

# Determining the Perceived Social Support and Psychological Well-Being Levels of Nursing Students

## Hemşirelik Öğrencilerinin Algılanan Sosyal Destek ve Psikolojik İyi Olma Düzeylerinin Belirlenmesi

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### SUMMARY

**Objectives:** The purpose of this study was to determine the perceived social support and psychological well-being levels of nursing students.

**Methods:** The sample of this descriptive study included 300 nursing students in the 2015-2016 academic year. As data collection tools, an introductory identification form, the Scale of Perceived Social Support and the Psychological Well-Being (Short Form) Scale were used in this study. This study used the Kruskal-Wallis and Mann-Whitney U tests, Pearson's correlation analysis and regression analysis to analyze data.

**Results:** Of the perceived social support subscales, the support of a special person (23.00) had the highest median, and the lowest median was the support of a friend (21.00). According to the psychological well-being scale, positive relationships with others had the highest median (5.43), and the autonomy subscale had the lowest median value (4.43). This study found that third-year students had higher scores for family (KW=8.37, p=0.039), friend (KW=13.29, p=0.004) and special person (KW=20.14, p=0.000) support, and that fourth-year students had higher medians for personal development (KW=13.30, p=0.004) and positive relationships with others (KW=7.87, p=0.049) than first-year students. A positive relationship was determined between the perceived support levels of nursing students and their psychological well-being (p<0.01).

**Conclusion:** This study determined that the perceived social support and psychological well-being of higher-year students were better. It also found that as nursing students' perceived social support levels increase their psychological well-being also increases.

**Keywords:** nursing students; perceived social support; psychological well-being.

### ÖZET

**Amaç:** Bu araştırmada hemşirelik öğrencilerinin algılanan sosyal destekleri ve psikolojik iyi olma düzeylerinin belirlenmesi amaçlanmıştır.

**Gereç ve Yöntem:** Tanımlayıcı nitelikte olan araştırmanın örneklemini 2015-2016 öğretim yılında öğrenimine devam etmekte olan 300 hemşirelik öğrencisi oluşturmuştur. Veri toplama aracı olarak "Tanıtıcı Bilgi Formu", "Algılanan Sosyal Destek Ölçeği" ve "Psikolojik İyi Olma (Kısa Form) Ölçeği" uygulanmıştır. Verilerin değerlendirilmesinde Kruskal Wallis, Mann Whitney U testi, Pearson korelasyon analizi ve regresyon analizi kullanılmıştır.

**Bulgular:** Hemşirelik öğrencilerinin algılanan sosyal destek alt ölçekleri arasında en yüksek ortancaya sahip olan özel insan desteği (23.00) iken, en düşük ortancaya sahip olan ise arkadaş desteği (21.00)'dir. Psikolojik iyi olma ölçeğine göre en yüksek ortanca değeri diğerleriyle olumlu ilişkiler alt ölçeğinde iken (5.43), en düşük ortanca değeri özerklik alt ölçeğinde (4.43) bulunmuştur. Üçüncü sınıf öğrencilerinin aile (KW=8.37, p=0.039), arkadaş (KW=13.29, p=0.004) ve özel insan (KW=20.14, p=0.000) desteği, birinci sınıf öğrencilerinden daha yüksek, dördüncü sınıf öğrencilerinin ise bireysel gelişim (KW=13.30, p=0.004) ve diğerleriyle olumlu ilişkiler (KW=7.87, p=0.049) ortancaları birinci sınıf öğrencilerinden daha yüksektir. Hemşirelik öğrencilerinin algılanan sosyal destek düzeyleri ile psikolojik iyi olmaları arasında pozitif yönde ilişki olduğu belirlenmiştir (p<0.01).

**Sonuç:** Üst sınıflardaki öğrencilerin algıladıkları sosyal desteğin ve psikolojik iyi olmalarının daha iyi olduğu belirlenmiştir. Hemşirelik öğrencilerinin algılanan sosyal destek düzeyi arttıkça psikolojik iyilik durumlarının arttığı belirlenmiştir.

