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To analyze the factors influencing psychological well-being among Students: A comparative study of Haryana and Punjab

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Abstract

There is a direct association between psychology and psychological well-being for any individual. The predictors of PWB are still not widely known by Indian university students. This study looked into the relationship between PWB with various determining aspects, i.e. stress, resilience, self-efficacy, mindfulness including social support, among students in Haryana and Punjab. Although it is believed that stress negatively affects PWB, positive effects are also suggested by self-efficacy, resilience, and social support. Purposive sampling was applied for the selection of total of 966 Haryana and 696 Punjab university students, descriptive methodology was adopted. For this research different scales were applied i.e Connor-Davidson Resilience Scale, Multi-dimensional of Perceived Social Support, General Self-Efficacy, Perceived Stress Scale, Mindfulness Awareness and Psychological Well-being Scale along with a socio-economic factors. To achieve the objectives of the study descriptive statistics and correlation analysis along with SEM were used. Across two samples, mindfulness significantly affected both PWB components, including autonomy and growth as well as the cognitive triad. While perceived control and perceived stress were the two factors that strongly predicting the autonomy, growth, and social support in the Punjab, resilience and perceived stress were the two factors that most strongly predicted these outcomes in the Haryana group. These findings offer detailed information for improving psychosocial therapies and supporting PWB to boost resilience, mindfulness, and perceived stress regulation, including social support.

Keywords: Psychological well-being, mindfulness, stress, resilience, students

Introductions

The success of students' careers is significantly influenced by their academic performance; as a result, few university students are facing a higher level of stress as well as experiencing mental health issues like aggression, anxiety, sleep problems, abuse, suicidal issues including other behavioral issues (Ang, R. P.; Huan, V. S, 2006) ^[1]. University students may feel vulnerable and out of control of their academic lives throughout the move to higher education, which can lower their self-efficacy. Nevertheless, research has shown that PWB (the absence of psychological difficulties) and self-efficacy are favourably correlated (Taylor, H.; Reyes, H., 2012) ^[59]. Another study indicated that among baccalaureate nursing students, resilience, as well as self-efficacy, are related to educational performance (Priesack, A.; Alcock, J. 2015) ^[40].

Psychological well-being (PWB) of pupils is impacted by such issues (Teh, C. K. *et al.* 2015) ^[60]. It is noticed that students in Asian countries are experiencing a huge academic stress while pursuing their education, which may also have an impact on their PWB (Tan, J.B.; Yates, S., 2011) ^[58]. Haryana's Students experienced significant pressure given by parents and teachers regarding their performance in school to get maximum marks (Thanoi, W.; Pornchaikate Au- Yeong, A, 2012) ^[61]. A crucial responsibility for mental health experts is evaluating the PWB of university students.

A key indicator of positive psychology is PWB. The term "personal well-being" is classified in two categories: (1) subjective well-being (Diener, E. 1984) ^[17] and (2) eudaemonic well-being, (Ryff, C. D. 1989) ^[44]. The associations between PWB and associated variables must be well understood by their developing prevention measures. Evidence has shown that depression and PWB are inversely linked (Clarke, A. *et al.*, 2011) ^[13]. PWB may also be connected to a social system, self-efficacy, stress, mindfulness, and resilience among

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students in university, according to a number of researchers (Roberts, R. E. *et al.*, 2011) [41]. However, the majority of these researches were carried out in Western nations and focused more on stress-related factors than resilience and self-efficacy. Positive emotions, good functioning, and the development of mental health are all equated with pathology, dysfunction, and treatments in the positive psychology domain (Kobau, R. *et al.* 2011) [27].

Stress is having a significant association between individuals and their ecosystem that happens when people perceive any circumstances as a peril that they are not able to handle (Lazarus, R.S. and Folkman, S. 1984) [30]. It has been noticed that stress has a significant impact on psychological issues (Murberg, T.A.; Bru, E. 2004) [36] as well as PWB (Klainin, P. *et al.*, 2016) [25]. A randomized controlled trial found that resilience training and stress management are significant for medical students (Ryan, R. M. and Deci, E. L., 2016) [43]. It is also noticed that self-efficacy is a notion that one can perform at preliminary stages with good control that has a significant influence on one's life (Bandura, A. 1984) [74]. Alarming, sadness, anxiety, stress, and other mental disorders (Asif, S. *et al.*, 2020) [4] are common psychological challenges to handle among university students. Due to heavy workloads, inadequate faculty support, and an unwanted campus environment, academic pressure is higher among university students (Porru, F. *et al.*, 2022) [39].

