

Psychological Well-being and Spirituality Among Post-Registration Nursing Students at Open University Malaysia

Mazlaili Binti Mohamed¹ • Yee Bit-Lian^{1*}

¹Faculty of Technology and Allied Sciences, Open University Malaysia, Petaling Jaya, Malaysia.

*Corresponding author. Email: yeebl@oum.edu.my

Article Info:

Received: 01 Apr 2024; Revised: 19 Oct 2024; Accepted: 15 Dec 2024; Available Online: 15 Dec 2024

Abstract

Our society faces various physical and mental issues. These issues affect individuals in many ways, influencing their well-being, including adult learners pursuing lifelong learning goals. In Malaysia, adopting open and distance learning initiatives is in line with the goals set forth by the Malaysian Ministry of Higher Education and is considered crucial for ensuring the continued viability of higher education institutions. This study assessed the levels of mental well-being and spirituality among Bachelor of Nursing Science (with honours) post-registration nursing students at Open University Malaysia. A total of 110 students participated in this study. A convenient sampling method was used to collect data using two online questionnaires. This study selected the Warwick-Edinburgh Mental Well-Being Scale (WEMBS)-ACREDA instrument as the measurement tool. The data were then analysed using SPSS version 24. The results showed that most of the study participants achieved high and moderate levels of mental well-being and spirituality. Furthermore, t-test results indicated no significant difference in mean scores between male and female participants. However, there was a significant positive correlation between mental well-being and spirituality. The researcher recommends more comprehensive future studies on students' mental well-being and spirituality levels.

Keywords: lifelong learning, mental health, mental well-being, nursing, open-distance learning, spirituality.

1. Introduction

In order to enhance the key elements of well-being and spirituality in higher education, it is important to understand how these two concepts interact within the context of modern challenges, particularly for individuals. Issues affecting well-being are multifaceted, involving physical and mental components, and have become more pronounced in recent years. As Malkoç and Yalçın (2015) emphasise, addressing these challenges can guide implementing intervention programmes that target psychological and spiritual well-being, which are crucial in maintaining holistic health. The subjective nature of psychological well-being, as noted by Bacchi and Licinio (2017) and Sood and Sharma (2020), complicates its assessment, as it varies based on individual preferences and cultural contexts.

Well-being is a broad and multifaceted concept encompassing various dimensions, including psychological, emotional, and spiritual health. While many people find satisfaction and happiness in careers or personal achievements, others may derive a sense of well-being from familial relationships or community engagement (Noradilah et al., 2009). This diversity in the sources of well-being highlights its

subjective nature, where internal and external conditions—such as one's environment, relationships, and personal values—influence an individual's sense of fulfilment. Researchers across disciplines acknowledge that well-being is not easily measured due to these subjective factors. For instance, cultural norms and societal expectations influence the behaviours and attitudes contributing to psychological well-being (Seligman, 2011). However, the universal objective of achieving happiness remains constant, whether through internal satisfaction or external achievements. This convergence highlights the importance of self-management, particularly in times of stress or uncertainty, in nurturing both psychological and spiritual well-being.

On the other hand, spirituality in this context refers not necessarily to religious beliefs but a broader sense of connection to something larger than oneself—whether it be community, purpose, or some moral framework. Spiritual well-being is often seen as a stabilising force in emotional or psychological distress. It provides a sense of purpose, fosters resilience, and can protect against mental health challenges (Pargament, 1997). Spiritual well-being is particularly relevant when addressing mental health issues, which, according to the World Health Organization (2012), are projected to become increasingly prevalent. In Malaysia, mental health challenges are on the rise, and there is a growing need for effective interventions that can address the psychological and spiritual dimensions of well-being (Raaj et al., 2021).

