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**Research Article**

# A SURVEY OF NURSING STUDENTS IN DIFFERENT NURSING EDUCATION ON THEIR MEANING OF LIFE, POSITIVE BELIEFS, AND WELL-BEING

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**ABSTRACT**

**Background:** Nursing educators have a responsibility to build nursing students' skills in physical, psychological, spiritual, and social health promotion to care for patients in clinical settings. The purpose of this study was to survey nursing students in different nursing education programs at a technology university regarding their meaning of life, positive beliefs, and well-being.

**Methods:** A cross-sectional survey design was adopted in this study. Purposive sampling was used. A total of 170 nursing students were recruited, including 61 3rd-year nursing students in a five-year nursing program, 55 1st-year nursing students in a four-year nursing program, and 54 1st-year nursing students in a two-year nursing program. A 56-item questionnaire investigated the 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, Pearson's correlation, and one-way ANOVA were used for the data analyses.

**Results:** The study found that the students in different nursing programs had the following mean scores: meaning of life, 4.02 (80.40%) SD 0.56; positive beliefs, 3.92 (78.40%) SD 0.62; and well-being, 3.95 (79.00%)SD 0.57.

**Conclusions:** Nursing students develop their meaning of life, positive beliefs, and well-being in a way that allows them to promote physical, psychological, spiritual, and social health and ensure patients' quality of life in clinical settings.



## INTRODUCTION

Nursing educators should lead nursing students in physical, psychological, spiritual, and social health promotion to address patients' quality of life in clinical settings. Because patients suffer from physical, psychological, spiritual, and social problems, nursing students should help patients solve their problems to improve their quality of life. An understanding of nursing students' own meaning of life, positive beliefs, and well-being can contribute to improving their ability to promote physical, psychological, spiritual, and social health. Therefore, nursing educators need to understand how to support nursing students in nursing education in a way that enables them to provide holistic care for patients in clinical settings.

Meaning of life, hope, and self-transcendence may increase nurse-patient interactions and affect many patients' health in clinical settings.[13] Nurse-patient interactions are significantly associated with meaningfulness in terms of many patients' mental health and well-being.[12] High-quality nurse-patient interactions can increase patients' sense of life's meaning and positively affect many patients' physical and psychological, spiritual, and social health.[14]

People's religious beliefs can promote the feeling that life has meaning and encourage a sense of beauty, joy, and happiness in daily life.[20]It is an aspect of well-being that increases the meaning and quality of life.[31]Quality of life is associated with happiness and societal attitudes.[1]People regard the meaning of life as goals or purposes [3]and seek relationships with others,

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personal growth, religion and spirituality to increase their sense of the meaning of life and well-being.[15]A sense of the meaning of life may promote psychological health and health behaviors in adolescents[5] and meaning of life is an important topic in public health and health promotion for improving quality of life.[4]

Education is an intervention that aims to shape nurses' attitudes and beliefs and their ability to take care of patients.[33] Positive psychology is paired with medicine to enhance many patients' treatment to improve their quality of life.[2] Reinforcing language is used to identify students' positive actions and encourage appropriate behaviors, and nursing educators encourage students to apply positive language, beliefs, and behaviors in daily life.[34]Therefore, nursing educators need to encourage nursing students to engage in positive beliefs, positive behaviors, and positive life habits in preparation for offer nursing services in clinical settings.

