A Study of the Relationships between Nursing Students’ Meanings of Life, Positive Beliefs, and Well-Being

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Abstract:

Background: Nursing educators should train nursing students to pursue physical, psychological, spiritual, and social health promotion. The purpose of this study was to explore relationships between nursing students’ meaning of life, positive beliefs, and well-being. Methods: A cross-sectional correlational study with a quantitative approach was adopted. Purposive sampling was used. A total of 170 nursing students voluntarily participated in this study. A 56-item questionnaire was used to examine nursing students’ meaning of life (1-25 items), positive beliefs (1-11 items), and well-being (1-20 items). The content validity index (CVI) of the study questionnaire was established as 0.95 by seven expert scholars. The reliability values for the three parts of the measure were as follows: meaning of life, Cronbach’s α 0.96; positive beliefs, Cronbach’s α 0.93; and well-being, Cronbach’s α 0.95. Percentages, frequencies, means, SDs, Kruskal-Wallis one-way analysis of variance by rank, Spearman’s rank correlation, one-way analysis of variance, Spearman’s rho correlation, and regression analysis were used for the data analysis. Results: Nursing students had the following mean scores: meaning of life with 4.02 (SD 0.56); positive beliefs with 3.92 (SD 0.62); and well-being with 3.41 (SD 0.57). The results indicate that for all nursing students, meaning of life was positively correlated with positive beliefs, r=0.83 (P<.01); similarly, all nursing students had positive beliefs that were positively correlated with meaning of life, r=0.83 (P<.01). In the results of the study, the nursing students’ background, meaning of life and positive beliefs explained 63% of the variance in well-being (Adjusted R2 squared =0.63, F=33.41, P<.001). Conclusions: Nursing students’ sense of meaning of life and positive beliefs may impact their well-being. Therefore, nursing educators can promote meaning of life and positive beliefs to nursing students as a way to increase their well-being for physical, psychological, spiritual, and social health promotion.

Keywords: Meaning of life, positive beliefs, well-being, nursing students, nursing education

Introduction

Everyone has their own sense of well-being, ideas and feelings in daily life. Well-being can enhance personal growth, self-acceptance, self-actualization, independent personality, good relationships, life purpose, and life vitality. We have known that well-being can be divided into two forms of well-being: subjective and psychological well-being. Subjective well-being is a very important component in the training of future nursing students.
Promoting peer care and resilience can improve nursing students’ subjective well-being. Training nursing students in resilience and coping strategies helps them deal with stress and increases psychological well-being. Improving subjective and psychological well-being entails promoting nursing students’ physical, psychological, spiritual, and social health. Because nursing students have a duty to take care of patients and solve patients’ problems, they should have a healthy lifestyle. Therefore, subjective and psychological well-being has to do with the relationships between nursing students’ physical, psychological, spiritual, and social health, all of which combine to for holistic health promotion.

Nursing students should have healthy attitudes, positive beliefs, and nursing abilities to take care of patients. Nursing educators need to encourage nursing students to engage in positive beliefs, positive behaviors, and a positive lifestyle to offer nursing services in clinical settings. A healthy workplace is related to the nursing students’ physical, psychological, spiritual, and social health promotion that may make the clinical environment easier.

A healthy workplace promotes a feeling of joy and understanding of the meaning of life. Positive beliefs may create positive thinking that involves finding meaning of life in daily life, so health care workers can provide better holistic care to clinical patients. Using meaning of life and positive beliefs can help patients change their negative moods and psychological problems and increase mental health and quality of life in the clinical setting. Therefore, empowering positive beliefs may increase patients’ creativity, cognition, and growth to have a better quality of life and reduce mental illness.

People regard the meaning of life and positive beliefs to provide a quality of life that is related to happiness and well-being. A sense of the meaning of life may promote positive beliefs for health promotion for quality of life. A pleasant life, positive emotions, and meaning of life develop well-being and relate to life satisfaction. Meaning of life is a significant predictor for well-being and is related to developing a creative daily life. Psychological well-being may be learned from daily life to improve quality of life. A health worker should offer holistic health to patients to increase psychological well-being and promote quality of life. In the future, nursing students should provide holistic care and quality of life to patients. Nursing students also face the life and death problems of their patients and solve patients’ problems regarding physical, psychological, spiritual, and social health. Moreover, nursing students should build-up their self-image and professional competences in order to take care of patients in clinical settings. Regarding the above reasons, nursing educators should have a responsibility to train nursing students’ with respect to the meaning of life, positive beliefs, and well-being for physical, psychological, spiritual, and social health promotion. Therefore, nursing educators need to understand relationships between meaning of life, positive beliefs, and well-being in the daily lives of nursing students.

