



Well-Being and Resilience among Undergraduate Students at a Selected University

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J Health Allied Sci^{NU} 2024;14:248–252.

Abstract

Introduction Today's students of healthcare professional courses are the pillars of future healthcare delivery system. Research studies have found that they are affected with psychological disorders.

Objectives The objectives of the study were to assess the levels of well-being, resilience, and its relationship.

Materials and Methods A descriptive correlational research design was adopted to assess the well-being and resilience among undergraduate students. A total of 135 participants studying in all levels of Bachelor of Medicine and Bachelor of Surgery (MBBS), Bachelor of Dental Surgery (BDS), Bachelor of Physiotherapy (BPT), Bachelor of Science in Nursing (B.Sc Nursing), and Bachelor of Pharmacy (B.Pharm) were selected by disproportionate stratified random sampling technique. The tools used for data collection were demographic Proforma, Connor Davidson Resilience Scale, and positive emotion, engagement, relationships, meaning, and accomplishment (PERMA) scale. The reliability of the tool was tested by using Cronbach's alpha formula that was found to have a score of 0.925 for Connor Davidson Resilience Scale and a score of 0.916 for PERMA Scale. Pilot study was conducted to find out the feasibility of the study.

Statistical Analysis The data were analyzed by descriptive and inferential statistics using SPSS version 20.0.

Results The mean well-being and resilience of the study participants were 160.34 and 73.67, respectively. Majority (49.6%) had normal level of well-being and greater resilience (77%). The correlation was 0.237 and it was statistically significant ($p < 0.05$).

Conclusion There was an association between level of well-being and selected demographic variables such as age, education, level of study, religion, and residence, whereas level of resilience had significant association with education, religion, and socioeconomic status. Students' resilience can be promoted by implementing educational strategies and creating a supportive environment.

Keywords

- ▶ well-being
- ▶ resilience
- ▶ undergraduate students

Introduction

The students face many issues or challenges while moving from school to college, particularly medical and paramedical students. The reasons for these difficulties could be being away from home to a hostel, absence of parental and social support, parental influences, time management, or exposure to unexpected situations. A student's coping skills are also an enormous part of his or her life to overcome challenges or stress. These are cognitive and behavioral effects for dealing with day-to-day life stressors. It aids a person's psychological adaptation to tense situations.¹

Several research studies have been done on the concept of resilience to study how individuals cope with their difficulties to become stronger. Resilience is defined as the ability and dynamic process of adapting to stress and adversity while maintaining normal psychological and physical functioning. An individual might get support from family, friends, or others. A report released by the Organization for Economic Co-operation and Development (OECD) publicized that Asian students are among the most academically resilient in the world.² In India, 75,000 students committed suicide between the years 2007 and 2016. In 2019, a minimum of one student died by suicide each hour in India.³

Research studies show that university students who have good psychological well-being handle their issues and traumatic events, instead of avoiding or escaping from them. Psychological well-being is correlated with resilience positively. It additionally encompasses a vital relationship between psychological well-being, internal locus of control, positive functioning, and high levels of self-esteem. Graduate students suffer from psychological distress, which detrimentally affect their physical, mental, and psychological well-being. They may not share their problems with their friends, parents, or teachers, and it may cause the development of mental health issues. If they do not get any support, they keep on with their mental health problems with less severity at the beginning. Gradually, it affects academic performance, and if no one notices, that will result in major mental illness. A student with high resilience can overcome any situation and be free from mental stress and illness.⁴

Previous literature revealed that 60 to 70% of medical and dental students have psychological issues like depression, anxiety, and stress. Some studies showed negative correlation between resilience and well-being among nursing undergraduate students.⁵

Educators have an enormous role in developing resilience and well-being among students. They ought to have the capacity to spot every student's resilience level and well-being. If they flourish in identifying it, they will take a step to assist students who have a low level of resilience and mental well-being.⁶ The researcher felt that there is a necessity to look at the relation between the level of resilience and well-being among healthcare professional students because it permits in early identification of mental health problems among them. Hence, the researcher initiated this research work. The objectives of the study were to assess the levels of

well-being, resilience, its correlation, and to find the association with selected demographic variables.

Materials and Methods

A quantitative research approach with descriptive correlational research design was adopted to assess the levels of well-being, resilience, and its relationship among undergraduate students. A total of 135 students studying in a selected university using disproportionate stratified probability sampling technique were selected. Undergraduate students studying in all levels of Bachelor of Science in Nursing (BSc Nursing), Bachelor of Medicine and Bachelor of Surgery (MBBS), Bachelor of Dental Surgery (BDS), Physiotherapy, Bachelor of Pharmacy (B.Pharm) courses, and available at the time of data collection were included in this study. The tools used for data collection were baseline proforma, positive emotion, engagement, relationships, meaning, and accomplishment (PERMA) scale, and Connor-Davidson Resilience scale. The baseline proforma included age in years, gender, education, level of study, marital status, religion, do you believe in spirituality, socioeconomic status, type of family, residence, do you have any major illness affecting your daily life, and presence of support system. Connor-Davidson Resilience Scale had 25 items with the maximum score of 5 and the minimum score of 1. The reliability estimated by Cronbach's alpha was 0.927. PERMA profiler scale consisted of 23 items and total score was 230. The reliability estimated by Cronbach's alpha was 0.917.