A safe workplace is associated with workers' physical and psychological health in clinical settings. Positive beliefs may create a positive, healthy workplace and are involved in finding joy and meaning in life. Achieving joy and meaningfulness in the workplace allows health care workers to improve their care methods and provide better holistic care to patients.[26] Therefore, positive psychology aims to increase individuals' self-help skills and their ability to help others using positive beliefs and positive change.[29]Patients have positive and negative beliefs that are associated with their moods and health. When patients have positive beliefs, their moods and health improve, resulting in improved quality of life in clinical settings.[28]Empowering patients' positive beliefs may reduce functional symptoms of mental illness and increase quality of life. Patients' positive beliefs are associated with creativity, cognition, and growth in daily life.[8]

Well-being in daily life can be achieved through many routes, including a pleasant life, positive emotions, engagement, and meaning.[9] Meaningfulness serves as a mediator for peoples' well-being in the relationships among physical function, social support, and optimism.[32] A sense of meaningfulness in life promotes physical, psychological, spiritual, and social health and well-being. Well-being plays an important role in improving emotional distress and physical symptoms.[12]One study showed that mindfulness is effective for solving psychological distress and promoting well-being. Mindfulness is a significant predictor of well-being.[17] Developing a creative and diverse life may increase well-being in daily life.[10] Physical and psychological well-being[30]may be learned from daily life to increase well-being for improved quality of life.[21] Therefore, holistic health is associated with positive words directed toward emotional and psychological well-being to promote patients' well-being and emotional development.[24]

In addition, many students experience positive well-being in their classrooms, campus and community, and they learn from others' beliefs and worldviews to enhance their well-being in daily life.[11] An understanding of well-being is associated with life and job satisfaction, happiness, and positive affect. Positive well-being involves the positive aspects of well-being, while negative well-being involves the negative aspects of well-being.[6]A sense of the meaning of life is also associated with individual predictors of successful aging and life satisfaction, which promote well-being.[12] The present study provides information for supporting a sense of the meaning of life after negative life events and is an important resource for promoting well-being in many ways for people who are in the process of adjusting after various types of problems.[27]

Nursing educators should have a responsibility for helping students in different types of nursing programs to develop a sense of meaning in life, positive beliefs, and well-being to enable them to promote patients' physical, psychological, spiritual, and social health in ways that ensure quality of life in clinical settings. Therefore, the purpose of this study was to survey nursing students in different nursing programs at a technology university regarding their sense of meaning of life, positive beliefs, and well-being.

## METHODS

### *Study design*

A cross-sectional survey design was adopted in this study.

### *Framework*

The framework of this study aimed to show that nursing students - regardless of academy, department, subject, school system, class, student ID, gender, age, religious beliefs, conscious health status, family background, and family income - were equipped by different nursing programs to develop their sense of the meaning of life, positive beliefs, and well-being (Figure 1).

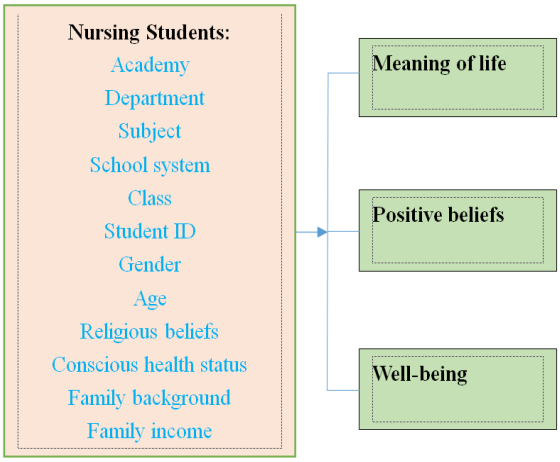


**Figure 1** The Framework of this Study

### *Participants*

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. The students were surveyed to determine their meaning of life, positive beliefs, and well-being.

***Ethical considerations***

A total of 170 nursing students voluntarily participated in a health promotion class. All the participants were recruited and provided their informed consent 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. All the participants voluntarily agreed and completed the survey questionnaires. The researcher obtained informed consent from each participant. Finally, all the participants voluntarily completed the survey questionnaires used for the study.

***Instruments***

The study instruments were the Life Attitude Profile by Ying-Chi Ho [16] and the Positive Coping, Spirituality and Well-Being Scale by Wei-Ting Lin & Min-Ning Yu.[25]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 the nursing students and explained that these questionnaires aimed to understand the students' attitudes regarding meaning of life, positive beliefs, and well-being. The nursing students could decide to completely or incompletely 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. The research data were collected from March 20, 2017, to June 1, 2017.