**Anahtar sözcükler:** Hemşirelik öğrencileri; algılanan sosyal destek; psikolojik iyi olma.

### Introduction

Throughout their lives, people feel the need to communicate and interact with others and receive their support. This support has an enormous power to ensure people's survival,

to cope with stressful life events more easily and to develop problem-solving skills for various life periods.<sup>[1]</sup> One of the important life events in terms of social support is a university education. A university education is not only the first step towards making ideals come true in a new environment far from family with new friends and a new occupation, but is also a period when relationships and interactions with others increase as well.<sup>[2,3]</sup> It is possible that university students have an increased need for support from others who are special for them.<sup>[4]</sup> It has been shown that meeting this need reduces exhaustion and increases social competence.<sup>[5,6]</sup> Social support cannot be explained in only quantitative terms. People perceive it subjectively. This requires examining people's perceived social support, rather than the number of social support resources. Studies of university students' social support

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have revealed that perceived support level affects students' academic performance, psychological resilience and the ability to overcome stress.<sup>[7]</sup> It has been found that university students who have high levels of perceived social support also have higher life satisfaction, and experience less despair and loneliness. Especially for adolescents, perceived social support reduces behaviors, such as violence, based on the idea that, "If I feel bad, everyone should feel bad".<sup>[8-11]</sup>

The concept of well-being is an important psychological concept. According to Keyes et al.,<sup>[12]</sup> well-being represents happiness and life satisfaction, life purpose, positive relationships with others and self-acceptance. Ryff<sup>[13]</sup> defines well-being as maximizing the potential. According to her, psychological well-being is a multi-dimensional concept and includes six principal components: self-acceptance, positive relationships with others, autonomy, environmental dominance, life purpose and personal development.<sup>[13]</sup> Positive evaluation of themselves and their past is defined as self-acceptance. Growing and developing as a person is defined as personal development. Believing that life is meaningful is defined as life purpose. Having quality relationships with others is defined as positive relationships. Managing themselves and the people around them is defined as environmental dominance, and the feeling of self-determination is defined as autonomy.<sup>[14]</sup> In the literature, it has been determined that there are positive relationships between psychological well-being and success, self-orientation, universality, kindness, obedience, safety and hedonism.<sup>[15]</sup> A study conducted with nursing students found a negative relationship between psychological well-being and stress.<sup>[16]</sup> A study by Kuyumcu<sup>[17]</sup> showed that as negative emotions such as guilt and anger increase, the characteristics of psychological well-being decrease. Malkoç and Yalçın<sup>[18]</sup> determined that the psychological well-being of university students predicts social support from family, friends and others, and that psychological well-being levels increase as the perceived social support increases.

Nursing students are one part of university students. In addition to stressors and changes due to being a university student, nursing students also suffer from stress because they work with people who have health problems and their families. A recent study conducted with nursing students showed that students' ability to overcome the stress is highly affected by social support systems and that social support has a positive effect on students' general health.<sup>[19]</sup> Other studies have reported that nursing students' social support systems and interpersonal relations are important to their optimal academic success and positive mental health.<sup>[20-22]</sup> This makes it important to determine the social support that nursing students receive and the factors related to it. Perceived social support may also positively affect psychological well-being.<sup>[18]</sup> A study with nursing students has shown that higher perceived social sup-

port levels may affect psychological well-being.<sup>[21]</sup> Moreover, students' psychological well-being levels may affect their ability to manage decisions that they make about their academic career and stressful situations in their professional life, and on their general mood.<sup>[16]</sup> This makes determining nursing students' psychological well-being levels, factors related to them and the relationship between psychological well-being and perceived social support important. This study aimed to determine nursing students' perceived social support and psychological well-being levels, the demographic distribution of these two variables and the relationship between them. Its results provide important information for identifying students at risk.

Given this purpose, this study sought answers to these questions:

What are the levels of nursing students' perceived social support and psychological well-being?

How do nursing students' perceived social support and psychological well-being level scores vary by demography?

