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# Relationship between resilience, social support and psychological well-being in nursing students

Journal of Research in Nursing  
1–14

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DOI: 10.1177/17449871241278854

journals.sagepub.com/home/jrn



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## Abstract

**Background:** Nursing students face significant academic stress, often surpassing that of other disciplines, due to exposure to diverse clinical settings and challenging patient conditions. This stress can lead to psychological issues like anxiety and depression, impacting their well-being.

**Aim and Methods:** This study aimed to assess resilience and social support levels among 160 Generic BS Nursing students in five Public and Private nursing education institutions of Lahore, Pakistan and explore their relationship with psychological well-being by using a cross-sectional correlational study. A  $p$ -value of 0.05 was considered significant.

**Results:** Results showed 47.5% of participants were aged 17–21, and 52.55% were older than 22. Most (88.8%) were female. Resilience scores were low-to-moderate (mean:  $66.50 \pm 14.7$ ), psychological well-

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being was moderate (mean:  $56.35 \pm 18.98$ ) and social support was low (mean:  $5.07 \pm 1.21$ ). Notably, no significant differences were found between third and fourth-year students.

**Conclusion:** This study highlighted the positive relationship between resilience, social support and psychological well-being among nursing students. Resilience plays a vital role in mitigating stress's adverse effects, and strong support from family and friends contributes to positive psychological health.

### **Keywords**

Nursing Students, psychological well-being/mental health/psychological adjustment, resilience/adaptation, social support/social environment, stress and coping

## **Introduction**

Physical and Mental health are essential elements of overall health. In mental health, an individual discerns his/her abilities, coping strategies for normal stressors of life and productive work to contribute to the community. Mental health is important in every phase of life. It is considered a fundamental ingredient for our ability as humans to think, feel, react, interact with others and live a joyful life. During the stages of life, if mental health problems like anxiety and depression occur, our thinking, mood, behaviour and deterioration of physical fitness could be affected (Promotion, 2021).

Mental health promotion, protection and restoration are considered vital for individuals, communities and society around the globe. These include actions that enhance psychological well-being and create an environment that holds mental health and respects the basic rights of individuals (World Health Organization, 2018). Resilience can be defined as a course of action for an effective workout, remodelling or adjusting to, or directing significant resources of stress. Researchers advocate that resilience can be divided into three sub-headings: I AM (myself) linked with self-image, I CAN associated with social and logical diagnostic skills and I HAVE interconnected with self-help (Alkaissi et al., 2019). In addition, there are six aspects to explain the structure of resilience. These are self-perception, perception of future, structured style, social competence, family cohesion and societal resources (Zubair et al., 2018). However, resilience does not eradicate stress or remove life adversities, instead, it gives people the strength to handle problems effectively, overcome harsh conditions and move on with their lives (Zubair et al., 2018). Besides, cognitive-behavioural skills and approaches often are used to enhance resilience in adults which include cognitive flexibility/reframing, physical exercise, positive emotions and optimism, spirituality, strong social support systems, active coping skills and commitment to a mission or cause (Mealer et al., 2017).

Social support is described as a transferable and negotiable process in which our relationships furnish a forum for the interchange of emotional and practical support (Roper et al., 2019). It encompasses three factors: support from family, support from friends and support from significant others (He et al., 2018). An individual, who thinks that he/she is loved, valued, helped when needed and perceived as more supported when the relationships are satisfying is able to thrive and achieve optimal psychological well-being (Ozsaban et al., 2019).

Well-being is a broad subjective concept that encompasses several factors which include: Positive Emotions (capacity to feel good that brings satisfaction to life), Engagement (being able to positively become absorbed in work and life activities), Relationships (ability to have meaningful relationships with others), Meaning (capacity to stay focused on a worthy cause larger than oneself) and Life Accomplishment (ability to master explicit goals in life). Consequently, people with high levels of personal resources such as resilience and social support have more capacity to avoid unfavourable effects on psychological health. A remarkably skilful person, especially a

healthcare worker recruited in highly frustrated settings is specifically in danger of developing psychopathologies like anxiety, exhaustion, depression and post-traumatic stress syndrome (Johari et al., 2019; Ozsaban et al., 2019).