***Data analysis***

The SPSS 21.0 statistical package was used to analyze all the data for this study. Percentages, frequencies, means, SDs, Pearson's correlation, and one-way ANOVA were used for the data analysis.

## RESULTS

The study participants consisted of 170 nursing students. The results of the study reported the gender distribution, age distribution, religious beliefs, conscious health status, family background, family income, meaning of life, positive beliefs, and well-being for students in different nursing programs at a technology university.

Regarding gender distribution, the 170 nursing students comprised 12 (7.1%) males and 158 (92.9%) females (Table 1). Sixty-one nursing students, including 3 (4.9%) males and 58 (95.1%) females, were enrolled in a five-year nursing program. Fifty-five nursing students, including 8 (14.5%) males and 47 (85.5%) females, were enrolled in a four-year nursing program. Fifty-four nursing students, including 1 (1.9%) male and 53 (98.1%) females, were enrolled in a two-year nursing program.

In terms of age distribution, the total group of 170 nursing students included 20 (11.8%) 17-year-olds, 50 (29.4%) 18-year-olds, 44 (25.9%) 19-year-olds, 16 (9.4%) 20-year-olds, 33 (19.4%) 21-year-olds, 6 (3.5%) 22-year-olds, and 1 (0.6%) 23-year-olds (Table 1). The 61 nursing students in the five-year program included 20 (32.8%) 17-year-olds and 41 (67.2%) 18-year-olds. The 55 nursing students enrolled in the four-year program included 9 (16.4%) 18-year-olds, 39 (70.9%) 19-year-olds, 6 (10.9%) 20-year-olds, and 1 (1.8%) 21-year-old. The 54 nursing students enrolled in the two-year nursing program included 5 (9.3%) 19-year-olds, 10 (18.5%) 20-year-olds, 32 (59.3%) 21-year-olds, 6 (11.1%) 22-year-olds, and 1 (1.9%) 23-year-old.

Regarding religious beliefs, the 170 nursing students included 70 (41.2%) with no religious beliefs, 14 (8.2%) Christians, 3 (1.8%) Catholics, 23 (13.5%) Buddhists, 58 (34.1%) Taoists, and 2 (1.2%) followers of I-Kuan Tao (Table 1). Of the 61 nursing students in the five-year program, 18 (29.5%) had no religious beliefs, 5 (8.2%) were Christian, 7 (11.5%) were Buddhist, and 31 (50.8%) were Taoists. Of the 55 nursing students in the four-year program, 29 (52.7%) had no religious beliefs, 4 (7.3%) were Christian, 2 (3.6%) were Catholic, 9 (16.4%) were Buddhist, 10 (18.2%) were Taoist, and 1 (1.8%) was a follower of I-Kuan Tao. Of the 54 nursing students in the two-year program, 23 (42.6%) had no religious beliefs, 5 (9.3%) were Christian, 1 (1.9%) was Catholic, 7 (13.0%) were Buddhist, 17 (31.5%) were Taoist, and 1 (1.9%) followed I-Kuan Tao.

Regarding conscious health status, the 170 nursing students included 2 (1.2%) who reported their conscious health status as very bad, 4 (2.4%) who reported it as not good, 81 (47.6%) who reported it as ordinary, 58 (34.1%) who reported it as good, and 25 (14.7%) who reported it as very good (Table 1). Of the 61 nursing students in the five-year program, 2 (3.3%) reported their conscious health status as very bad, 29 (47.5%) reported theirs as ordinary, 20 (32.8%) reported theirs good, and 10 (16.4%) reported theirs as very good. Of the 55 nursing students in the four-year program, 3 (5.5%) reported their conscious health status as not good, 29 (52.7%) reported theirs as ordinary, 17 (30.9%) reported theirs as good, and 6 (10.9%) reported theirs as very good. Of the 54 nursing students in the two-year program, 1 (1.9%) reported their conscious health status as not good, 23 (42.6%) as ordinary, 21 (38.9%) as good, and 9 (16.7%) as very good.