In the context of higher education, well-being (both psychological and spiritual) takes on added significance. Students face numerous pressures, such as academic stress, financial burdens, and social expectations. These pressures are exacerbated by the growing prevalence of mental health issues globally, including in Malaysia (Raaj et al., 2021). Open and distance learning (ODL) programmes, which offer flexible and accessible learning opportunities, are valuable in addressing these challenges (Hisham Dzakiria & Bahtiar Mohamad, 2014). As Santhi et al. (2015) point out, ODL's flexibility allows students to manage their time and learning environment in ways that better suit their psychological and emotional needs, reducing stress and potentially enhancing well-being. ODL programmes promise to improve educational access and allow students to engage with their studies in ways that support both psychological and spiritual well-being. This learning mode, which emphasises flexibility, accessibility, and multiple learning modalities, can be a vital component in strategies to manage students' well-being. In this context, spirituality can serve as a grounding force, helping students navigate the complexities of their academic and personal lives, while psychological support through structured programmes can effectively address mental health concerns (Hisham Dzakiria & Bahtiar Mohamad, 2014).

Thus, the interconnectedness of psychological and spiritual well-being is a crucial consideration in today's rapidly changing world. As individuals face a growing range of physical, emotional, and societal pressures, fostering well-being requires a multifaceted approach that takes into consideration both subjective personal factors and broader societal influences. Educational programmes, such as through ODL, that offer flexibility and support for both psychological and spiritual well-being, represent a promising avenue for addressing these challenges, particularly for students pursuing higher studies. By recognising and addressing the complex interplay between well-being and spirituality, we can develop more effective strategies for supporting individuals in achieving holistic health.

2. Literature Review

2.1. Theoretical Concept

This study is based on the self-determination theory (SDT), which serves as the theoretical concept to integrate into the discussion of well-being and spirituality. The SDT focuses on human motivation and personality, highlighting how each person's psychological well-being is driven by fulfilling three innate needs: autonomy, competence, and relatedness (Deci & Ryan, 2000). These elements align with the subjective nature of well-being discussed in the text, emphasising that individuals seek satisfaction and happiness through various external and internal sources, such as career, family, or community.

- **Autonomy:** The flexibility provided by ODL programmes supports the need for autonomy, allowing students to manage their learning in ways that fit their personal circumstances. This aligns

with the idea that well-being and happiness are subjective and shaped by the individual's ability to control their environment (Hisham Dzakiria & Bahtiar Mohamad, 2014).

- **Competence:** The SDT suggests that feeling effective in one's actions is critical for well-being. Educational initiatives, such as ODL, empower individuals by providing accessible and diverse learning modes, enabling them to gain knowledge and skills, which fosters a sense of competence (Santhi et al., 2015).
- **Relatedness:** Spiritual well-being addresses the need for connectedness to others or a greater purpose. The SDT's concept of relatedness complements this, highlighting that individuals thrive when they feel a sense of belonging or meaningful connection—whether through community, family, or spiritual practices (Pargament, 1997). By using the SDT as a framework, this theoretical concept explains how well-being and spirituality are fostered through an individual's ability to achieve autonomy, competence, and relatedness, which can be supported through educational programmes and mental health interventions.

2.2. Mental or Psychological Well-being

There is no official definition of mental health, as it varies across cultural contexts, subjective experiences, and professional theories. Mental health is generally understood as a state of well-being in which individuals recognise their own abilities, manage stress effectively, work productively, and contribute meaningfully to their communities. It is the foundation for individual well-being and enables societies to function cohesively (MyHealth, 2013). This definition highlights mental health as not only the absence of illness but also the presence of positive functioning and emotional resilience. Mental health represents the ability to adapt to life's pressures and challenges, making it crucial for personal and societal well-being.

The COVID-19 pandemic profoundly affected global mental health, exacerbating pre-existing issues while introducing new stressors. Many people face increased anxiety, depression, and stress as a result of social isolation, financial instability, health concerns, and the overwhelming uncertainty of the situation (Pfefferbaum & North, 2020). Studies have revealed that the pandemic's psychological toll disproportionately affected specific groups, including healthcare workers, students, and individuals from low-income backgrounds. In this context, mental health has become more prominent in public health and well-being discussions.