Is there a relationship between nursing students' perceived social support and psychological well-being scores?

## Materials and Method

### Study Design

This is a descriptive study.

### Population and Sample of the Study

The population of this study included 700 students: 217 first-year students, 271 second-year students, 130 third-year students and 82 fourth-year students in a university nursing faculty in the 2015-2016 academic year. This study used a sample formula with a known population to calculate sample size.<sup>[23]</sup> The sample size was found to be at least 260 students at a confidence interval of 95%. Given that there could be losses, this study reached a total of 300 students but, there were no losses. Thus, 300 students who completed the data collection tools completely were included in this study.

**Data Collection Tools:** To collect data, this study used the introductory identification form, multi-dimensional scale of perceived social support, and psychological well-being scale.

### 1. The Introductory Information Form

This form was developed to collect students' introductory information. It includes information about the students' year of study, gender, birth order, place of residence during education, place where they spend the most time, number of siblings, parental education levels, parental cohabitation, whether their parents are alive and parental occupations.

### 2. The Multidimensional Scale of Perceived Social Support

This scale was developed by Zimet et al.<sup>[25]</sup> to determine

people's perceived social support, and Eker and Arkar<sup>[24]</sup> performed its Turkish validity and reliability analyses. This is a 12-item, 7-point Likert-type scale, ranging from 1, very strongly disagree, to 7, very strongly agree. This scale has a total score, and three subscale scores that measure perceived social support from family, perceived social support from friends and perceived social support from a special person.

The minimum possible sub-scale score is 4, and the maximum is 28. The minimum possible score on the entire scale is 12, and the maximum is 84. Higher scores indicate that perceived social support is high. Eker et al.<sup>[26]</sup> reviewed this scale to determine whether its factor structures were in accordance with its original version. They determined that the scale explained 75% of the variance under three factors. According to their reliability findings, its internal consistency coefficients ranged between 0.80-0.95, and the scale and its subscales had internal consistency at acceptable levels.

### 3. The Psychological Well-Being Scale-Short Form

The Psychological Well-Being Scale was developed by Ryff<sup>[13]</sup> to determine university students' psychological well-being levels. It has 84 items in 6 factors. It is a 6-point Likert-type scale. Its subscales are: positive relationships with others, autonomy, environmental dominance, personal development, life purpose and self-acceptance. The dimension of positive relationships with others measures the ability to develop strong, empathic relationships. The dimension of autonomy measures the ability to become independent without need for others' approval. The dimension of environmental dominance measures the ability to use the environment effectively. The dimension of personal development measures the desire to grow and develop continuously. The dimension of life purpose measures living according to a goal and in a meaningful way, and the dimension of self-acceptance measures accepting themselves as they are.

The Cronbach alpha internal consistency coefficients of the factors are: positive relationships with others, 0.91; autonomy, 0.86; environmental dominance, 0.90; personal development, 0.87; life purpose, 0.90, and self-acceptance, 0.93. This scale also has a 42-item short form, and its Turkish validity and reliability analyses were performed by Akın et al.<sup>[27]</sup> its internal consistency coefficient was found to be 0.87. Possible scores on the entire scale range from 42 to 212, and possible subscale scores range from 7 to 42.

### Ethical Dimensions of the Study

Institutional permission was obtained from the Nursing Faculty of Hacettepe University to carry out this study. The researchers received consent from the Ethics Committee of the university (35853172/431-904). After completing the study, its results were officially presented to both the institution and the students.

### Data Collection

During the application of this study, students were informed about the purpose of this study, that this study was based on the principle of voluntariness and that study results will be used only for scientific objectives. Then, data collection tools were administered to volunteer participating students.

### Data Assessment

This study used SPSS 20.0 software to assess data. Numbers, percentages and medians were used. The data did not meet parametric test assumptions, so this study used the Kruskal-Wallis and Mann-Whitney U tests. Pearson's correlation analysis was used to determine the relationship between perceived social support and psychological well-being, and regression analysis was used to reveal sociodemographic variables and predictors. The significance of data was tested at  $p < 0.05$  and  $p < 0.01$ .