In terms of family background, the 170 nursing students included 24 (14.1%) who were raised by single parents, 143 (84.1%) raised by both parents, and 3 (1.8%) raised by grandparents (Table 1). Of the 61 nursing students in the five-year program, 11 (18.0%) were raised by a single parent, 48 (78.7%) were raised by both parents, and 2 (3.3%) were raised by grandparents. Of the 55 nursing students in the four-year program, 8 (14.5%) were raised by a single parent, 46 (83.6%) were raised by both parents, and 1 (1.8%) was raised by grandparents. Of the 54 nursing students in the two-year

program, 5 (9.3%) were raised by single parents, and 49 (90.7%) were raised by both parents.

Regarding family income, the 170 nursing students included 12 (7/1%) from low-income families, 17 (10.0%) from lower-middle-income families, 108 (63.5%) from middle-income families, 32 (18.8%) high-middle-income families, and 1 (0.6%) from an upper-income family (Table 1). Of the 61 nursing students in the five-year program, 9 (14.8%) were from low-income families, 3 (4.9%) were from low-middle- income families, 39 (63.9%) were from middle-income families, 9 (14.8%) were from high-middle-income families, and 1 (1.6%) was from an upper-income family. Of the 55 nursing students in the four-year program, 3 (5.5%) were from low-income families, 8 (14.5%) were from lower-middle-income families, 32 (58.2%) were from middle-income families, and 12 (21.8%) were from high-middle-income families. Of the 54 nursing students in the two-year program, 6 (11.1%) were from low-middle-income families, 37 (68.5%) were from middle-income families, and 11 (20.4%) were from high-middle-income families.

**Table 1** Nursing Students' Distribution

| 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% |
| | 21 years | 33 | 19.4% |
| | 22 years | 6 | 3.5% |
| | 23 years | 1 | 0.6% |
| Religious Beliefs | No religious beliefs | 70 | 41.2% |
| | Christian | 14 | 8.2% |
| | Catholic | 3 | 1.8% |
| | Buddhist | 23 | 13.5% |
| | Taoist | 58 | 34.1% |
| | I-Kuan Tao | 2 | 1.2% |
| Conscious Health Status | Very bad | 2 | 1.2% |
| | Not good | 4 | 2.4% |
| | Ordinary | 81 | 47.6% |
| | Good | 58 | 34.1% |
| | Very good | 25 | 14.7% |
| Family Background | Single-parent reared | 24 | 14.1% |
| | Parental reared | 143 | 84.1% |
| | Grandparent reared | 3 | 1.8% |
| Family Income | Low income | 12 | 7.1% |
| | Low-middle income | 17 | 10.0% |
| | Middle income | 108 | 63.5% |
| | High-middle income | 32 | 18.8% |
| | Upper income | 1 | 0.6% |

All the nursing students (n=170) in the different nursing programs had an adequate sense of the meaning of life, with amean score of 4.02 (80.40%), SD 0.56 (P<0.001); positive beliefs, with a mean score of 3.92 (78.40%), SD 0.62 (P<0.001); and well-being, with a mean score of 3.95 (79.00%), SD 0.57 (P<0.001) (Table 2).