Methods

Aim: The aim of this study was to explore nursing students’ relationships among meaning of life, positive beliefs, and well-being.

Design: A cross-sectional correlational study with a quantitative approach was adopted.

Framework: The framework of this study aimed to explore the background of nursing students in terms of gender, age, religious beliefs, conscious health status, family background, and family income in relation to meaning of life, positive beliefs, and well-being (Figure 1).

Participants

A purposive sampling was used in this study. The researcher selected all 170 nursing students from the three different nursing programs at a technology university. The students included 61 3rd-year students in a five-year nursing program, 55 1st-year students in a four-year nursing program, and 54 1st-year students in a two-year nursing program.

Ethical considerations

A total of 170 nursing students voluntarily participated in the study. All the participants were recruited and provided
their informed consent and signature agreement to the researcher. A description of the study was provided to minimize the participants’ risks and discomfort. The participants were informed that their anonymity and confidentiality would be maintained. Finally, all the participants voluntarily agreed and completed the survey questionnaires that used for the study.

**Instruments**

The study instruments were the Life Attitude Profile by Ying-Chi Ho\[^{13}\] and the Positive Coping, Spirituality and Well-Being Scale by Wei-Ting Lin & Min-Ning Yu.\[^{19}\] A 56-item questionnaire was used to investigate the meaning of life (1-25 items), positive beliefs (1-11 items), and well-being (1-20 items). The questionnaire inquired about many factors, such as the nursing students’ academy, department, subject, school system, class, student ID, gender, age, religious beliefs, conscious health status, family background, family income, meaning of life (1-25 items), positive beliefs (1-11 items), and well-being (1-20 items). A five-point Likert scale ranging from completely disagree to completely agree was used for this research. The content validity index (CVI) of the study questionnaire was 0.95, as established by seven expert scholars. The reliability of the three study topics (n=61) were as follows: meaning of life (1-25 items) had a Cronbach’s α of 0.96; positive beliefs (1-11 items) had a Cronbach’s α of 0.93, and well-being (1-20 items) had a Cronbach’s α of 0.95.

**Data collection**

The researcher administered the survey questionnaires to nursing students and explained that these questionnaires were to explore nursing students’ relationship among meaning of life, positive beliefs, and well-being. The nursing students could decide to completely or partially fill out the survey questionnaires. The nursing students self-responded to the 56 questions regarding the meaning of life (1-25 items), positive beliefs (1-11 items), and well-being (1-20 items). Finally, the researcher collected all completed survey questionnaires from March 20, 2017 to June 1, 2017.

**Data analysis**

The SPSS 22.0 statistical package was used to analyze all the data for this study. Data analysis included percentages, frequencies, means, SDs, Kruskal-Wallis one-way analysis of variance by rank, Spearman’s rank correlation, one-way analysis of variance, Spearman’s rho correlation, and regression analysis.

**Results**

The study participants consisted of 170 nursing students. The results of the study reported nursing students’ distribution regarding gender, age, religious beliefs, conscious health status, family background, and family income in different nursing programs at a technology university. Regarding the gender distribution, there were 12 (7.1%) males and 158 (92.9%) females (Table 1). In terms of age distribution, there were 20 (11.8%) 17-year-olds, 50 (29.4%) 18-year-olds, 44 (25.9%) 19-year-olds, 16 (9.4%) 20-year-olds, and 40 (23.5%) over 21-year-olds (Table 1). Regarding religious beliefs, there were 70 (41.2%) students having no religious beliefs and 100 (58.8%) having religious beliefs (Table 1). Regarding conscious health status, there were 87 (51.2%) students with a not-good health status and 83 (48.8%) with a good health status (Table 1). In terms of family background, there were 143 (84.1%) parent-reared students and 27 (15.9%) reared by other than parents (Table 1). Regarding family income, there were 29 (17.1%) students from low income families, 108 (63.5%) from middle income families, and 33 (19.4%) from high income families (Table 1).