In nursing education, nursing students happen to be under stress as they attempt to deploy the learned new ideas and skills in a practical setting to bridge the theory–practice gap. During their journey, they experience multiple challenges including those related to academic, clinical, financial, interpersonal circumstances and support systems. They experience peaks of anxiety around assessment deadlines and examination periods, ponderous workload, criticised by colleagues and teachers and face bullying and discrimination in clinical areas (He et al., 2018). Nursing students with limited support and well-being capacity may be more vulnerable to adverse psychological outcomes, such as anxiety and depression. These are instances of discrimination experienced by male nurses; there is no equity in their training, nurses may feel gender bias, wrong stereotyping and the media presents them in a negative light. Assumption that men are not good at nursing can generate negative perceptions and in some cases the male students could not fit into the programme (Powers et al., 2018). With overwhelmingly female nurses, despite constant calls for nurse recruitment and retention of male nurses, it is surprising that men are still in the minority within the profession, raising questions about their roles and placing limitations on their career prospects (Jayapal and Arulappan, 2020). Consequently, the absence of men in this area leads to the deprivation of diversity in nursing as a whole, who contribute a lot to nursing work force. Because of this, men sometimes feel that becoming nurses is not a very manly thing to do, which makes them feel unworthy of themselves and having low self-confidence which is not good for their mental health (Alcalde-Rubio et al., 2020). Moreover, another problem that may come across aspiring male nurses is not finding a right mentor to guide them or, a role model to show them the path and this also exacerbates their alienation and their lack of support. To this end, male nurses also face the heavy physical work required by nursing profession, such as frequent lifting and patient handling. This fact does increase the hazards in the workplace, which puts more men at risk of injuries. In academic environments, male nursing students might not always get the right education and training to deal with the existing issues and concerns they might face in their chosen career. Female nurses in clinical settings face many challenges that both compromise their overall health and make it harder for them to function professionally. These issues include aggression and disrespect gender stereotypes, a lack of support systems, struggles with incorporating evidence based practice (EBP), research standards and accessibility as well as, obstacles in providing patient education and planning for future care needs. Furthermore, the opportunities of solving some sort of problem which already exist i.e. burden, incompetence in communication and better education/training on topics like advance care planning could greatly improve the working environment that nurses and patient care (Bhatti, 2024, Blackwood et al., 2019). On the other side, lack of specific support might impede clinical performance and confidence in areas that will need in their future nursing career. It is essential that nursing education programmes and healthcare institutions to develop policies to promote representation and improve conditions for male nursing students (Alcalde-Rubio et al., 2020; Jayapal and Arulappan, 2020).

Hence, very few comprehensive studies have been conducted on this topic in Pakistan till now. So, there is a need to address this hardship as a challenge to protect our young nursing generation. Stress and psychological distress can interfere with nursing students' learning process and academic performance in school, can impair their clinical practice performance and the nurse–patient relationship in the hospital. The relationship between resilience, social support and psychological well-being in nursing students is a significant and complex topic that has garnered increasing attention in recent years.

Exploring the relationship between these three components and overcoming the negative effects of psychological morbidity, there is a need to strengthen capacity building in nursing students regarding resilience qualities and elaborate the need for social support, thus promoting positive mental health in nursing students. By incorporating mentorship programmes, providing targeted resources and creating an inclusive and supportive environment encompassing the entire academic and clinical context, the programme can guarantee comfort and effectiveness for all nursing students, irrespective of their gender.

A high level of resilience, good social support and positive psychological well-being can help the students to overcome the stress adversity and to manage their timetable, better deal with complexities and stand strong, assertive and optimistic. This study will render benefits to society considering that society needs mature and confident nursing professionals, who are able to think analytically and flexibly, recognise the need for further preparation and are willing to engage in self-development to make a positive contribution to society.

## Objectives

- To assess the resilience and social support levels in nursing students.
- To determine the relationship between resilience, social support and psychological well-being in Generic BScN nursing students.
- To compare the relationship between resilience, social support and psychological well-being among third year and fourth year students of Generic BScN.

## Research questions

What are the nursing students' resilience and social support levels? Is there any correlation between the nursing students' levels of resilience, social support and psychological well-being?

## Hypothesis

*H0: There is no correlation between resilience, social support and psychological well-being.*

*H1: There is a positive correlation between resilience, social support and psychological well-being.*

## Materials and methods

A cross-sectional correlational study design was used to carry out this study and comply with STROBE guidelines. The study participants included randomly selected 160 students (32 from each institute) of third-year and final-year Generic BSc nursing by using defined inclusion and exclusion criteria from five (02 public and 03 private) nursing institutions in Lahore city in Punjab, Pakistan.