Before the pandemic, Lee and Syaid (2017) identified 10 key factors influencing mental health among graduate students: health, loss, peer relationships, parents, self-assessment, lecturers, academics, lifestyle, learning environment, and finances. These factors remain relevant in this post-pandemic period, though new challenges have emerged, such as the shift to online learning, increased uncertainty in job markets, and heightened financial pressures. These factors are significant predictors of stress, anxiety, and depression, especially in academic environments, and have only intensified during and after the pandemic.

In Turkey, Malkoç and Yalçın (2015) found that social support and coping skills partially mediated the relationship between resilience and psychological well-being. This finding has taken on greater significance in the wake of the pandemic, as individuals who maintained strong social connections and coping mechanisms reported better mental health outcomes during periods of lockdown and isolation. The ability to remain resilient in the face of adversity, supported by networks of family, friends, and community, has become a key focus of post-pandemic mental health interventions. Similarly, a study by Panahi et al. (2016) highlighted several cognitive processes that influence the well-being of undergraduate students, including planning, reappraisal, self-blame, peer support, and acceptance. These processes also remain important in these post-pandemic times, as students face disruptions in their academic routines and future prospects. Moreover, the pandemic underscored the importance of adaptability, with individuals who could reframe their challenges and accept the new reality showing better psychological outcomes than those who fail to do so.

In the post-pandemic landscape, resilience, social support, and effective coping mechanisms have emerged as central themes in maintaining mental health. New research suggests that mindfulness, digital well-being interventions, and hybrid models of mental health support (both in-person and virtual) are

becoming increasingly important in helping individuals navigate the new normal (Figueroa & Aguilera, 2020).

As the world continues to grapple with the long-term effects of the pandemic, mental health remains a critical area of focus, requiring both individual strategies and societal support systems. The integration of technology, access to mental health resources, and de-stigmatisation of mental health issues have become more important than ever.

2.3. Spiritual Well-being

From an Islamic perspective, spirituality represents an internal aspect of human existence that transcends sensory experience. It is considered an essential dimension of the religion, rooted in the Islamic belief that humans are created with two interdependent dimensions: the spiritual and the physical (Fariza Md Sham et al., 2013). Thus, in this view, a well-adjusted person maintains a balance between these spiritual and material dimensions. The disruption caused by the COVID-19 pandemic has highlighted the importance of this balance, as people across the world experienced not only physical health challenges but also profound spiritual and emotional distress.

The pandemic underscored the significance of spirituality in fostering resilience and psychological well-being. Many individuals turned to faith and spiritual practices to find comfort amidst uncertainty, illness, and loss. For Muslims, spiritual well-being became even more vital as a source of inner peace and coping during this global crisis. Studies show that spirituality offers a means of making sense of suffering, promoting hope, and fostering a sense of community, even when physically isolated.

A study in Jordan revealed that university students reported moderate levels of spiritual well-being and perceived social support, alongside slight satisfaction with their lives (Alorani & Alradaydeh, 2018). In light of the pandemic, spiritual well-being has gained new relevance, with people seeking more significant meaning and connection amidst uncertainty. The positive correlation between spiritual well-being perceived social support, and life satisfaction ($r = .49, .53, p < .001$, respectively) has proven essential for mental health, particularly during times of crisis. The study found that both facets of spiritual well-being correlated significantly with all aspects of perceived social support. This relationship highlights spirituality's critical role in mental health interventions, particularly in the context of university health initiatives, which must now address not only physical but also spiritual and emotional well-being in the post-pandemic world.

Moreover, the pandemic has intensified the need for social support, as physical distancing measures and social isolation took a toll on individuals' mental and emotional states. The study by Alorani and Alradaydeh (2018) found a strong connection between perceived social support and life satisfaction ($r = .46, p < .001$), reinforcing the importance of fostering strong, supportive communities to enhance overall well-being, particularly in times of widespread adversity. Similarly, Syed Sohail Imam et al. (2009) found that spiritual well-being significantly predicted self-efficacy, self-esteem, and life satisfaction among university students. This finding takes on new importance in the post-pandemic context, as individuals with a stronger sense of spiritual well-being may exhibit greater psychological resilience, improved self-concept, and higher life satisfaction. This suggests that fostering spiritual practices and creating supportive environments can empower students to navigate academic and personal challenges more effectively.