**Table 1: Distribution of Nursing Students**

| Characteristics (n=170) | Variables               | Frequency | Percentage |
|-------------------------|-------------------------|-----------|------------|
| Gender                  | Male                    | 12        | 7.1%       |
|                         | Female                  | 158       | 92.9%      |
| Age                     | 17 years                | 20        | 11.8%      |
|                         | 18 years                | 50        | 29.4%      |
|                         | 19 years                | 44        | 25.9%      |
|                         | 20 years                | 16        | 9.4%       |
|                         | Over 21 years           | 40        | 23.5%      |
| Religious Beliefs       | No religious beliefs    | 70        | 41.2%      |
|                         | Religious beliefs       | 100       | 58.8%      |
| Conscious Health Status | Not-good health status  | 87        | 51.2%      |
|                         | Good health status      | 83        | 48.8%      |
| Family Background       | Parent-reared           | 143       | 84.1%      |
|                         | Reared by other than parents | 27    | 15.9%      |
| Family Income           | Low income              | 29        | 17.1%      |
|                         | Middle income           | 108       | 63.5%      |
|                         | High income             | 33        | 19.4%      |
All the nursing students (n=170) had an adequate sense of the meaning of life, with a mean score of 4.02 (SD 0.56); the mean score for positive beliefs was 3.92 (SD 0.62); and the mean score for well-being was 3.95 (SD 0.57) (Table 2).

Table 2: Nursing Students’ Mean Scores on Meaning of Life, Positive Beliefs, and Well-being

| Nursing students (n=170) | Mean | SD  |
|-------------------------|------|-----|
| Meaning of Life (25 items) | 4.02 | 0.56 |
| Positive Beliefs (11 items) | 3.92 | 0.62 |
| Well-being (20 items) | 3.95 | 0.57 |

Nursing students’ background on religious beliefs, conscious health status, and family income indicated better relationships with meaning of life. Nursing students with religious beliefs exhibited a better relationship with the meaning of life (P<.05) (Table 3). In addition, nursing students that had a good health status exhibited a better relationship with the meaning of life (P<.001) (Table 3). Moreover, nursing students’ background of having a high-income family was an indicator for a better relationship with the meaning of life (P<.05) (Table 3).

Table 3: The Relationships Between Nursing Students’ Background and Meaning of Life

| Nursing Students’ Background | Meaning of Life | P-values |
|-----------------------------|-----------------|----------|
| n                           | Mean | SD     | P-values |
| Gender                      |      |        |          |
| 1. Male                     | 12   | 4.06   | 0.69     | .745<sup>a</sup> |
| 2. Female                    | 158  | 4.02   | 0.55     |<sup>a</sup> |
| Age                         | 170  | r<sub>s</sub> = .02 | .786<sup>b</sup> |
| Religious beliefs           |      |        |          |
| 1. No religious beliefs     | 70   | 3.90   | 0.60     | .023<sup>c</sup> |
| 2. Religious beliefs        | 100  | 4.10   | 0.52     |<sup>c</sup> |
| Conscious health status     |      |        |          |
| 1. Not good health status   | 87   | 3.86   | 0.59     | <.001<sup>***</sup> |
| 2. Good health status       | 83   | 4.19   | 0.48     |      |
| Family rearing              |      |        |          |
| 1. Parental rearing         | 143  | 4.02   | 0.56     | .755<sup>a</sup> |
| 2. Others rearing           | 27   | 4.05   | 0.54     |<sup>a</sup> |
| Family income               |      |        |          |
| 1. Low income               | 29   | 3.99   | 0.67     | .014<sup>a</sup> |
| 2. Middle income            | 108  | 3.95   | 0.56     |      |
| 3. High income              | 33   | 4.27   | 0.39     |      |

*Nursing students’ background on religious beliefs, conscious health status, and family income were indicators of a better relationship with positive beliefs. Nursing students with a good health status had a better relationship with positive beliefs (P<.001) (Table 4). In addition, nursing students with a high-income family background exhibited a better relationship with positive beliefs (P<.01) (Table 4).

Table 4: The Relationships Between Nursing Students’ Background and Positive Beliefs