### Results

The mean age of the participating students was 21.26 years. Of them, 35.3% were second-year students, and 92% were females. Of them, 39.3% had 3 or more siblings, and 44.3% were firstborn children. The mothers of 60.7% and the fathers of 39% were primary school graduate, and the mothers of 97.7% and the fathers of 99% were alive. Of them, 95% were living with their parents, and 63.7% were staying in dormitories. Of them, 81% spent most of their time in cities (Table 1).

The median score on the scale of perceived social support was 64.00. The median subscale scores were 21.00, 23.00 and 21.00 for family support, special person support and friend support, respectively. This study found that students obtained the highest score on special person support (Table 2). The median scale scores of students on the psychological well-being were: positive relationships with others, 5.43; personal development, 5.29; autonomy, 4.43; environmental dominance, 4.71; self-acceptance, 4.86, and life purposes, 5.21. This study determined that median scores on the positive relationships with others, personal development and life purposes subscales were higher than other subscale score medians (Table 2).

A statistically significant difference was found between the family, friend and special person support subscales, and between the personal development and positive relationships with others psychological well-being subscales ( $p < 0.05$ ). Advanced analysis of which binary group caused this difference found that third-year students had higher mean scores on family (KW=8.37,  $p=0.039$ ), friend (KW=8.37,  $p=0.039$ ) and special person (KW=20.14,  $p=0.000$ ) support than first-year students, and that fourth-year students' mean scores on

**Table 1.** The introductory characteristics of the nursing students

Introductory characteristics	n	%
Year of study		
1. year	78	26.0
2. year	106	35.3
3. year	63	21.0
4. year	53	17.7
Gender		
Female	276	92.0
Male	24	8.0
Living status of mother		
Alive	297	99.0
Death	3	1.0
Living status of father		
Alive	293	97.7
Death	7	2.3
Place of residence		
Home with family	62	20.7
Home with friends	38	12.7
Dormitory	191	63.7
Home with relatives	2	0.7
Home alone	2	0.7
Other	5	1.7
Parental cohabitation		
Married-living together	285	95.0
Married-living separately	2	0.7
Divorced	11	3.7
Place where students spend time most		
City	243	81.0
Village	25	8.3
Town	32	10.7

**Table 2.** The perceived social support and psychological well-being score medians of nursing students (n=300)

	Median	Min.-Max.
Perceived social support		
Total scale score	64.00	24–84
Family support	21.00	6–28
Special person support	23.00	6–28
Friend support	21.00	6–28
Psychological well-being		
Positive relationships with others	5.43	1.86–7.00
Personal development	5.29	2.43–7.00
Autonomy	4.43	2.14–6.57
Environmental dominance	4.71	2.71–6.86
Self-acceptance	4.86	1.86–7.00
Life purpose	5.21	3.00–7.00

Min: Minimum; Max: Maximum.

personal development (KW=13.30,  $p=0.004$ ) and positive relationships with others (KW=7.87,  $p=0.049$ ) were higher than those of first-year students (Figure 1 and Figure 2).

This study found a statistically significant difference in the positive relationships with others subscale of the psychological well-being scale by gender (MU=2284.000;  $p=0.012$ ). Female students were in positive relationships with others more than the males. On the other hand, no significant dif-

ferences were found between the mean perceived social support scores of students by gender (Table 3).

According to place of residence during their education, this study found significant difference between the personal development (KW=15.058,  $p=0.010$ ), positive relationships with others (KW=13.520,  $p=0.019$ ), life purposes (KW=15.449,  $p=0.009$ ) and self-acceptance (KW=12.804,  $p=0.025$ ) subscales of the psychological well-being scale, and between special person (KW=12.503,  $p=0.029$ ) subscale of the multi-dimensional scale of perceived social support scale. The personal development, positive relationships with others, life purposes, self-acceptance and special person support subscale scores of students staying with their relatives were higher than those of students staying with their families (Table 3).