**Table 2** Nursing Students' Scores for Meaning of Life, Positive Beliefs, and Well- Being

| Nursing students (n=170) | Mean (100%) | SD | T-test | P-value (two-tailed) |
|---|---|---|---|---|
| Meaning of Life (25 items) | 4.02 (80.40%) | 0.56 | 93.65 | 0.000 |
| Positive Beliefs (11 items) | 3.92 (78.40%) | 0.62 | 82.12 | 0.000 |
| Well-Being (20 items) | 3.95 (79.00%) | 0.57 | 89.73 | 0.000 |

The nursing students (n=61) in the five-year nursing program had the following mean scores: meaning of life, 4.06 (81.20%), SD 0.55; positive beliefs, 3.85 (77.00%), SD 0.63; and well-being, 4.00 (80.00%), SD 0.58 (Table 3). The nursing students (n=55) in the four-year nursing program had the following mean scores: meaning of life, 3.89 (77.80%), SD 0.59; positive beliefs, 3.84 (76.80%), SD 0.63; and well-being, 3.77 (75.40%), SD 0.51 (Table 3). The nursing students (n=54) in the two-year nursing program had the following mean scores: meaning of life, 4.10 (82.00%), SD 0.53; positive beliefs, 4.06 (81.20%), SD 0.59; and well-being, 4.09 (81.80%), SD 0.58 (Table 3).

**Table 3** The Scores of Nursing Students in Different Nursing Programs for Meaning of Life, Positive Beliefs, and Well-Being

| n=170 Nursing Students | n=61 Five-YearNursing Program | | n=55 Four-Year Nursing Program | | n=54 Two-Year Nursing Program | |
|---|---|---|---|---|---|---|
| | Mean (100%) | SD | Mean (100%) | SD | Mean (100%) | SD |
| Meaning of Life | 4.06(81.20%) | 0.55 | 3.89(77.80%) | 0.59 | 4.10(82.00%) | 0.53 |
| Positive Beliefs | 3.85(77.00%) | 0.63 | 3.84(76.80%) | 0.63 | 4.06(81.20%) | 0.59 |
| Well-Being | 4.00(80.00%) | 0.58 | 3.77(75.40%) | 0.51 | 4.09(81.80%) | 0.58 |

Pearson's correlation analysis indicated that for all the nursing students, meaning of life was positively correlated with positive beliefs, r=0.821 (P<0.01), and well-being, r=0.778 (P<0.01) (Table 4). In addition, all the nursing students had positive beliefs that were positively correlated with meaning of life, r=0.821 (P<0.01), and well-being, r=0.735 (P<0.01) (Table 4). Furthermore, for all the nursing students, well-being was positively correlated with meaning of life, r=0.778 (P<0.01), and positive beliefs, r=0.735 (P<0.01) (Table 4).

**Table 4** Pearson's 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 | 0.821** | 0.778** |
| Positive Beliefs | 0.821** | 1 | 0.735** |
| Well-Being | 0.778** | 0.735** | 1 |

*P<0.05 **P<0.01 ***P<0.001

One-way ANOVA and post hoc test (Scheffe's) analysis indicated that nursing student with different family income characteristics differed significantly in their meaning of life scores (P<0.05). The nursing students from high-income families had a mean score of 4.27, SD 0.39, more than mean score of 3.95, SD 0.56, for students from middle-income families (Table 5). In addition, the nursing students' meaning of life differed significantly according to their religious beliefs (P<0.05), the students who reported having religious beliefs had a mean score of 4.10, SD 0.52, while those who reported having no religious beliefs had a mean score of 3.90, SD 0.60 (Table 5). Furthermore, the nursing students' meaning of life differed significantly in relation to their conscious health status (P<0.001); those with a good health status had a mean score of 4.19, SD 0.48, and those whose self-reported health status was not good had a mean score of 3.86, SD 0.59 (Table 5).