### *Inclusion criteria:*

Full-time enrolled third-year and fourth-year students of Generic BScN(4-Year) Nursing Programme.

### *Exclusion criteria:*

- Students in the Internship period.
- Students with any chronic mental illness (brain injury, epilepsy) or mental health issues that required recent hospitalisation.

This study was completed within 6 months after approval from the ethical review committee in 2021.

#### *Sample size calculation:*

The sample size at 5% level of significance at the desired power of study of 90% is calculated according to the following formula:

where  $Z_{1-\beta}$  is the desired power of study = 90%;  $Z_{1-\alpha/2}$  is the desired level of significance = 5%;  $r$  is the correlation between resilience, social support and psychological well-being = 0.22 (Ozsaban et al., 2019) and  $n$  = calculated sample size = 160.

Information related to aim and scope of the current research was explained to the participants by the investigators. Data were collected by using the sociodemographic profile form, Connor–Davidson Resilience Scale (CD-RISC-25), Multidimensional Scale of Perceived Social Support (MSPSS) and World Health Organization-5 well-being index (WHO-5).

### ***Section-II: Connor–Davidson resilience scale (CD-RISC-25)***

This scale (25-item CD-RISC) was established by Connor and Davidson in 2003, a commonly used self-analysis instrument for evaluating resilience with good inner compatibility ( $\alpha=0.85$ ). This category considers the ability to endure circumstances such as change, individual problems, ailments, pressures, nonfulfillment and excruciating feeling (e.g. ‘Ability to acquire the change’, ‘to return quickly after adversity or illness’, etc). By utilising this instrument, candidates must answer in what way they agree with each statement introduced to them (e.g. ‘I am a powerful and resilient individual’). A 5-point Likert scale from 0 (strongly disagree) to 4 (strongly agree) was used for the participants’ responses. The total range of the scale is 0–100, was higher scores indicating a higher level of resilience (Cheng and Catling, 2015). Permission was sought from and granted by the primary author of the tool for use in the current study.

### ***Section-III: World Health Organization-5 well-being index***

This is an instrument developed for assessing psychological well-being over a 2-week period. This scale presented five items units, that is, positive mood (feeling relaxed and in good spirit), Liveliness (waking up fresh and being active), interest in things of daily living. The scale is a 6-point Likert type with a range from 0 to 5 from ‘at no time’ to ‘all of the time’. High score indicates better self-perceived well-being. The total scores range from 0 to 25, with a score below 13 indicating poor well-being and the need to test for depression. This instrument has been interpreted in to more than 30 languages. It has been widely used in research studies and tested in various populations with good psychometric properties (Chow et al., 2018).

### ***Section-IV: Multidimensional Scale of Perceived Social Support***

This Likert-type scale was developed by Zimet and his companions in 1988. This scale was arranged orderly from 1 to 7 ‘Absolutely no’ (1) to ‘completely true’ (7) type answers. This scale has three subgroups, that is, family, friends and someone special to show the source of support. Each sub-group contains 4 units, and total units are 12 in numbers. Family subgroup is assessed by units 3, 4, 8 and 11, friends subgroup is measured by 6, 7, 9 and 12 units, and remaining units 1, 2, 5 and 10 are used to assess the someone special subgroup. Upper level indicates high level of social support. Elevated score reveals a higher grade of social support. The Scale in English language has proven reliability and validity, with Cronbach-alpha values for sub- groups, that is, family, friends and someone special are 0.85, 0.88 and 0.92, respectively (Ozsaban et al., 2019). All the three

scales revealed acceptable and good internal consistency as .87 for CD-RISC scale, MSPSS scale showed 0.922 and WHO-WBI showed 0.83.

### *Ethical considerations*

Endorsement was taken from Ethical review committee of the respective university vide letter no. and IRB No. **UHS/REG-21/ERC/529 Dated 10 Feb 2021**. Before proceeding starting for data collection, all the public and private nursing institutes selected for data collection were visited for taking formal permission for data collection from the directors/principals of these institutes. After permission granted by the respective heads of the institutes concerned, informed consent was taken from the participants according to declaration by World Medical Association at Helsinki (2009) and Puri et al. (2008). The candidates were elucidated regarding purpose and description of study and their right to drop out from the survey at any time was guaranteed. Participants were self-assured that acquired personal details would be under strict secrecy and used solely with the aim of this study.