The data collection was done from 15-11-2020 to 20-12-2020 at Yenepoya University, Mangaluru, Karnataka. Approval from the Scientific Review Board and Institutional Ethical Clearance was obtained and formal written permission received from Principals of respective colleges. Informed consent was obtained from the respondents who were willing to participate after explanation about purpose, benefits of the study, and assurance was given about the confidentiality of their responses. The tools were administered to all participants.

Statistical Analysis

The data were analyzed by descriptive and inferential statistics using SPSS version 20.0. Karl Pearson correlation coefficient was used to assess the correlation between well-being and resilience. Chi-square test was adopted to assess the association between well-being scores and the selected demographic variables of undergraduates.

Ethical Considerations

Scientific Review Board and Institutional Ethical Clearance were obtained and formal written permission was received from the principals of respective colleges. The researcher personally approached each participant to explain the study and requested his or her participation. All participants were informed that participation in the study was voluntary and they were free to withdraw. Participants had the opportunity to ask questions regarding their participation and had additional opportunities to ask questions during the time of filling form.

Results

Baseline Characteristics of Undergraduates

Majority of the participants (60.7%) belonged to the age group of 21 to 25 years. Majority of them (83%) were females and 17% were males. Most of them (94.8%) belonged to nuclear family, while 5.2% belonged to joint family. Most of the participants (87.4%) were hostellers and (12.6%) were day scholars. Majority (97%) of participants believed in spirituality and 94.1% belonged to above poverty line (APL) in their socioeconomic status. Nearly half of the participants (47.4%) considered their parents are the supporting system, while 42.2% considered their friends as the supporting system.

Level of Well-Being among Undergraduate Students

Majority of participants (49.7%) had normal level of well-being, just above 20% of the participants, that is, 21.5% of participants had high level and 20.7% participants had suboptimal level of well-being, while 8.1% of participants were identified of having languishing level of well-being and none of the participants had above high-level of well-being (►Table 1).

Level of Resilience among Undergraduate Students

The study results revealed that highest number of participants (77%) had greater level of resilience, while the lowest (23%) had average level of resilience and none of the participants had lesser resilience (►Table 2).

Correlation between Resilience and Well-Being

The study result showed that there was a significant correlation between well-being and resilience among undergraduate students ($r = 0.237$, $p = 0.006$; ►Table 3).

Association between Levels of Well-Being and Selected Demographic Variables

The study result showed that there was significant association between level of well-being and selected demographic variables like age ($p = 0.009$), education ($p = 0.0001$), level of study ($p = 0.04$), religion ($p = 0.0001$), and residence ($p = 0.022$) at p -value less than 0.05 (►Table 4).

Table 1 Level of well-being of undergraduate students, $n = 135$

Level of well-being	Grading	Frequency (f)	Percentage (%)
Above high functioning	196–230	0	0
High functioning	184–195	29	21.5
Normal functioning	149–183	67	49.7
Sub optimal functioning	115–148	28	20.7
Languishing	Below 115	11	8.1

Table 2 Level of resilience among undergraduate students, $n = 135$

Level of resilience	Grading	Frequency (f)	Percentage (%)
Lesser resilience	0–33	0	0
Average resilience	34–66	31	23
Greater resilience	67–100	104	77

Table 3 Correlation between resilience and well-being, $n = 135$

Variables	Mean \pm SD	r-Value	p-Value
Wellbeing	160.34 \pm 26.15		
Resilience	73.67 \pm 10.28	0.237	0.006 ^a

Abbreviation: r, Karl Pearson correlation coefficient; SD, standard deviation.

^a $p < 0.05$ statistically significant.

Table 4 Association between level of well-being and selected demographic variables

Sl no.	Demographic characteristics	χ^2 -Value	p-Value
1	Age in years a) ≤ 20 b) 21–25 c) 26–30	11.564	0.009 ^a
2	Education a) MBBS b) BDS c) Physiotherapy d) B.Sc Nursing e) B.Pharm	82.744	0.0001 ^a
3	Level of study a) First year b) Second year c) Third year d) Fourth year e) Fifth year	22.195	0.035 ^a
4	Religion a) Hindu b) Muslim c) Christian	29.472	0.0001 ^a
5	Residence a) Hosteller b) Day-scholar	9.610	0.022 ^a
6.	Type of family a) Nuclear b) Joint	3.11	0.38
7.	Socioeconomic status a) APL (above poverty line) b) BPL (below poverty line)	5.67	0.17

χ^2 —chi-square, ^a $p < 0.05$ statistically significant.