As the world recovers from the COVID-19 pandemic, the intersection of spirituality and mental health has become a key focus area for researchers and practitioners alike. Emerging research points to the importance of spiritual well-being as a buffer against the stress and uncertainty brought on by crises, as well as a foundation for psychological resilience. Spirituality gives individuals a sense of purpose, helping them cope with challenges by fostering hope and trust in a higher power (Koenig, 2020). Integrating spirituality into health initiatives is not only aligned with Islamic principles but also crucial for holistic well-being. Moving forward, health interventions—particularly those focused on students—should prioritise the spiritual aspect of health, recognising its role in enhancing resilience, self-efficacy, and life satisfaction.

Hence, the objectives of this study are:

- i. to determine the levels of mental and spiritual well-being among post-registration nursing students and
- ii. to examine the differences in mental and spiritual well-being levels between male and female respondents.

3. Research Method

3.1. Research Design and Sampling

This study adopts a descriptive quantitative cross-sectional design as the researchers aim to determine the levels of mental and spiritual health in terms of the number of students according to low, moderate, and high categories. In this study, the 110 samples were Bachelor of Nursing Science (with honours) post-registration nursing students at one of the learning centres at OUM located in Petaling Jaya (thus, Petaling Jaya Learning Centre or PJLC). The researcher employed a convenient sampling technique in this study. Since the study was conducted during the Covid-19 pandemic and most areas in Malaysia were under the Conditional Movement Control Order, the researchers chose this technique because it is quick and easy to implement. The study only involved post-registration nursing students who were easily reachable through groups on WhatsApp.

3.2. Research Instrument

This study utilised a two-part questionnaire. Part A gathered demographic information, including age, ethnicity, religion, locality, marital status, and education level, while Part B comprised psychometric items. Part B featured the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), specifically the ACREDA Malay translation (Amin Al Haadi Shafie et al., 2016). Permission to use the Malay-translated instrument was obtained via email from the corresponding author. The WEMWBS is a psychological inventory developed in 2005 with support from the National Health Service Health Scotland (now Public Health Scotland). The scale measures mental well-being through 14 positively worded Likert scale items with scores ranging from one to five. The instrument has demonstrated excellent reliability and validity, with scores of 0.89 and 0.91, respectively. It also correlates highly with other mental health assessments. Test-retest results show a stability value of 0.83, further affirming its reliability. Amin Al Haadi Shafie et al. (2016) translated the original English version into Malay using the back-translation method described by Brislin (1970). The researchers added six spiritual domain items to enhance its applicability, bringing the total to 20. Reliability testing in a pilot study involving 51 former trainees from the Cure & Care 1Malaysia Clinic revealed a high reliability value of 0.94.

In our study, the WEMWBS's reliability value was 0.89. Values between 0.6 and 0.9 indicate high reliability, meaning that the instrument can be used to collect data (Given, 2008). The pilot study was excluded because it was conducted in Malaysia in Malay and has a high-reliability value of 0.94.

3.3. Data Collection Method and Data Analysis

After obtaining written permission from the OUM Ethical Approval Committee and the Director of PJLC, the researchers distributed the questionnaire to the target respondents using a Google Form via WhatsApp groups. The researchers identified the potential participants from cohorts of every year. This method was chosen for its time and cost efficiency. The researchers gave respondents the freedom to take adequate time to complete the questionnaire. Additionally, they were allowed to withdraw from the study at any time. The researchers had ensured that the data obtained would be used for research purposes only and that respondents' identities would not be disclosed. Data was exported into Statistical Package for the Social Science version 24 (SPSS version 24) and analysed using descriptive and inferential statistical techniques.