### *Data collection procedure*

Formal permission was obtained by the concerned authorities of all institutes before proceeding with data collection. The data were collected with the help of two other faculty members. Participants were given sufficient time to review the consent form and raise any queries they may have had. Participants signed the consent forms to demonstrate their willingness to take part in the study. Data collection were carried out on an individual basis with each participant. Each session had only one participant, ensuring a concentrated environment for data collection.

Participants initially filled out a section regarding demographic information, including age, gender, educational background and other pertinent personal details. The data were utilised to provide context to the study findings within specific demographic profiles. After the demographic section, participants were given a resilience scale questionnaire to complete. This tool evaluated different aspects of resilience, such as adaptability, coping strategies and personal strength in overcoming challenges. Following the resilience scale, participants were requested to respond to a well-being index questionnaire. This index assessed subjective well-being in areas like emotional well-being, life satisfaction and overall happiness. The final questionnaire administered was the Scale of Perceived Social Support. This scale measured participants' perceptions of the support they receive from their social circles, including family, friends and significant others. It took approximately 15–20 minutes to collect the data. Data collection took place in a single session per participant. Each participant completed all questionnaires in one sitting to ensure consistency in responses and minimise potential biases that could arise from multiple sessions. The decision to conduct data collection in a single session was intentional to maximise efficiency and maintain participant focus. In view of the packed timetable and to avoid any disturbance in the schedule, data were collected after lectures in the concerned institutes. Standardising data collection to a single occasion per participant helped maintain consistency in the study procedure. It guaranteed that all participants completed the questionnaires under similar conditions, thereby enhancing the reliability and validity of the collected data. There were no dropouts/withdrawals from the study.

**Table 1.** Demographic data of the study participants ( $N=160$ ).

Participant characteristics	Frequency (n)	Percentage
Age		
17–21 years	76	47.5
>22 years	84	52.55
Gender		
Female	142	88.8
Male	18	11.3
Family status of study participant		
Nuclear family	111	69.3
Extended family	49	30.63
Study year of the Participant		
Third year	80	50
Fourth year	80	50

### Statistical analysis

Data were analysed via the Statistical Package for the Social Sciences (SPSS) version 23.0. To sum up the results from descriptive statistics, frequency (percentages) and mean (+ SD) were used to present the background characteristics, including gender, age, study programme, year of study and number of siblings. Bivariate analysis by means of Pearson correlation was carried out to determine the relationship between resilience, social support and psychological well-being. We found that our research data conformed to the assumptions of normality; hence, we performed the Parametric test, independent *t*-test. Independent samples *t*-test was used to compare the relationship between resilience, social support and psychological well-being among third-year and fourth-year students of Generic BScN. *p* Value <0.05 was considered statistically significant.

### Results

The total number of participants in the study was 160 the and response rate was 100%. Table 1 shows the frequency distribution related to demographic data of the study participants. Most of the respondents, that is, 84 (52.55%) were >22 years of age, the remaining 76 (47.5%) participants were in the age group of 17–21 years. Of the total 160 participants, 142 (88.8%) were female and 18 (11.3%) were male. The family status of students showed that the majority of them ( $n=111$ , 69.3%) lived in the nuclear family and only 49 (30.63%) were living in an extended or joint family system. One-half of the study participants, that is, 80 (50%) were studying in third year, whereas the remaining one half, that is, 80 (50%) were studying in fourth year.

Table 2 illustrates the education level of the mother and father of the participants, number of siblings, monthly income and attitude of the parents. The study results demonstrated that most of the mothers ( $n=73$ , 45.6%) had higher education followed by primary pass ( $n=33$ , 20.6%), then secondary education ( $n=29$ , 18.1%) and ( $n=25$ , 15.6%) were illiterate. The education level of fathers revealed that majority of them ( $n=85$ , 53.1%) had high school education, followed by secondary education ( $n=44$ , 27.5%), then primary pass ( $n=18$ , 11.3%) and ( $n=13$ , 8.1%) were illiterate. The study participants mostly ( $n=110$ , 68.8%) had >4 siblings, followed by ( $n=28$ , 17.5%) as having 3 siblings and ( $n=22$ , 13.8%) had >2 siblings. Among the study subjects, ( $n=91$ , 56.9%) said that their income and expenses were equal ( $n=60$ , 37.5%) had expenses more than their