Whether the students' fathers were alive made a significant difference in the subscales of personal development (MU=519.000,  $p=0.025$ ), total perceived social support (MU=511.500,  $p=0.023$ ), family support (MU=487.000,

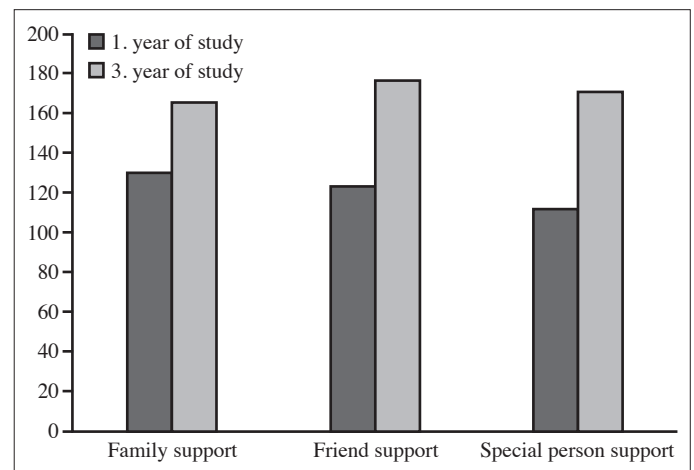
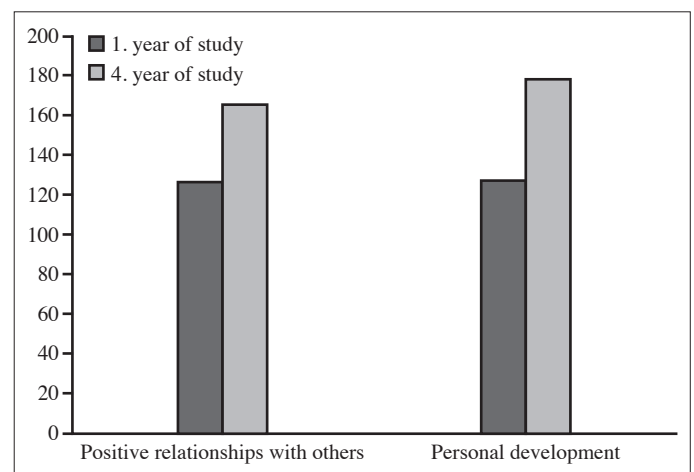
**Fig. 1.** The perceived social support scores of nursing students by year of study**Fig. 2.** The psychological well-being scores of nursing students by year of study



Table 3. Nursing students' perceived social support and psychological well-being levels according to their introductory characteristics