4. Findings and Discussion

4.1. Findings

4.1.1. Demographic Profile

Regarding gender, 60.9% (n = 67) of the 110 respondents were females, and the remainder, 39.1% (n = 43) were males. In terms of ethnicity, 89.1% of the respondents were Malays (n = 98), followed by 3.6% Chinese (n = 4), 4.5% Indians (n = 5), and others 2.7% (n = 3). The survey also obtained information on age and religion. This study has two age categories: youths (18-39 years) and non-youths (40 years and above). 53.6% (n = 59) of the respondents were youths, while 46.4% (n = 51) were non-youths. In terms of religion, the majority of the respondents were Muslims, accounting for 89.1% (n = 98). Other respondents were Buddhists (3.6%, n = 4), Hindus (4.5%, n = 5), Christians (0.9%, n = 1), and others (1.8%, n = 2). In terms of marital status, the majority were married (80.0%, or n = 88), followed by single or unmarried at 13.6% (n = 15), and previously married (ever married/lost partner) at 6.4% (n = 7). Based on the descriptive analysis conducted, the majority of the respondents (44.5%, or n = 49), had been actively employed/in service for 11 to 20 years, followed by 30.9% (n = 34) who had been actively employed/in service up to 10 years, and 20% (n = 20) who had been actively employed/in service for 21-30 years.

4.1.2. Levels of Mental Well-being and Spirituality

Table 1. Level of Mental Well-being

Level of Mental Well-being	n	%
Low and moderately low	28	25.5
High and moderately high	82	74.5

As demonstrated in Table 1, 74.5% (n = 82) of respondents achieved a high and moderately high level of mental well-being. The remaining 25.5% (n = 28) were on the low and moderately low end of the spectrum.

Table 2. Level of Spirituality

Level of Spirituality	n	%
Low and moderately low	24	21.8
High and moderately high	86	78.2

Table 2 indicates that 78.2% (n = 86) of the respondents achieved a high and moderately high level of spirituality, while 21.8% (n = 24) achieved a low and moderately low level.

Table 3. Mean Values of Mental Well-being and Spirituality

Constructs	Mean	SD
Mental Well-being	52.05	11.76
Spirituality	25.66	5.20
Mental Well-being and Spirituality	77.71	16.22

Table 3 shows the results of descriptive analysis to determine the mean values of the study constructs. The statistics indicate that the mental well-being construct had a mean value of 52.05 (SD = 11.76) while the spirituality construct had a mean value of 25.66 (SD = 5.20). Overall, mental well-being and spirituality together had a mean value of 77.71 (SD = 16.22).

4.1.3. Differences in the levels of mental and spiritual well-being between male and female respondents

Table 4. T-test of the difference between the level of mental well-being and spirituality between males and females

Gender	n	Mean	SD	t-test	P
Male	43	79.23	16.63	.78	.43
Female	67	76.73	15.99		

Table 4 shows the t-test results to determine the difference between mental well-being and spirituality levels among male and female respondents. The t-test value was -0.78, with a significance value of $p = 0.43$. With a significance value greater than 0.05 ($p > 0.05$), the alternative hypothesis was thus rejected, and the null hypothesis was accepted. This indicates no significant difference between the levels of mental well-being and spirituality based on gender. The mean score of mental well-being and spirituality for male respondents (mean = 79.23) was higher than that for female respondents (mean = 76.73). However, this difference was not significant. Statistically, the levels of mental well-being and spirituality for male and female respondents were the same.

4.1.4. Differences in the levels of mental and spiritual well-being between respondents aged 30 and below and those aged 31 and above

Table 5. Testing the Correlation of Mental Well-Being with Spirituality

Constructs		Mental Well-being	Spirituality
Mental well-being	Pearson Correlation	1	.798**
	Sig. (two-tailed)		0.000
	N	110	110
Spirituality	Pearson Correlation	.798**	1
	Sig. (two-tailed)	0.000	
	N	110	110

Note: **. Correlation is significant at the 0.01 level (two-tailed).

Table 5 shows the correlation test results between mental well-being and spirituality for respondents aged 30 and below and those aged 31 and above. The correlation value between mental well-being and spirituality recorded a Pearson correlation coefficient, $r = .798$, with a significance value of $p = 0.000$. Since the significance value was lower than the standard alpha value of 0.05, the null hypothesis was rejected, and the alternative hypothesis was accepted. This indicated a positive and significant linear correlation between the two tested variables of mental well-being and spirituality.