**Table 2.** Descriptive statistics for participants ( $N=160$ ).

Demographic and socio economic factors	Frequency (n)	Percentage (%)
Educational level of the mothers		
Illiterate	25	15.6
Primary school	33	20.6
Secondary school	29	18.1
High school	73	45.6
Educational level of father		
Illiterate	13	08.10
Primary school	18	11.3
Secondary school	44	27.5
High school	85	53.1
Number of siblings		
<2 siblings	22	13.8
3 siblings	28	17.5
>4 siblings	110	68.8
Monthly income		
Expenses more than income	60	37.50
Equal income and expenses	91	56.88
Income more than expenses	09	05.63
Attitude of the parents		
Authoritative	90	56.25
Democratic	65	40.63
Unconcerned	05	03.13

**Table 3.** Mean Scores of Connor–Davidson resilience scale, WHO-5 Psychological Well-being Index and multidimensional scale of Perceived Social Support.

Scale	Mean $\pm$ SD	Minimum score	Maximum score
Connor–Davidson resilience scale	66.50 $\pm$ 14.70	24	93
WHO-5 Psychological Well-being Index	14.08 $\pm$ 4.74	Half of max. score	
Multidimensional scale of Perceived Social Support (Total scale score)	5.07 $\pm$ 1.21	1.17	7.00

WHO-5: World Health Organization-5 well-being index.

income and only ( $n=9$ , 5.6%) had their income greater than the expenses. Majority of the participants ( $n=90$ , 56.25%) disclosed that their parents' attitude was predominantly authoritative in nature, that ( $n=65$ , 40.63%) had democratic, whereas ( $n=5$ , 3.1%) said that their parents were not concerned.

Table 3 presents the mean scores for the Connor–Davidson resilience scale, WHO-5 Psychological Well-being Index and multidimensional scale of Perceived Social Support among students.

Table 4 illustrates the correlation between resilience, psychological well-being and multidimensional scale of Perceived Social Support by using Pearson Correlation test. It shows the linear positive trends between these parameters.



**Table 4.** Correlation between resilience, psychological well-being and multidimensional scale of Perceived Social Support.

Correlations	Correlation coefficient	p-Value
Resilience and Psychological well-being	0.313	<0.000
Resilience and multidimensional scale of Perceived Social Support (Total scale score)	0.310	<0.000
Psychological well-being and multidimensional scale of Perceived Social Support (Total scale score)	0.263	<0.001

**Table 5.** Comparison of resilience, social support and psychological well-being among third year and fourth year Generic BS Nursing students.

Scale	Students		p-Value
	Third Year	Fourth Year	
Resilience	67.72 ± 4.49	65.27 ± 4.89	p = 0.293
Psychological well-being	14.37 ± 4.34	13.80 ± 5.12	p = 0.445
Multidimensional scale of perceived social support			
Significant other subscale	4.75 ± 1.86	4.85 ± 1.63	p = 0.711
Support from family domain	5.60 ± 1.31	5.44 ± 1.47	p = 0.488
Friends subscale	5.13 ± 1.21	4.66 ± 1.29	p < 0.01
Total scale score	5.16 ± 1.25	4.98 ± 1.17	p = 0.371

Table 5 demonstrates the comparison of resilience, social support and psychological well-being among third year and fourth year Generic BS Nursing students. No statistically significant difference was seen for resilience, social support and psychological well-being in relation to third year and fourth year. However, students in third year had higher scores for all these parameters as compared to fourth year study participants.

## Discussion

Nursing students' learning processes, academic achievement, clinical practice performance and nurse-patient interaction in the hospital can all be severely hampered by stress and psychological anguish. High levels of resilience, strong social networks and psychological well-being can support students in managing their time, dealing with complexity and remaining resilient, assertive and upbeat in the face of stress.

This study was conducted to explore the relationship between resilience, social support and psychological well-being in Generic BS Nursing students.

### *Demographic profile of the participants*

Based on the study, most of the people involved were women and the majority of those surveyed were 22 years old. These findings align with studies conducted by Ozsaban et al. (2019) and Kumar (2019). The majority of the subjects in our study were members of nuclear families, which is consistent with the findings of Ozsaban et al. According to this survey, the mother and father had a high school education. On the other hand, Hatice et al.'s study focused mostly on the participants' primary level. In this

study, parents' attitudes were primarily authoritative. On the other hand, Hatice's study demonstrated a democratic mentality among parents (Hatice Tambag and Rana Can, 2018).

