (45.28 %)	2.042	Disagree
Grand Mean						3.259	Neutral

Legend: Strongly Agree (4.20-5.00); Agree (3.40-4.14); Neutral (2.60-3.39); Disagree (1.80 -2.59); Strongly Disagree (1.00 - 1.79)

Based on Table 5, the results showed that 94 (35.47%) of the respondents strongly agree on the descriptive statement “*I have trouble concentrating or staying focused during the day due to lack of sleep*” and got the highest mean of 3.958 and are interpreted as agree. It means that many respondents had trouble concentrating or maintaining focus during the day due to insufficient sleep. As stated by Guadiana & Okashima (2021), sufficient sleep quality is necessary to function adequately as an undergraduate college student.

Whereas the second to the highest attained a mean of 3.879, and got a total of 100 (37.74%) strongly agree responses on the statement “*I engage in activities such as using electronic devices or watching TV in bed that interfere with my ability to fall asleep*” and interpreted as agree. It can be concluded that the use of technology may also adversely affect sleep. Considering that the respondents are already living in the technology era, these impede and contribute to unhealthy sleeping patterns when not managed properly. A study by Hershner & Chervin (2014), shows that the use of electronics before bed is associated with sleep difficulties and daytime tiredness. The descriptive statement “*I feel irritable or moody due to lack of sleep*” garnered the third highest mean of 3.834, which is interpreted as agree with a result of 99 (37.36%) strongly agreed responses. This implies that the respondents experienced unsettled feelings due to lack of sleep. It is shown in the study by Triantafillou et al. (2019), their findings indicate that the effect of sleep quality on mood is much greater than the effect of mood on sleep quality. Hence, having inadequate sleep may affect how the brain regulates emotion. Meanwhile, 134 (50.57%) of the respondents strongly disagree with the statement “*I rely on sleep aids or medication to help me fall asleep*” that gathered the lowest mean (2.000) and is interpreted as Disagree. The respondents do not use medication or sleep aids in getting to sleep. Considering that the respondents are in the medical field, they understand most of the sleeping aids and medication should be prescribed by a physician.

4.0 Conclusion

The respondents are part of a health-allied course, wherein, they are known as students who have heavy academic workloads including clinical duties, community immersions, and outreach programs that they need to accomplish as part of their nursing curriculum. In the study, the findings revealed that 94 (35.47%) of the respondents agreed having trouble concentrating or staying focused during the day due to lack of sleep. On the other hand, 100 (37.74%) out of 265 respondents agreed that they are engaging in activities such as using electronic devices or watching TV in bed that interfere with their ability to fall asleep. Hence, the respondents are experiencing trouble in concentrating or staying focused during the day or class discussions. Aside from that, 99 (37.36%) of the respondents also agreed experiencing irritability or moodiness due to lack of sleep and wake up feeling tired and fatigued even after a full night's sleep (mean = 3.721). With that being said, the researchers conclude that not all nursing students are experiencing sleep disturbances. In contrast, the study of Amiri et al. (2020) found that prevalence of poor sleep quality among medical students were high regardless of their age and sex. Furthermore, this study showed that 214 (80.75 %) of the students agreed that smoking is harmful and should be avoided (mean = 4.664). Hence, 217 (81.89 %) of the respondents are aware of health risk associated with smoking and tobacco use and 183 (69.06%) of the respondents are aware of the long-term health consequences of smoking or using tobacco products. Therefore, 192 (72.45 %) out of 265 respondents strongly disagree in smoking cigarettes or use other tobacco products (mean = 1.494) as they are aware of the consequences of this to their health. On the other hand, the findings showed that 139 (52.45 %) of the respondents are knowledgeable about potential health effects of caffeine consumption while 143 (53.96 %) of the respondents are well aware about the risk of too much caffeine consumption. Therefore, the researchers concluded that the nursing students are aware and knowledgeable about the harmful effects of smoking cigarettes (of any form) and consuming too much caffeine. Therefore, their awareness and knowledge of the effects lead students to avoid smoking cigarettes and consuming caffeine intake moderately during their hectic schedule.

5.0 Recommendation

Based on the conclusions, the researchers would like to recommend the following:

1. To student nurses, researchers propose to be role models and actively participate in campus-wide health education campaign on the effects of consumption of caffeine and alternatives or solutions to sleep problems. Also, minimize consuming caffeine-containing beverages and food during clinical duty to avoid unexpected incidents during the student's duty, so that whenever students have duty, they would be more focused in their ability to provide proper and appropriate interventions to their patients. Student nurses should take care of themselves as they need to take care of others' health. As someone who is part of the healthcare team, they need to be physically, emotionally, mentally, and spiritually prepared for their duties.
2. To Nurse Educators, it is recommended that they include health promotion in their curriculum one which is about the harmful effects of smoking, one that would be about options on how to quit smoking.
3. For School Administrators, to integrate in their school policies ways to control smoking within campus premises, a no smoking policy must be strictly imposed.
4. To future researchers, must take into consideration conducting this study with a broader group

of respondents, including students from different universities, to gather more data. Caffeine intake and smoking status need further investigation by its domains and how it will affect the prevalence of insomnia among students.

Consent and Ethical Approval

The researcher undergone ethics review from Davao Doctors College Incorporation. Informed consent was given, and confidentiality of data is strictly applied.

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