	Perceived social support				Psychological well-being			
	Total scale score	Family	Special person	Friend	Posit. relationships with others	Life purpose	Personal development	Environmental Dominance
	Mean rank	Mean rank	Mean rank	Mean rank	Mean rank	Mean rank	Mean rank	Mean rank
Gender								
Female (n=276)	151.10	151.17	152.17	150.28	154.22	151.34	150.60	151.17
Male (n=24)	143.65	142.77	131.27	153.08	107.67	140.85	149.31	142.79
Statistical analysis*	MU=3147.500 p=.686	MU=3126.500 p=.648	MU=2850.500 p=.256	MU=3250.000 p=.879	MU=2284.000 p=.012	MU=3080.500 p=.569	MU=3283.500 p=.944	MU=3127.000 p=.649
Place of residence								
With family (n=62)	132.90	135.40	139.86	129.50	141.56	141.85	139.10	144.00
With friends home (n=38)	158.24	154.45	151.87	159.70	159.22	169.38	159.05	170.78
Dormitory (n=191)	151.71	151.43	149.89	154.15	147.02	144.81	148.02	145.84
With relatives (n=2)	264.75	262.00	287.00	218.00	281.75	262.50	277.25	276.00
Alone home (n=2)	118.00	170.00	189.50	35.50	259.25	248.00	159.00	125.75
Other (n=5)	231.00	219.70	225.10	220.70	232.00	247.80	267.70	214.90
Statistical analysis	KW=10.955 p=.052	KW=8.609 p=.126	KW=10.048 p=.074	KW=12.503 p=.029	KW=13.520 p=.019	KW=15.449 p=.009	KW=15.058 p=.010	KW=10.116 p=.072
Living status of father								
Alive (n=293)	152.25	152.34	151.85	152.32	150.88	150.06	148.77	150.29
Dead (n=7)	77.07	73.57	93.93	74.36	134.64	169.00	222.86	159.14
Statistical analysis	MU=511.500 p=.023	MU=487.000 p=.017	MU=629.500 p=.080	MU=492.500 p=.019	MU=914.500 p=.624	MU=896.000 p=.567	MU=519.000 p=.025	MU=965.000 p=.789
Parental cohabitation								
Married-living together (n=285)	151.07	150.61	151.87	150.18	150.13	148.79	147.61	149.73
Married-living separate (n=2)	139.25	147.00	111.00	154.50	175.75	237.50	88.25	40.75
Divorced (n=11)	110.73	121.27	95.09	131.00	128.45	151.95	209.59	163.41
Statistical analysis	KW=2.352 p=.309	KW=1.235 p=.539	KW=5.041 p=.080	KW=0.534 p=.766	KW=0.859 p=.651	KW=2.122 p=.346	KW=6.516 p=.038	KW=3.486 p=.175
Self-acceptance								
Female (n=276)	151.01	149.35	151.01	150.60	151.17	151.34	150.60	151.17
Male (n=24)	144.58	163.75	131.27	153.08	107.67	140.85	149.31	142.79
Statistical analysis*	MU=3170.000 p=.727	MU=2994.000 p=.435	MU=2850.500 p=.256	MU=3250.000 p=.879	MU=2284.000 p=.012	MU=3080.500 p=.569	MU=3283.500 p=.944	MU=3127.000 p=.649
Place of residence								
With family (n=62)	139.94	137.02	139.86	129.50	141.56	141.85	139.10	144.00
With friends home (n=38)	164.64	159.29	151.87	159.70	159.22	169.38	159.05	170.78
Dormitory (n=191)	147.02	150.13	149.89	154.15	147.02	144.81	148.02	145.84
With relatives (n=2)	271.00	236.75	287.00	218.00	281.75	262.50	277.25	276.00
Alone home (n=2)	172.50	209.50	189.50	35.50	259.25	248.00	159.00	125.75
Other (n=5)	249.80	206.80	225.10	220.70	232.00	247.80	267.70	214.90
Statistical analysis	KW=12.804 p=.025	KW=6.920 p=.227	KW=10.048 p=.074	KW=12.503 p=.029	KW=13.520 p=.019	KW=15.449 p=.009	KW=15.058 p=.010	KW=10.116 p=.072
Living status of father								
Alive (n=293)	149.18	149.60	151.85	152.32	150.88	150.06	148.77	150.29
Dead (n=7)	205.57	188.14	93.93	74.36	134.64	169.00	222.86	159.14
Statistical analysis	MU=640.000 p=.089	MU=762.000 p=.245	MU=629.500 p=.080	MU=492.500 p=.019	MU=914.500 p=.624	MU=896.000 p=.567	MU=519.000 p=.025	MU=965.000 p=.789
Parental cohabitation								
Married-living together (n=285)	149.19	148.85	151.87	150.18	150.13	148.79	147.61	149.73
Married-living separate (n=2)	69.50	95.00	111.00	154.50	175.75	237.50	88.25	40.75
Divorced (n=11)	171.95	176.36	95.09	131.00	128.45	151.95	209.59	163.41
Statistical analysis	KW=2.480 p=.289	KW=1.892 p=.388	KW=5.041 p=.080	KW=0.534 p=.766	KW=0.859 p=.651	KW=2.122 p=.346	KW=6.516 p=.038	KW=3.486 p=.175

p=0.017) and friend support (MU=492.500, p=0.019). The personal development scores of students whose father had died were higher than those of students whose fathers were alive. It was also found that their total perceived social support, family and friend support were less than those of students whose fathers were alive (Table 3).