| Nursing Students’ Background | Positive Beliefs | P-values |
|-----------------------------|-----------------|----------|
| n                           | Mean | SD     | P-values |
| Gender                      |      |        |          |
| 1. Male                     | 12   | 4.14   | 0.52     | .224<sup>a</sup> |
| 2. Female                    | 158  | 3.90   | 0.63     |<sup>a</sup> |
| Age                         | 170  | r<sub>s</sub> = .12 | .110<sup>b</sup> |
| Religious beliefs           |      |        |          |
| 1. No religious beliefs     | 70   | 3.82   | 0.70     | .120<sup>c</sup> |
| 2. Religious beliefs        | 100  | 3.98   | 0.56     |<sup>c</sup> |
| Conscious health status     |      |        |          |
| 1. Not good health status   | 87   | 3.73   | 0.64     | <.001<sup>***</sup> |
| 2. Good health status       | 83   | 4.11   | 0.55     |      |
| Family rearing              |      |        |          |
| 1. Parental rearing         | 143  | 3.91   | 0.63     | .789<sup>a</sup> |
| 2. Others rearing           | 27   | 3.94   | 0.56     |<sup>a</sup> |
| Family income               |      |        |          |
| 1. Low income               | 29   | 3.95   | 0.68     | .001<sup>**</sup> |
| 2. Middle income            | 108  | 3.81   | 0.63     |      |
| 3. High income              | 33   | 4.24   | 0.39     |      |
Nursing students’ background on religious beliefs, conscious health status and family income were indicators of a better relationship with well-being. Nursing students with religious beliefs had a better relationship with well-being (P<.001) (Table 5). Moreover, nursing students with a good health status had a better relationship with well-being (P<.001) (Table 5). In addition, nursing students with a high-income family background exhibited a better relationship with well-being (P<.05) (Table 5).

### Table 5: The Relationships Between Nursing Students’ Background and Well-being

| Nursing Students’ Background | Well-being | P-values |
|-----------------------------|------------|----------|
| Gender                      |            |          |
| 1. Male                     | 12         | 3.97     | 0.40 | .845<sub>a</sub> |
| 2. Female                   | 158        | 3.95     | 0.59 |          |
| Age                         | 170        | r<sub>S</sub> = .06 | .429<sub>b</sub> |
| Religious beliefs           |            |          |
| 1. No religious beliefs     | 70         | 3.78     | 0.60 | <.001<sup>***</sup> |
| 2. Religious beliefs        | 100        | 4.07     | 0.53 |          |
| Conscious health status     |            |          |
| 1. Not good health status   | 87         | 3.80     | 0.57 | <.001<sup>***</sup> |
| 2. Good health status       | 83         | 4.11     | 0.53 |          |
| Family rearing              |            |          |
| 1. Parental rearing         | 143        | 3.96     | 0.58 | .760<sub>a</sub> |
| 2. Others rearing           | 27         | 3.93     | 0.55 |          |
| Family income               |            |          |
| 1. Low income               | 29         | 3.94     | 0.60 | .015<sub>a</sub> |
| 2. Middle income            | 108        | 3.88     | 0.58 |          |
| 3. High income              | 33         | 4.22     | 0.48 |          |

*<sup>P<0.05</sup> **<sup>P<0.01</sup> ***<sup>P<0.001</sup>  
<sup>a</sup>: Kruskal-Wallis one-way analysis of variance by rank, <sup>b</sup>: Spearman’s rank correlation, <sup>c</sup>: One-way analysis of variance

Spearman’s rho analysis indicated that for all nursing students, meaning of life was positively correlated with positive beliefs, r=0.83 (P<.01) and well-being, r=0.79 (P<.01) (Table 6). In addition, all nursing students had positive beliefs that were positively correlated with well-being, r=0.72 (P<.01) (Table 6).

### Table 6: Spearman’s Rho Correlation Analysis for Meaning of Life, Positive Beliefs, and Well-being

| n=170 Nursing Students | Meaning of Life | Positive Beliefs | Well-being |
|------------------------|-----------------|------------------|------------|
| Meaning of Life        | 1.00            |                  |            |
| Positive Beliefs       | .83**           | 1.00             |            |
| Well-being             | .79**           | .72**            | 1.00       |

*<sup>P<0.05</sup> **<sup>P<0.01</sup> ***<sup>P<0.001</sup>  

Using regression analysis showed that nursing students’ background, meaning of life, and positive beliefs explained 63% of the variance in well-being (Adjusted R<sup>2</sup> squared =0.63, F=33.41, P<.001) (Table 7). Table 7 shows the data on religious beliefs (B=-0.13, t=-2.66, P<.01), meaning of life (B= 0.51, t= 6.02, P<.001), and positive beliefs (B= 0.28, t= 3.28, P<.01). The results show that meaning of life had the strongest impact on nursing students’ well-being. Positive beliefs of nursing students had the second-highest impact on their well-being. Finally, the religious beliefs of nursing students had the third-highest impact on their well-being.