### ***Resilience level in nursing students***

The resilience levels of participants in our study varied from low to moderate, indicating possible areas for interventions aimed at boosting resilience. Similar to the results of Hasson et al. as well as Ozsaban et al., this study also found no substantial difference in the resilience scores between third and fourth year nursing students (Hasson et al., 2021; Ozsaban et al., 2019). This supports a survey done in Hong Kong on senior and junior students where there was no considerable variation in the students' resilience index (Chow et al., 2018). The observed similarity of the results in consecutive academic years indicates that resilience might be stable among nursing students. This could be attributed to the resilience-building processes in nursing education or these students' characteristics. Öksüz et al. (2019) pointed out that older nurses' Resilience Resiliency is higher than young nurses', and from the study more so those in the age bracket of 36–45 years proved to have more experience, good disposition and supportive networks. On the other hand, the nurses with working experience of <5 years depicted lower resilience. However, going deeper beyond the findings one has to look at the consequences and possible reasons for such outcomes (Öksüz et al., 2019). Towards this end of the argument, according to Kordan's research, experience and support systems are key components in helping nurses develop resilience. Each of the two groups of nurses differs in the level of resilience, and the higher levels in the senior nurses can be explained by their experience in solving problems and adapting to the conditions of work in complex environments (Kordan et al., 2019).

### ***Psychological well-being***

The mental health of individuals in our study was just average suggesting that there is room for enhancement. congruent patterns among undergraduate nursing students have been shown by Chow et al. (2018) and Hasson et al. (2021), which are congruent with the results of our investigation. Particularly, we discovered that third-year nursing students had somewhat higher psychological well-being levels than fourth-year students, but our results are not in line with those of Chow et al., who found that senior-year students had higher psychological well-being. This disparity implies that variables impacting mental health may differ across distinct groups of nursing interns, suggesting that these variables need more research.

Yüksel and Bahadır-Yılmaz (2019) investigated the association between psychological well-being, anxiety and depression in nursing students. They found that there was a negative correlation between psychological well-being and greater levels of anxiety and depression. This highlights the need to tackle mental health concerns among nursing students in order to improve their general state of well-being (Yüksel and Bahadır-Yılmaz, 2019).

### ***Social support levels of nursing students***

The present study revealed that the perceived social support level of nursing students was moderate and the subscale 'Family' was found to be at a high level, whereas 'friend' and 'someone special' were found to be moderate and close to each other. Our results are in line with those of Ozsaban et al. (2019), who reported comparable effects in their study on nursing students. Our findings are supported by Öksüz et al. (2019), who also found consistent results for social support and resilience among nurses. Our study validated the results of Cao and Zhou (2021) by finding a favourable

correlation between life happiness and social support. They stressed the value of social support in fostering both physical and mental well-being. Furthermore, Tas (2019) who proposed that boosting social and psychological support might lessen problems like internet addiction, enhance the credibility of this viewpoint. Moreover, Lopez Zafra et al. (2019) provided evidence of the positive effects of interpersonal interactions on well-being by showing that increased levels of social support are linked to increased life satisfaction and decreased depression. In accordance with our study, Cao and Zhou (2021) in their study concluded that social support has a positive relation with life contentment as social support is important and useful for mental and physical health (Cao and Zhou, 2021).

### *Relationship between resilience, social support and psychological well-being*

The current study concluded that there was no statistically significant difference between resilience, social support and psychological well-being in relation to third year and fourth year.

Our study highlighted that resilience was positively correlated with psychological well-being meaning that if the resilience scores increase, the psychological well-being mean scores will be raised. These findings were consistent with the evidence of Sadeghifar et al. (2019) and Chow et al. (2018). Contradictory results were reported by Kumar (2019), as their study asserted that resilience did not have a correlation with psychological well-being and the reason was unknown. The current study revealed a positive correlation between social support (in all three domains) and psychological well-being. A research study conducted by Ching et al. (2019) depicted a strong and positive relationship between psychological capital (hope, resilience, optimism), carrier capital (e.g. knowledge, skills, and experiences) and social support (family, friends and supervisor). We also found that social support and resilience have a positive link, which is in line with previous studies (Kılınç and Sis Çelik, 2021; Ozsaban et al., 2019). Agarwal et al. (2020) conducted a qualitative study and revealed that peer support could create awareness to understand the multiple arrays of stressors, psychological health of self and recognition of the psychological health demands of others.