Literature Review

The capability to deal with harsh conditions and overcome adversity is referred to as pliability (Connor, K. M. and Davidson, J. R. T., 2003) [16]. It demonstrates effective environmental coping in spite of perilous circumstances and challenges (Masten, A. S., 2018) [35] that differ according to an individual's age, gender, education and culture (Bandura, A., 1994) [6]. Emotional issues such as anxiety, despair, hopelessness, and PWB are all linked to resilience (Sangon, S.; Nintachan, P.; Kingkaew, J., 2018) [50] as well as PWB (Souri, H.; Hasanirad, T., 2011) [56]. In one study conducted in Australia on nursing students' in graduation programs resiliencies mindfulness and self-efficacy were explored as potential predictors of PWB. Resilience was discovered to be the best predictor (Turnbull, B. *et al.*, 2018) [23].

A study identified the capability to self-regulate the attention for current or any situation moment and mindfulness, also known as "cautious attention" (Kabat J., 1994) [24]. According to the data, mindfulness has been considered as a powerful indicator of PWB (Klainin, P. *et al.*, 2016) [25]. It was identified during research conducted on 76 seasoned meditators found a substantial association among mindfulness practise and PWB (Falkenstrom, F., 2010) [18].

A research also found the impression of appropriate and meaningful assistance by individuals influencing adjustment. (Asberg, K. K. *et al.* 2008) [3]. Significant social support is provided by family, relatives, and friends including teachers (Panahi, S. *et al.*, 2016) [37]. In research, it was found that social system has a strong correlation with PWB, according to studies (Malkoc, A. and Yalcin, I. 2015) [34]. Klainin-Yobas *et al.* (2018) [25] investigated the characteristics that predicted positive individual PWB among university students and identified social support was a major predictor.

The eudemonic perspective defines psychological well-

being as the realization of an individual's potential. The subjective well-being view is in opposition to this (Ryff, C.D., 1995) [73]. Students' ability is majorly dependent on their psychological well-being which is basically the outcome of a lifestyle. Because of this, this construct frequently contains elements like life objectives, self-acceptance, social relationships, independence, concern about environment and individual development (Diaz, D., *et al.*, 2006) [75]. University students are under greater academic pressure and must adapt to a new learning environment (Cooke, R. *et al.*, 2006) [76]. With significant levels of psychological discomfort in comparison to the general population, this stage is thought to be one of the life cycle's stages with more anxiety with lower PWB (Cañero, M.; Mónaco, E.; Montoya, I. La, 2019) [77]. According to several research (García Alandete, J. B., 2013), university students had poorer levels of PWB. A study examined (Sandoval *et al.* (2017) that majority of university students showed an average level of PWB for their adjustment and adaptability.

Several models lend credence to the potential psycho-social components of psychological well-being. A critical foundation is provided by the psycho-educational technique for general growth of education and psychology of students like stress, skills, anxiety, self-concept, empathy, emotional as well as IQ level (Belaunzaran, J., 2019). For the development of the qualitative psychological education among students for higher education are levels of stress, attitudes, feelings, ability to solve problems, and learning (Diener, E., 1984) [17]. The Organisation for Economic Cooperation and Development and the European Higher Education Area place a strong focus on the value of improving students' psychological competences, including their sense of responsibility, empathy, self-worth, and emotional intelligence. It was found in a research that emotions are important psychological constructs associated to PWB and life and job satisfaction, as per conventional models (Ryff, C.D., 2012). There are two other example for the model introduced (Bisquerra and Pérez-Escoda Goleman, D., 1995). Emotional and Psychological skill may be categorised in two extreme points on the same continuum. Attitude, social relations, and self-esteem are examples of positive traits, while anxiety symptoms are examples of negative traits (Atienza, F.M., 2016). According to the available empirical evidence (Kobau, R. *et al.*, 2011) [27], both sides appear to be related to psychological well-being.

The Present Research

Although PWB among undergraduate students has been addressed in earlier studies (Klainin, P. *et al.*, 2016) [25], and found strong correlations with predictive variables. Additionally, few studies, particularly in Asian nations, have examined cross-cultural variations in PWB predictors. Therefore, this study analyzed the influence of psychological well-being and resilience, stress, social support, mindfulness among undergraduate university students from Haryana and Punjab.