**Table 5** One-Way ANOVA of Nursing Students' Characteristics and Meaning of Life Scores

| Nursing Students' Characteristics | | Meaning of Life n | Mean | SD | F-Value | Post Hoc Test (Scheffe's) |
|---|---|---|---|---|---|---|
| Gender | 1. Male | 12 | 4.06 | 0.69 | 0.05 | |
| | 2. Female | 158 | 4.02 | 0.55 | | |
| Age | 1. 17 years | 20 | 4.01 | 0.65 | 0.60 | |
| | 2. 18 years | 50 | 4.03 | 0.58 | | |
| | 3. 19 years | 44 | 3.92 | 0.49 | | |
| | 4. 20 years | 16 | 4.13 | 0.53 | | |
| | 5. Over 21 years | 40 | 4.08 | 0.59 | | |
| Religious Beliefs | 1. No religious beliefs | 70 | 3.90 | 0.60 | 5.23* | |
| | 2. Religious beliefs | 100 | 4.10 | 0.52 | | |
| Conscious Health Status | 1. Not-good health status | 87 | 3.86 | 0.59 | 15.40*** | |
| | 2. Good health status | 83 | 4.19 | 0.48 | | |
| Family Background | 1. Parent-reared | 143 | 4.02 | 0.56 | 0.82 | |
| | 2. Reared by other than parents | 27 | 4.05 | 0.54 | | |
| Family Income | 1. Low income | 29 | 3.99 | 0.67 | 4.24* | 3>2 |
| | 2. Middle income | 108 | 3.95 | 0.56 | | |
| | 3. High income | 33 | 4.27 | 0.39 | | |

*P<0.05 **P<0.01 ***P<0.001

A one-way ANOVA and post hoc test (Scheffe's) analysis indicated that the nursing students' positive belief scores differed significantly according to family income (P<0.01). The students from high-income families had a mean score of 4.24, SD 0.39, while the students from middle-income families had a mean score of 3.81, SD 0.63 (Table 6). In addition, the nursing students' positive belief scores differed significantly according to their conscious health status (P<0.001); the students with good health status had a mean score of 4.11, SD 0.55, while those with not-good health status had a mean score of 3.73, SD 0.64 (Table 6).

**Table 6** One-Way ANOVA of Nursing Students' Characteristics and Positive Beliefs

| Nursing Students' Characteristics | | Positive Beliefs n | Mean | SD | F-Value | Post Hoc Test (Scheffe's) |
|---|---|---|---|---|---|---|
| Gender | 1. Male | 12 | 4.14 | 0.52 | 1.73 | |
| | 2. Female | 158 | 3.90 | 0.63 | | |
| Age | 1. 17 years | 20 | 3.78 | 0.76 | 1.65 | |
| | 2. 18 years | 50 | 3.88 | 0.59 | | |
| | 3. 19 years | 44 | 3.82 | 0.54 | | |
| | 4. 20 years | 16 | 4.16 | 0.62 | | |
| | 5. Over 21 years | 40 | 4.04 | 0.64 | | |
| Religious Beliefs | 1. No religious beliefs | 70 | 3.82 | 0.70 | 2.66 | |
| | 2. Religious beliefs | 100 | 3.98 | 0.56 | | |
| Conscious Health Status | 1. Not-good health status | 87 | 3.73 | 0.64 | 16.78*** | |
| | 2. Good health status | 83 | 4.11 | 0.55 | | |
| Family Background | 1. Parent-reared | 143 | 3.91 | 0.63 | 0.05 | |
| | 2. Reared by other than parents | 27 | 3.94 | 0.56 | | |
| Family Income | 1. Low income | 29 | 3.95 | 0.68 | 6.37** | 3>2 |
| | 2. Middle income | 108 | 3.81 | 0.63 | | |
| | 3. High income | 33 | 4.24 | 0.39 | | |

*P<0.05 **P<0.01 ***P<0.001

A one-way ANOVA and post hoc test (Scheffe's) showed that the nursing students' well-being scores differed significantly according to their family income (P<0.05). The students from high-income families had a mean well-being score of 4.22, SD 0.48, while those from middle-income families had a mean score of 3.88, SD 0.58 (Table 7). In addition, well-being scores differed significantly according to the nursing students' religious beliefs (P<0.01). The students who had religious beliefs had a mean score of 4.07, SD 0.53, while those with no religious beliefs had a mean score of 3.78, SD 0.60 (Table 7). Furthermore, the nursing students' well-being scores differed significantly according to their conscious health status (P<0.001). The students with a good health status had a mean score of 4.11, SD 0.53, while those with a not-good health status had a mean score of 3.80, SD 0.57 (Table 7).