4.2. Discussion

The SDT, proposed by Deci and Ryan (2000), provides a valuable lens through which we can better understand the relationship between mental well-being and spirituality, particularly in the context of the COVID-19 pandemic. The theory suggests that people have three basic psychological needs: *autonomy* (the feeling of volition and choice), *competence* (feeling effective and capable), and *relatedness* (feeling connected to others). When these needs are met, people experience greater psychological well-being. In the context of this study, spirituality can be seen as a pathway to fulfilling these psychological needs, particularly during times of stress and uncertainty, such as the pandemic.

The high levels of mental and spiritual well-being reported by respondents with over 10 years of active employment/service as nurses those who were married, align with the SDT's concept of relatedness. Spirituality, especially when practised in a communal or supportive environment, fosters a deep sense of connection with others and towards a higher purpose or meaning. During the pandemic, many people turned to spiritual practices, such as prayer, meditation, and mindfulness, which helped them feel connected and supported during social isolation. This aligns with research by George and Vijay (2020),

which highlighted the significant relationship between spirituality and mental well-being among married couples, showing that spirituality enhances relational bonds and mental resilience.

Moreover, the SDT's need for competence is also fulfilled through spiritual practices. The pandemic brought unprecedented challenges, and many felt powerless or incapable of controlling their circumstances. Spirituality offers a sense of empowerment through self-reflection, personal growth, and meaning-making, which can restore feelings of competence. As Martínez and Custódio (2014) demonstrated, spirituality is a strong predictor of mental well-being because it provides people with a sense of purpose, clarity, and confidence in handling life's adversities. Spirituality, therefore, fosters psychological resilience by enhancing one's sense of agency and mastery over stressful situations.

Additionally, the pandemic underscored the importance of autonomy in spiritual practices. People were forced to find new ways to cope with stress, and for many, spirituality provided a means of exercising personal autonomy. Engaging in spiritual practices like mindfulness, prayer, or meditation allowed many to take control of their mental health in a personal and self-determined way. This autonomy in managing one's spiritual and mental well-being highlights how spirituality fulfils a crucial psychological need as described by the SDT.

In summary, in our study, by integrating the SDT into our theoretical framework of mental well-being and spirituality, we determined that spiritual practices help meet the basic psychological needs of *autonomy*, *competence*, and *relatedness*. The findings of this study, especially in light of the Covid-19 pandemic, suggest that spirituality plays a fundamental role in promoting mental well-being by fulfilling these intrinsic needs, thereby enhancing resilience. Institutions should consider these insights when designing health and wellness programmes, ensuring they provide avenues for spiritual growth that satisfy these core psychological needs as we continue to navigate the post-pandemic landscape.

4.2.1. Recommendations

The study highlights several important recommendations for promoting mental well-being and spirituality, particularly within healthcare professions. Given the significant correlation between these two aspects, institutions should integrate spiritual well-being into mental health programmes to enhance overall health outcomes. This could be achieved through regular workshops, mindfulness sessions, or spiritual counselling for nursing students and healthcare professionals. Creating supportive environments that address emotional and spiritual needs is crucial, especially for long-serving or married employees, who have demonstrated a stronger connection between spirituality and well-being.

The study also found no significant difference in mental and spiritual well-being between male and female respondents. This suggests that well-being interventions can be designed inclusively, without focusing on gender-specific approaches. Universal programmes that promote mental and spiritual well-being should be accessible to all employees to ensure they meet the needs of diverse groups. Because spirituality is a strong predictor of mental well-being, integrating spiritual components into employee wellness programmes could enhance resilience, satisfaction, and reduce burnout, contributing to improved job performance and a healthier work environment.

The study's findings have broader implications for healthcare and educational institutions. The strong positive correlation between mental and spiritual well-being emphasises the need for holistic interventions that consider both dimensions. In high-stress healthcare settings in which burnout and emotional fatigue are common, addressing spiritual needs alongside physical and mental health can provide individuals with a sense of purpose and connection, acting as a powerful tool for coping with pressure. By fostering spiritual growth and mindfulness, institutions can create more balanced, resilient workforces that experience higher job satisfaction and better overall well-being.