Parental cohabitation had a significant effect on scores on the personal development subscale (KW=6.516, p=0.038) of the psychological well-being scale. The personal development scores of students whose parents were divorced were higher than those of students whose parents were married and living together. Parental cohabitation made no significant difference in the perceived social support scores of students (Table 3).

This study did not find a significant difference between scores of students on psychological well-being and the perceived social support according to whether their mothers were alive, the number of siblings or parental education levels.

This study examined the relationship between perceived social support and psychological well-being, and found positive significant relationships ( $p < 0.01$ ). As perceived social support increases, all psychological well-being subscales increase as well. As family support increases, positive relationships with others ( $r=0.524$ ,  $p=0.000$ ), autonomy ( $r=0.135$ ,  $p=0.019$ ), self-acceptance ( $r=0.295$ ,  $p=0.000$ ) and life purposes ( $r=0.225$ ,  $p=0.000$ ) also increase. As special person and friend support increase, positive relationships with others, personal development, environmental dominance, autonomy, life purposes and self-acceptance increase as well. There was no relationship between family support and personal development (Table 4).

To reveal predictors of perceived social support and psychological well-being levels, a regression model was developed with all the sociodemographic variables. It showed that beta values varied between -0.066 and 0.113, and that p values were greater than 0.05. Therefore, sociodemographic variables did not predict perceived social support and psychological well-being levels.

**Table 4.** The relationship between the subscales of nursing students' perceived social support and psychological well-being

Perceived social support and psychological well-being subscales	Perceived social support					Psychological well-being				
	Family	Friend	Special person	Total perceived social support	Positive relationships with others	Personal development	Environmental dominance	Autonomy	Life purposes	Self-acceptance
1. Family	—	.778**	.666**	.900**	.524**	.109	.251**	.135*	.225**	.295**
2. Friend	.778**	—	.744**	.937**	.386**	.167**	.237**	.173**	.233**	.302**
3. Special person	.666**	.744**	—	.349**	.442**	.218**	.297**	.120*	.297**	.358**
4. Total perceived social support	.900**	.937**	.349**	—	.494**	.181**	.287**	.159**	.276**	.349**
5. Positive relationships with others	.524**	.386**	.442**	.494**	—	.407**	.543**	.177**	.419**	.567**
6. Personal development	.109	.167**	.218**	.181**	.407**	—	.549**	.380**	.591**	.583**
7. Environmental dominance	.251**	.237**	.297**	.287**	.543**	.549**	—	.288**	.498**	.640**
8. Autonomy	.135*	.173**	.120*	.159**	.177**	.380**	.288**	—	.271**	.443**
9. Life purpose	.225**	.233**	.297**	.276**	.419**	.591**	.498**	.271**	—	.503**
10. Self-acceptance	.295**	.302**	.358**	.349**	.567**	.583**	.640**	.443**	.503**	—

\*\*p&lt;0.01; \*p&lt;0.05.

## Discussion

This study found that, of the students' perceived social support subscales, special person support was higher than family and friend support. In the literature, there are studies showing that support given to students by their families were greater.<sup>[8,9,28,29]</sup> This finding is meaningful since nursing students spend time most with people regarded as special (dates, best friends, etc.) during the year because of their heavy theoretical and practical course programs. Moreover, while having a family with a problematic life creates negative effects for students, stable and regular family lives do not hinder students' development. This gives students a good foundation for personal well-being and development, which students can use as a model for their social environments. Of the psychological well-being subscales, the students received the highest scores for positive relationships with others, personal development and life purpose. This supports the claim above. Even though the nursing profession and nursing student life are enjoyable, these require care, attention, tidiness and many abilities such as problem solving, life organizing and self-motivation. This life cannot be achieved with only family support. It requires students to have different and more accessible social support resources than their families and to develop positive relationships with these people, to set personal and occupational objectives which guide their lives and self-improvement.