**Table 7** One-Way ANOVA of Nursing Students' Characteristics and Well-Being

| Nursing Students' Characteristics | | Well-Being n | Mean | SD | F-Value | Post Hoc Test (Scheffe's) |
|---|---|---|---|---|---|---|
| Gender | 1. Male | 12 | 3.97 | 0.40 | 0.01 | |
| | 2. Female | 158 | 3.95 | 0.59 | | |
| Age | 1. 17 years | 20 | 3.99 | 0.65 | 1.39 | |
| | 2. 18 years | 50 | 3.93 | 0.56 | | |
| | 3. 19 years | 44 | 3.81 | 0.50 | | |
| | 4. 20 years | 16 | 4.09 | 0.58 | | |
| | 5. Over 21 years | 40 | 4.07 | 0.62 | | |
| Religious Beliefs | 1. No religious beliefs | 70 | 3.78 | 0.60 | 11.27** | |
| | 2. Religious beliefs | 100 | 4.07 | 0.53 | | |
| Conscious Health Status | 1.Not good health status | 87 | 3.80 | 0.57 | 12.92*** | |
| | 2. Good health status | 83 | 4.11 | 0.53 | | |
| Family Background | 1.Parent-reared | 143 | 3.96 | 0.58 | 0.06 | |
| | 2. Reared by other than parents | 27 | 3.93 | 0.55 | | |
| Family Income | 1.Low income | 29 | 3.94 | 0.60 | 4.67* | 3>2 |
| | 2.Middle income | 108 | 3.88 | 0.58 | | |
| | 3.High income | 33 | 4.22 | 0.48 | | |

*P<0.05 **P<0.01 ***P<0.001

The students from high-income families had a mean well-being score of 4.22, SD 0.48, while those from middle-income families had a mean score of 3.88, SD 0.58 (Table 7). In addition, well-being scores differed significantly according to the nursing students' religious beliefs (P<0.01). The students who had religious beliefs had a mean score of 4.07, SD 0.53, while those with no religious beliefs had a mean score of 3.78, SD 0.60 (Table 7). Furthermore, the nursing students' well-being scores differed significantly according to their conscious health status (P<0.001). The students with a good health status had a mean score of 4.11, SD 0.53, while those with a not-good health status had a mean score of 3.80, SD 0.57 (Table 7).

## DISCUSSION

In the study, there were significant relationships among quality of life, meaning of life, self-efficacy, body area satisfaction, and self-reported health status. Meaning of life is associated with quality of life in terms of increased self-efficacy, greater body area satisfaction and better self-evaluated health.[19] In this study, the researchers found positively significant relationship among meaning of life, positive beliefs, and well-being. The results of this research were consistent with the findings of other studies.

The results of this study indicated that nursing students in different nursing programs differed significantly in terms of meaning of life, positive beliefs, and well-being. The nursing students (n=61) in the five-year nursing program had mean scores between 3.85 (77.00%) and 4.06 (81.20%) for meaning of life, positive beliefs, and well-being. The nursing students (n=55) in the four-year nursing program had mean scores below 4.0 (80%) and between 3.77 (75.40%) and 3.89

(77.80%) for their meaning of life, positive beliefs, and well-being, respectively. The nursing students (n=54) in the two-year nursing program had mean scores that exceeded 4.0 (80%) or were between 4.06 (81.20%) and 4.10 (82.00%) for meaning of life, positive beliefs, and well-being, respectively. Therefore, nursing students in five-year nursing programs should receive intensive training in positive beliefs from nursing educators to achieve mean scores greater than 4.0 (80%). Nursing students in four-year nursing programs should receive intensive training in meaning of life, positive beliefs, and well-being from nursing educators to achieve mean scores greater than 4.0 (80%).