Objectives of the Research

- To study the socio-economic background of university students in Haryana and Punjab.
- To analyze the relationship between stress, resilience, self-efficacy, mindfulness, social support, and

psychological well-being.

Hypothesis of the Study

- There is no relationship between stress, resilience, mindfulness, social support, self-efficacy and psychological well-being.

Research Approach

The research was completed with a sample representing university students in Haryana and Punjab. The purpose for selecting the sample from these two states; first there are the best universities in each state, with rigorous academic programs, knowledgeable teachers, and a range of universities and faculties. Another is that university's students must maintain high academic standards to succeed, which may put them under stress another purpose was that both states are having a hugely competitive environment among students. Additional stress related to routine activities also may affect students. A cross-sectional descriptive predictive research methodology has been adopted to complete the research objectives (Burns, N.; Grove, S., 2009) [178].

Participant and Environment

The target demographics were undergraduate university students from Haryana and Punjab, regardless of their social backgrounds, faculty, or school. If potential volunteers had received a medical or mental illness diagnosis from a doctor or psychiatrist, they were not allowed to participate. In order to find potential participants, convenience sampling was used to divide the faculties in various categories: engineering, medical, nursing, social science, pharmacy and computer application.

SEM was applied to complete the study (Soper, D. S., 2014) [55]. With the help of collected data from a prior study analyzing self-efficacy, stress and PWB among nursing students, an impact is 0.88. A sample size of at least 589 participants with an impact of 0.88 was considered sufficient for the study. There are 6 latent variables, the 8 observable variables with a significance level 0.05 (Soper, D.S. A., 2014) [55].

Sample Selection Method

The researcher contacted the deans of the several departments in Haryana to request permission to use the data that had been obtained. After that, researcher scheduled meetings with respondents in each department to inform respondents regarding the research objectives and the significance of their participation. Consent was taken prior the study through a short form above the questionnaire and an on-site self-reported paper-and-pencil questionnaire was both required of interested pupils. Students might also get in touch with the researchers after the meeting if it required. Because the surveys were anonymous, the researcher was unable to determine the causes of non-participation.

Measures

A well-defined questionnaire was used to collect data for the study. Age gender, course were all included in the demographic data for the respondents. It was also noticed that there was a very low rate of response for the online mode for data collection in Haryana.

Perceived Stress

The intensity of people's opinions regarding the perceived

stress scale with 10 points was used (Cohen, S. *et al.*, 1994) [15]. Each item was scored on a 5-point scale for the study. Higher total scores indicated more stress; the range was 0 to 40. Initial reports stated cronbach alphas among graduate students in American in between was 0.84-0.86 (Sood, A. *et al.*, 2011) [54]. A study stated that reliability was 0.822 and Cronbach alpha was 0.88 among Haryana students (Wongpakaran, N.; Wongpakaran, T., 2010) [70]. Perceived control and stress were identified as the two major factors in this study's factor analyses, and in Haryana and Punjab, respectively, the Cronbach alphas were 0.81, 0.75 and 0.85, 0.77.

Self-Efficacy

Ten items were used to prepare self-efficacy scale (Schwarzer, R. and Jerusalem, M., 1995) [52], which is noticed on a 5-point scale from 1-5 (not at all true-perfectly true). Initial reports stated that of the Cronbach alphas of the GSES in adults and adolescents ranged from 0.76 to 0.90. The result for the Haryana translation was 0.84, which indicates a high level of internal consistency. GSES is the major variable in the current study. Cronbach alpha values for Haryana sample is 0.86 and for Punjab 0.89.

Resilience

The 10-item Connor-Davidson Resilience Scale (Campbell-Sills, L. and Stein, M.B., 2007) [10] was used to measure resilience on a 5-point scale. The study validated and translated the Haryana CD-RISC version using the back translation technique. In this study, a factor analysis revealed that CD-RISC was comprised of a single structure, and Cronbach alpha values of Haryana and Punjab sample are highly reliable.

Mindfulness

The 15-item Mindful Attention Awareness Scale (Vongsirimas, N.; Phetrasuwan, S.; Thanoi, W.; Yobas, P. K., 2018) [63], used on 5-point scale with a range of 1 (nearly always) to 5 (almost never), to assess participants' levels of mindfulness. Score value is 15 to 90, and super value represents upper level of mindfulness. A CFA revealed a single-component framework and the scale's validity for the Haryana university students (Christopher, M. S. *et al.*, 2009) [11]. According to this study, MAAS only had one component for both samples, and its reliability was good, as seen by its Cronbach alpha values of 0.88 and 0.97, respectively.