This study found that, while students whose fathers were alive had higher perceived social, family and friend support levels than those whose fathers were dead, the personal development levels of students whose dead were dead or parents were divorced were higher. However, the fact that the number of students whose fathers were dead and alive was 7 and 293, respectively, and the number of students whose parents were separated or divorced was 2 and 11, respectively, while the number of students whose parents were married and living together was 285 make it difficult to make a com-

parison. Although a clear discussion about this issue based on these numbers is difficult, it can be thought that having parents who are alive and living together enhances the perceived social support a little; however, this is not valid for personal development.

This study found that students who were living with their families had lower levels of personal development, positive relationships with others, life purposes, self-determination than other students. While the fact that people live with their families during their university education makes life easier, living far from their families ensures student's personal development, requires them to know and accept themselves, and improves their ability to form positive relationships by trying to solve problems on their own. This leads researchers to think that students living with their families have more limited development of these abilities.

Inter-year comparisons showed that fourth-year nursing students had higher levels of personal development and positive relationships with others than first-year students. This may be because higher-year university students had higher levels of ability to manage their life independently of their families during university education. At the same time, it has been thought that nursing education contributes to people both in the occupational and personal senses. Thus, there are many course and applications intended to enhance personal and social development in nursing education curricula. Third-year students had higher levels of family, friend and special person support than first-year students; however, there were no significant differences between first- and fourth-year students. This may be explained by the fact that final-year students experience occupational and general examination anxiety [with tests such as KPSS (Public Personnel Selection Examination), ALES (Academic Personnel and Postgraduate Education Entrance Exam) and language examinations], making them more introverted and less likely to focus on social support so that they can study more.

Another finding of this study was that female students' scores on positive relationship with others were higher than those of males. This is consistent with a study by Ryff<sup>[13]</sup> who used the concept of psychological well-being for the first time. Similarly, a study of Kayabeyeser<sup>[30]</sup> with university students revealed that female students' scores on subscales of positive relationships with others, environmental dominance and life purposes were higher than those of males. On the other hand, Göcen<sup>[31]</sup> found that the psychological well-being levels of females and males were close with no statistically significant differences.

Finally, this study determined that as the perceived social support levels of nursing students increase, their psychological well-being also increases. Similarly, Malkoç and Yalçın<sup>[18]</sup> conducted a study with university students and found a positive relationship between psychological well-being and perceived social support. The fact that people perceive the presence of social support increases personal development, self-acceptance, autonomy, positive relationships with others, environmental dominance and life purposes by leading them to feel better.

### Results and Recommendations

This study was conducted to determine nursing students' perceived social support and psychological well-being levels, the sociodemographic distribution of these variables and the relationship between them. It achieved this aim and obtained important results. Students who were in their first-year, who were male, who were staying with their relatives, whose fathers were dead had lower levels of perceived social support and psychological well-being than those who were in higher years of study, who were female, who were staying with their families and whose fathers were alive. Thus, it can be suggested that these students can be regarded as risk groups and counseling should be provided to increase their social support resources and their psychological well-being. Given that perceived social support and psychological well-being have positive effects on academic success, decisions about professional life, the ability to overcome stressors,<sup>[32,33]</sup> it has been thought that counseling activities with these risky groups will positively affect their occupational development. Since psychological well-being also increases as perceived social support increases, it will be beneficial for counseling services to take this into consideration. Given that this study evaluated perceived social support and psychological well-being cross-sectionally, it can be recommended that further studies should examine these variables longitudinally. Moreover, this study examined the relationship of social support perceived by nursing students and psychological well-being with sociodemographic variables. In the future, it will be beneficial to conduct studies to examine relationships with variables such as psychological resilience and overcoming stress.

### Study Limitations

This study included nursing students. Thus, its results can be generalized only to nursing students. The numbers of first-, second-, third-, and fourth-year students included in this study were different because students were included in this study based on the principle of voluntariness. Determining the students to be included in the sample with a basic random number table using stratified sampling method ensures a more random approach. This study did not do so, which constitutes a limitation.

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