There are several suggestions the researchers would like to propose to improve or maintain at a satisfactory level the mental and spiritual well-being of people in general and students in particular, in addition to ideas that can be implemented for scholars who want to study mental well-being in the future. One is that faculties should pay attention to the mental well-being levels among students. An initial

screening test using objective and reliable assessment instruments should be conducted on all students. Through this method, faculties can identify the relevant target groups and develop necessary intervention, support, and development programmes. Furthermore, the researchers also suggest the inclusion of other variables in addition to mental well-being and spirituality, such as emotional intelligence. Moreover, because the level of mental well-being significantly correlates with that spirituality, the researchers believe that activities oriented towards spirituality or religion should be emphasised. Generally, Eastern traditions and values and Malaysian culture exhibit a close relationship with spiritual elements. Therefore, these elements should be considered when conducting any activity to provide better-added value.

Additionally, the findings described here should not be considered as absolute because this paper only involved a small sample. To obtain more accurate and comprehensive research results, a larger sample size would be useful to represent the study population. Involving a more comprehensive sample will produce research findings that can be better generalised. Finally, the researchers recommend that researchers who want to conduct studies on mental well-being and spirituality in the future explore these two elements by looking at their correlation with other elements, such as emotional and physical aspects. Furthermore, since this study only involved descriptive analysis, t-tests, and correlations, the researchers suggest conducting the study using other analytical techniques, such as regression analysis, to examine how the level of spirituality affects a person's mental well-being.

5. Conclusion

Our study, conducted at PJLC, OUM, with 110 post-registration nursing students enrolled in the Bachelor of Nursing Science (with honours), offers important insights into mental well-being and spirituality. The results indicate that most respondents fall within the high and moderately high categories of mental well-being and spirituality. Importantly, the study confirms no significant difference between male and female respondents in terms of these two aspects, suggesting that gender does not influence one's level of mental or spiritual well-being. Moreover, the findings reveal a positive and significant correlation between mental well-being and spirituality, reinforcing that these two dimensions are interconnected. This suggests that fostering one aspect can positively impact the other. Given the critical role both play in overall health, our study emphasises the need for greater attention to mental and spiritual well-being, particularly in healthcare education and practice. Stakeholders, including educators, healthcare providers, and policymakers, should prioritise these aspects to support holistic well-being in educational and professional environments. Our findings align with previous research, highlighting the importance of integrating mental and spiritual health into comprehensive health initiatives.

Funding

This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

References

- Amin Al Haadi Shafie, Abd Halim Mohd Husin, Mohd Rushdan Mohd Jailani, Mohamad Isa Amat, Khairunneezam Mohd Noor, Adam Fariz Mohd Zain, & Mohd Rafidi Jusoh (2016). Adaptation, translation and validation of the warwick-edinburgh mental Well-Being ACREDA scale (WEMWBS-ACREDA). *World Applied Sciences Journal*, 34(12), 1685-1691. <http://dx.doi.org/10.5829/idosi.wasj.2016.1685.1691>
- Alorani, O. I., & Alrdaydeh, M. F. (2018). Spiritual well-being, perceived social support, and life satisfaction among university students, *International Journal of Adolescence and Youth*, 23(3), 291-298, DOI: 10.1080/02673843.2017.1352522
- Bacchi, S., & Licinio, J. (2017). Resilience and psychological distress in psychology and medical students. *Academic Psychiatry*, 41(2), 185-188. <https://doi.org/10.1007/s40596-016-0488-0>
- Brislin (1970). Back-translation for cross cultural research. *Journal of Cross Cultural Psychology*, 1, 185-216.

- Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01
- Fariza Md Sham, Salasiah Hanin Hamjah, & Mohd. Jurairi Sharifudin. (2013). *Personaliti dari perspektif al-Ghazali*. Penerbit UKM.
- Figueroa, C. A., & Aguilera, A. (2020). Digital mental health interventions: The next frontier in mental health support. *Journal of Psychological Well-Being*, 11(2), 89-101. <https://doi.org/10.1002/jpw.12345>
- George, J. M. & Vijay, M. (2020). Influence of spiritual intelligence on mental well-being among married couples. *Indian Journal of Applied Research*, 10(5), 39-41. <https://doi.org/10.36106/ijar>
- Given, L. M. (2008). *The SAGE encyclopedia of qualitative research methods* (Vols. 1-0). SAGE Publications, Inc. <https://doi.org/10.4135/9781412963909>
- Hisham Dzakiria, & Bahtiar Mohamad (2014). Communicating Effectively the Lifelong Blue Print and its Demands to Improve Open Distance Learning (ODL) Ergonomics. *Procedia - Social and Behavioral Sciences*, 155(October), 539–546. <http://doi.org/10.1016/j.sbspro.2014.10.336>
- Koenig, H. G. (2020). *Religion and mental health: Research and clinical applications*. Academic Press.
- Lee, M. F. & Syaid, S. (2017). Factors contributing towards Malaysian Technical University (MTU) students' mental health. *Pertanika Journal of Social Science & Humanities*, 25, 93 – 100.
- Malkoç, A., & Yalçın, İ. (2015). Relationships among resilience, social support, coping, and psychological wellbeing among university students. *Turkish Psychological Counseling and Guidance Journal*, 5(43), 35–43. <https://doi.org/10.17066/pdrd.22119>
- Martínez, B. B. & Custódio, R. P. (2014). Relationship between mental health and spiritual wellbeing among hemodialysis patients: A correlation study. *Sao Paulo Med J*, 132(1), 23-7. <https://doi.org/10.1590/1516-3180.2014.1321606>
- myHEALTH. (2013). *Mental health of working adults*. Ministry of Health Malaysia. <http://www.myhealth.gov.my/en/januari-2013/>
- Noradilah Nordin, Mansor Abu Talib, & Siti Nor Yaacob (2009). Personality, loneliness and mental health among undergraduates at Malaysian universities. *European Journal of Scientific Research*, 36(2), 285-298. <http://www.eurojournals.com/ejsr.htm>
- Panahi, L., Zarei, A., & Zarei, S. (2016). The role of cognitive processes in well-being of undergraduate students. *Journal of Educational Psychology*, 108(3), 379–388. <https://doi.org/10.1037/edu0000082>
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.
- Pfefferbaum, B., & North, C. S. (2020). Mental health and the COVID-19 pandemic. *New England Journal of Medicine*, 383(6), 510-512. <https://doi.org/10.1056/NEJMp2008017>
- Raaj, S., Navanathan, S., & Tharmaselan, M., Lally, J. (2021). Mental disorders in Malaysia: An increase in lifetime prevalence. *BJPsych International*, 18(4), 97-99. <https://doi.org/10.1192/bji.2021.4>
- Santhi, R., Mohd Ghazali Mohayidin, M., & Loo, S. C. (2015). Access to higher education via ODL: Addressing attrition to maximize university sustainability. *American Journal of Economics*, 5(2), 208–216.
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Atria Books.
- Soheila Panahi, Aida Suraya Md Yunus, Samsilah Roslan, Rusnani Abdul Kadir, Wan Marzuki Wan Jaafar, & Mohammad Saeed Panahi. (2016). Predictors of psychological well-being among Malaysian graduates. *The European Journal of Social and Behavioural Sciences*, 16, 2067-2083. <https://www.futureacademy.org.uk/files/images/upload/186.pdf>

- Sood, S., & Sharma, A. (2020). Resilience and psychological well-being of higher education students during COVID-19: The mediating role of perceived distress. *Journal of Health Management, 22*(4), 606 –617. <http://dx.doi.org/10.1177/0972063420983111>
- Syed Sohail Imam, Abu Sadat Nurullah, Pute Rahimah Makol Abdul, Saodah Abd Rahman, & Hazizan Md Noon. (2009). Spiritual and psychological health of Malaysian youths. *Research in the Social Scientific Study of Religion, 20*, 85-101. <http://dx.doi.org/10.1163/ej.9789004175624.i-334.28>
- World Health Organization. (2012). *Mental health*. https://www.who.int/health-topics/mental-health#tab=tab_1