Table 5 Association between level of resilience and selected demographic variables, $n = 135$

Sl. no	Demographic characteristics	χ^2 -Value	p -Value
1.	Age in years a) ≤ 20 b) 21–25 c) 26–30	0.005	0.94
2.	Education a) MBBS b) BDS c) Physiotherapy d) B.Sc.Nursing e) B.Pharm	29.48	0.0001 ^a
3.	Level of study a) First year b) Second year c) Third year d) Fourth year e) Fifth year	8.58	0.072
4.	Religion a) Hindu b) Muslim c) Christian	10.20	0.006 ^a
5.	Residence a) Hosteller b) Day-scholar	0.46	0.50
6.	Type of family a) Nuclear b) Joint	0.31	0.58
7.	Socioeconomic status a) APL (above poverty line) b) BPL (below poverty line)	13.02	0.0001 ^a

χ^2 —chi square, ^a $p < 0.05$ statistically significant.

Association between the Level of Resilience Score and Selected Demographic Variables

This study showed that there was significant association between level of resilience and selected demographic variables like types of education ($p = 0.0001$), religion ($p = 0.006$), and socioeconomic status ($p = 0.0001$) at p -value < 0.05 (Table 5).

Discussion

Baseline Characteristics

Majority of the participants (60.7%) belonged to the age group of 21 to 25 years. Majority of them (83%) were females and 17% were males. Most of them (94.8%) belonged to nuclear family, while 5.2% of participants belonged to joint family. Most of the participants (87.4%) were hostellers and 12.6% were day scholars. Majority (97%) of the participants believed in spirituality and 94.1% belonged to APL in their socioeconomic status. Nearly half of the participants (47.4%) considered their parents are the supporting system, while 42.2% considered their friends as the supporting system.

These findings were consistent with the study findings of Udhayakumar and Illango that were conducted to assess the psychological well-being among college students. In this

study, majority (82%) of the participants belonged to the age group of 21 to 22 years.¹ The findings of the study were consistent with the findings of Bute et al, which was conducted in Madhya Pradesh to assess the mental well-being among undergraduate students in a medical college, in central India. About three-fourths (74.4%) of participants were living in nuclear families and only one-fourth (25.6%) in joint families. Majority of the participants (55.8%) were hostellers and 44.2% were day scholars.⁷

Correlation between Well-Being and Resilience

This study showed that there was a significant correlation between well-being scores and resilience scores ($r = 0.237$, $p < 0.05$) among undergraduate students. The result of the study is consistent with the findings of another study conducted in Nigeria to assess the well-being elements leading to resilience among undergraduate nursing students. There was a significant difference between high and low resilience characteristics of participants on two of the five components of the well-being measures: positive emotion ($F(1,65) = 8.96$, $p = 0.004$) and engagement ($F(1,65) = 9.73$, $p = 0.003$).⁸

Association between the Level of Well-Being and Selected Demographic Variables

This study showed that there was significant association between level of well-being and selected demographic variables like age ($p = 0.009$), education ($p = 0.0001$), level of study ($p = 0.04$), religion ($p = 0.0001$), and residence ($p = 0.022$) at p -value less than 0.05. The findings of the study were consistent with another study on its effects on psychological well-being of undergraduate nursing students in selected nursing colleges of Assam. There was significant association between age ($p < 0.01$), religion ($p < 0.05$), and psychological well-being.⁹

Association between the Level Resilience Score and Selected Demographic Variables

This study showed that there was significant association between resilience scores and selected demographic variables between level of resilience and selected demographic variables like types of education ($p = 0.0001$), religion ($p = 0.006$), and socioeconomic status ($p = 0.0001$) at p -value less than 0.05. The findings of the study were consistent with findings of the study conducted in Malaysia on associations between demographic characteristics and resilience factors. There was significant association between education ($p < 0.05$) and resilience.¹⁰

Limitations

This study was confined to specific geographical area that is a limitation for generalization of the study findings. Participants of the study were representative of health-related courses only, so understanding the resilience and well-being among undergraduate students is constricted. The limited sample size further restricts the understanding of the study variables.

Conclusion

The study concluded that there was a significant correlation between levels of well-being and resilience. From the study findings, it is evident that along with empowering students with knowledge and skills, there is a need to strengthen their resilience by focusing on different approaches fostering their personal qualities in order to improve their level of well-being. Educational strategies and supportive learning environment can be created to foster resilience among students. Mentorship programs will help the students to prepare for facing the challenges and to provide an extra support.

Authors' Contributions

All researchers contributed to conception and design, acquisition of data, or analysis, interpretation of data drafting, and revising of the paper and agreed to be responsible for all the aspects of this work.

Mrs. V. contributed to conception and design, acquisition of data, or analysis, interpretation of data, drafting, and revising of the revising of the paper.

Ms. R. F. M. contributed to conception and design, interpretation of data, drafting, and revising of the paper. She was the faculty of Yenepoya Nursing College during the period of this research study and presently working in UK. Mrs. V. P. contributed to design, interpretation of data, drafting, and revising of paper. Manuscript prepared and shared to all researchers for their suggestions and modifications. Suggestions and modifications incorporated in the manuscript.

Funding

None.

Conflict of Interest

None Declared.

Acknowledgement

The researchers thank the management for permitting to conduct of the research study and the participants for their whole-hearted cooperation in this research work.

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