Abiola et al. (2017) investigated the well-being elements and resilience in Nigerian undergraduate nursing students and found a positive and moderate correlation between five elements - Positive emotions, engagement, relationships, meaning and life accomplishment (PERMA) of well-being and resilience. These five elements (PERMA) help to find out the function of resilience in minimising the mental distress and fostering the positive psychological health to encounter the troublesome life situations (Abiola et al., 2017).

On the other hand, there are a few crucial things to think about in relation to the research variables showing minimal inconsistencies. According to Labrague's theory, a spiritual source could relieve tension and produce a favourable mental state (Labrague, 2022). This likewise holds true for Li et al., who confirmed the curvilinear relationship amongst psychological resilience, emotional quotient and post-traumatic growth all of which are apparently optimal when in moderate levels (Li and Hasson, 2020). In addition, the female nursing students often put a higher value on providing emotional care than male ones which may in turn lead to a better psychological well-being. Berdida et al. (2023) added that mindfulness is the main stimulus that help to fight stress, anxiety and depression on campus. Concretely, the research study created a theoretical framework through which factors like stress, which has many side effects, can be used to trigger and utilise the available protective factors of any person whether or not they are students.

### **Conclusions**

The current study results demonstrated a positive relationship between resilience, social support, and psychological well-being, which are crucial for the participants' mental health. Resilience is a

vital internal factor that empowers students to use adaptive coping strategies to mitigate stress. Along with strong support from family and friends, it fosters positive psychological health. Future research should focus on cohort/follow-up studies examining the progress of resilience and psychological well-being among nursing students to deepen understanding of these elements and their impact on nursing practice. Additionally, researchers should design and implement capacity-building programs, including workshops, seminars, and training, to enhance resilience through continuous nursing education.

## **Limitations**

This investigation had some constraints which could influence on the results, that is, small sample size, transverse design, self-respond questionnaires, etc. Results may not be generalised due to small sample size (160) of selected subjects which were from a specific nursing community and region. Future studies may include different settings for more exploration of the current topic. Male students formed a relatively small proportion of the sample. In future, follow-up studies could focus on these concerns. Self-disclosed measures could restrict the response of candidates. Prospective studies may include both qualitative and quantitative designs. Our study was limited by its cross-sectional design. To discover more absolute cause and effect relationships over time, longitudinal designs may be used for future studies.

### **Key points for policy, practice and/or research**

- Students had low or moderate strength in resilience and social support, implying a need for better mental well-being. Positive correlation between resilience, social support and psychological wellbeing indicate that enhancing all the aforementioned unique determinants can improve mental health.
- Nursing practice guided by findings helps educators effectively assess and support student needs.
- Nursing curricula can incorporate resilience concepts, so that students are well prepared to face challenges.
- Future research can also explore the relationship between social support and resilience among Pakistani nursing students from a perspective of cultural diversity.
- Strategies to improve nursing students' social networks could result in interventions that improve wellbeing and resilience.

## **Acknowledgements**

The authors are grateful to Director (Shaikh Zayed Medical Complex, Lahore), Principals and all BS Generic nursing students who participated in this study. Special acknowledged to Mr. Waqas Latif (Data Analyst) and Mr. Shahjahan (Librarian) at University of Health Sciences, Lahore for their technical support.

## **Declaration of conflicting interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## **Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

## Ethical approval

University of Health Sciences, Lahore letter no.  
UHS/REG-21/ERC/529 Dated: 10th February 2021  
IRB, Shaikh Zayed Medical Complex Lahore  
IRB ID: SZMC/IRB/EXTERNAL/MSc.Nursing/208/2020 dated: 07.03.2020

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## Supplemental material

Supplemental material for this article is available online.

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**Khubaid ur Rehman**, holding an MS in Molecular Genetics from COMSATS University Islamabad's Biosciences Department, significantly contributed to the research article by expertly analysing and interpreting complex datasets.

**Zeenaf Aslam**, a dedicated PhD scholar at Khyber Medical University's Department of Nursing in Peshawar, Pakistan, played a crucial role in the research article by assisting in the acquisition of valuable data.

**Nazi Noor**, holding MS Nursing, is an esteemed Nursing Instructor at the College of Nursing, Jinnah Hospital Lahore, Pakistan and provided invaluable assistance in data acquisition for the research endeavours.