Meaning of life, hope, and self-transcendence may also predict an individual's success, life satisfaction, and well-being.[13] There are many ways to obtain a sense of meaning in life, including happiness, responsibility, and self-balance.[36]A sense of the meaning of life was associated with psychological health in the reduction of many diseases, including anxiety, depression, and emotional disabilities.[35]Both positive beliefs and negative beliefs are significantly related to emotion, health status, and quality of life.[28] Positive beliefs are significantly associated with ruminative thinking.[23] In this study, nursing students were trained to promote positive beliefs and positive coping in others to help address their problems in daily life. Therefore, nursing educators may try to use ruminative thinking as a strategy for teaching nursing students to apply positive beliefs in daily life.

In this research, all the nursing students (n=170) in the different nursing programs exhibited adequate mean scores for meaning of life, 4.02 (80.40%); positive beliefs, 3.92 (78.40%); and well-being 3.95 (79.00%). The nursing students had mean positive beliefs scores of 3.92 (78.40%), which was lower than their scores for meaning of life and well-being; therefore, nursing educators should train nursing students in positive beliefs to help them address their own problems and those of patients in clinical settings.

Religious philosophy aims to develop kindness, empathy, compassion, acceptance, and contentment and improve well-being for all people throughout the world.[22] The dimension of psychological well-being includes autonomy, personal growth, positive relationships with others, a sense of purpose in life, self-acceptance, and environmental mastery to produce an innovative personality.[18] There is a positive relationship between individual innovativeness and psychological well-being.[18] Psychological well-being is also considered to have an effect on physical activity for many students at universities. Psychological health may depend on physical activity to reduce psychological symptoms and improve psychological health.[7] Therefore, nursing educators should know how to help nursing students build well-being through physical activity and psychological health.

All the nursing students' meaning of life, positive beliefs and well-being scores differed significantly according to family income in this study. In addition, meaning of life and well-being scores differed significantly according to the nursing students' religious beliefs. Meaning of life, positive beliefs, and well-being scores also differed significantly according to the students' conscious health status. Furthermore, the nursing students' family income and conscious health status were significantly related to their meaning of life, positive beliefs, and well-being score. While religious beliefs had significant relationships with meaning of life and well-being, they were not significantly related to positive beliefs.

In this research, the most important finding was the positive relationship between self-reported very good health status and meaning of life, positive beliefs, and well-being among the nursing students. This finding indicates that nursing educators should help all nursing students' improve their physical, psychological, spiritual, and social health and increase their meaning of life, positive beliefs, and well-being to care for patients and enhance their quality of life in clinical settings.

## CONCLUSIONS

The study showed that all the nursing students (n=170) in the different nursing programs were well-equipped regarding the meaning of life, with mean scores of 4.02 (80.40%), SD 0.56; positive beliefs, with mean scores of 3.92 (78.40%), SD 0.62; and well-being, with mean scores of 3.95 (79.00%), SD 0.57. The nursing students (n=61) in the five-year nursing program were had a mean meaning of life score of 4.06 (81.20%), SD 0.55; a mean positive beliefs score of 3.85 (77.00%), SD 0.63; and a well-being score of 4.00 (80.00%), SD 0.58. The nursing students (n=55) in the four-year nursing program had a mean meaning of life score of 3.89 (77.80%), SD 0.59; a mean positive belief score of 3.84 (76.80%), SD 0.63; and a mean well-being score of 3.77 (75.40%), SD 0.51. The nursing students (n=54) in the two-year nursing program had a mean meaning of life score of 4.10 (82.00%), SD 0.53; a mean positive beliefs score of 4.06 (81.20%), SD 0.59; and a mean well-being score of 4.09 (81.80%), SD 0.58. In the future, nursing students should be equipped in terms of their sense of the meaning of life, positive beliefs, and well-being to promote physical, psychological, spiritual, and social health and ensure patients' quality of life in clinical settings.

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