### Table 7: Regression Analysis on Nursing Students’ Background, Meaning of Life and Positive Beliefs to Predict Well-being

| Variables            | Unstandardized coefficients | Standardized coefficients | t-values | Collinearity statistics | Adjusted R<sup>2</sup> squared | F-values |
|----------------------|-----------------------------|---------------------------|----------|-------------------------|---------------------------------|----------|
| Constant             | 13.28                       | 8.61                      | 1.54     |                         | 0.63                            | 33.41<sup>***</sup> |
| Gender               | -.94                        | 2.16                      | -.02     | -.44                    | .93                             | 1.07     |
| Age                  | .22                         | .42                       | .026     | .53                     | .90                             | 1.11     |
| Religious beliefs    | -2.99                       | 1.12                      | -.13     | -2.66<sup>**</sup>      | .93                             | 1.07     |
| Conscious health status | .54                    | 1.15                      | .02      | .47                     | .86                             | 1.17     |
| Family background    | -.41                        | 1.58                      | -.01     | -.26                    | .85                             | 1.17     |
| Family income (low)  | .41                         | 1.53                      | .01      | .27                     | .86                             | 1.16     |
| Family income (high) | 1.12                       | 1.49                      | .04      | .76                     | .83                             | 1.21     |
| Meaning of life      | .42                         | .07                       | .51      | 6.02<sup>***</sup>      | .31                             | 3.28     |
| Positive beliefs     | .48                         | .15                       | .28      | 3.28<sup>**</sup>       | .29                             | 3.44     |

*<sup>P<0.05</sup> **<sup>P<0.01</sup> ***<sup>P<0.001</sup>
Reference group on Gender: female; Religious beliefs: have religious beliefs; conscious health status: not good health status; Family background: parental rearing; Family income: middle income.

Discussion

After much suffering, people can become aware of the event’s experience and change their lives, gain empathy, accept others, sense meaning in life, create well-being, and so on. People regard the meaning of life as goals or purposes and seek relationships with others, personal growth, and religion to improve their understanding of the meaning of life and well-being. In this research, the meaning in life is an important factor that is positively associated with people’s optimism, self-esteem, self-actualization, and positive affect on increasing psychological health and decreasing many fears in daily life. Psychological well-being includes autonomy, personal growth, purposes in life, self-acceptance, and positive relationships with others. From these articles, many factors show the positive relationship among meaning of life, positive beliefs and psychological well-being.

There are many original articles that report the relationships between meaning in life, positive beliefs, and well-being. The results of this research were consistent with the findings of these other articles. According to the study results, the average scores of nursing students are as follows: meaning of life 4.02, positive beliefs 3.92, and well-being 3.95. Nursing educators should be aware of the relationships between meaning of life, positive beliefs, and well-being to promote their understanding to nursing students in the future. In today’s nursing education, nursing educators must motivate nursing students to have their own meaning of life and positive beliefs to generate their own well-being in order promote physical, psychological, spiritual, and social health and take care of people in clinical communities worldwide.

People’s religious beliefs can promote and encourage a sense of beauty, joy, happiness, and well-being in daily life. People regard the meaning of life to be the same as life goals and seek relationships with religion to increase their meaning of life and well-being. A person’s sense of the meaning of life may promote psychological health and healthy behaviors. Positive beliefs may impact well-being in daily life. In addition, meaning in life may promote positive beliefs and well-being. Therefore, there are relationships among meaning of life, positive beliefs, and well-being.

In the results of this study, nursing students had a sense of the meaning of life that was positively associated with positive beliefs; conversely, nursing students had positive beliefs that were positively correlated with meaning of life.

In addition, nursing students’ background, meaning of life and positive beliefs were combined to explain 63% of the variance in well-being. Nursing students’ sense of the meaning of life had the highest impact on well-being; positive beliefs had the second-highest impact on well-being; and religious beliefs had the third-highest impact on well-being. Based on the findings, nursing educators should recognize and carefully educate nursing students that meaning of life and positive beliefs impact their well-being and improve physical, psychological, spiritual, and social health promotion as well as impact their ability to take care of people in clinical communities worldwide.

Conclusions

The study found that nursing students had a mean score on meaning of life of 4.02, positive beliefs was 3.92, and well-being was 3.95. All nursing students had a meaning of life positively correlated with positive beliefs, r=0.83; conversely, all nursing students had positive beliefs that were positively correlated with meaning of life, r=0.83. In addition, nursing students’ background, meaning of life, and positive beliefs explained 63% of the variance in well-being. Moreover, nursing students’ meaning of life had the highest impact on their well-being; positive beliefs had the second-highest impact on their well-being; and religious beliefs had the third-highest impact on their well-being. Furthermore, nursing students’ sense of meaning of life and positive beliefs may impact their well-being. Therefore, nursing educators can promote the meaning of life and positive beliefs to nursing students as a way to increase their well-being for physical, psychological, spiritual, and social health promotion.

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