Social support

In a study an student's perceived social support was examined with the help of 12 different variables related to a multi-dimensional scale (Cohen, S. *et al.*, 1994) [15], which was recorded with 5-point scale. There are different types of supporting variables involved such as family, friends and close relationships. Upper value indicate higher perceived social support and scores is between 1-84. MSPSS initially evaluated on American university students, and the cronbach alphas for overall scores, the "family" subscale, the "friends" subscale, and the "significant others" subscale were all in the range of 0.84-0.92 (Zimet, G. *et al.*, 1990) [72]. Boonyamalik used a back-translation technique to translate the Haryana edition of MSPSS in 2005. With a Cronbach alpha of 0.88 to 0.89, it demonstrated strong reliability (Cicognani, E., 2011) [12]. Family, friends and

other significant group are three basic components in the two samples for the present study's internal consistency for Haryana university students and Social support has a 0.88, 0.90, and 0.91 Cronbach's alpha, respectively. Students from universities in Punjab received scores of 0.89, 0.92, and 0.86, respectively.

Psychological healthy

University students' psychological well-being was evaluated with the help of 18 variables Psychological Well-being Scale on 5 points scale (Ryff, C. D., 1989) [44]. Higher scores indicate greater Cronbach alphas ranging between 0.87-0.93. Possible values range from 18 to 108. The back-translation technique was used by the researchers to convert this measurement for Haryana. Cronbach's alpha was 0.80 for university students in Haryana. Cronbach's alphas values for Haryana are 0.85 and 0.70 and for Punjab are 0.85 and 0.56.

Analysis of Data

IBM SPSS Statistics 20 was applied for the two phases for the analysis purpose. Collected data had to be entered in the first step, and accuracy of entry was verified. In order to ensure that there were no out-of-range values or outliers, the

frequency of each variable was checked for both the Haryana and Punjab data sets. Descriptive analysis were conducted for the socio-economic background of the students. Cronbach's alpha test and factor analysis were used for psychometric features calculation.

For the second phase, SEM with AMOS software used to test the PWB predictors. Perceived stress, control, concentration, adaptability, and social support are key variables for the study. Standard regression coefficient is calculated to assess the predictor's potency with 0.05= significance level. A incremental fit index and confirmatory fit index as well as Tucker-Lewis Index all are > 0.90 and RMSEA 0.08, were used to assess the overall fit of the SEM model (Hair, J. F., 2010) [22].

Results

Following table are presenting the demographic data for Haryana and Punjab sample. Table No. 1 is showing the age-wise analysis for the respondents and majority of respondents belong to age category of 18-21 years i.e. 36.3 percentage in Haryana and 34.5 percentage in Punjab in same age category. The mean and SD values are 2.4845, 0.9939 respectively for Haryana candidates and mean and SD value for Punjab are 2.4698, 1.0073.

Table 1: Age-wise analysis

| Age-wise Analysis | Haryana (n = 966) | | | | Punjab (n = 696) | | | |
|-------------------|-------------------|------|--------|--------|------------------|-------|--------|--------|
| | No. | % | Mean | S. D. | No. | % | Mean | S. D. |
| Below 18 | 168 | 17.4 | 2.4845 | 0.9939 | 132 | 19.0 | 2.4698 | 1.0074 |
| 18-21 years | 350 | 36.2 | | | 239 | 34.3 | | |
| 21-25 years | 260 | 26.9 | | | 191 | 27.4 | | |
| Above 25 Years | 188 | 19.5 | | | 134 | 19.3 | | |
| Total | 966 | 100 | | | 696 | 100.0 | | |

Table No. 2 is showing the gender-wise analysis for the respondents and majority of the candidates belong to male i.e. 75.9 per cent in Haryana and in Punjab 75.7 percent.

Here, mean and SD values are 1.2412, .4280 in Haryana and in Punjab mean value and S.D. are 1.2528, .4290 respectively.

Table 2: Gender-wise Analysis

| Gender wise Analysis | Haryana (n = 966) | | | | Punjab (n = 696) | | | |
|----------------------|-------------------|------|--------|-------|------------------|------|--------|-------|
| | No. | % | Mean | S. D. | No. | % | Mean | S. D. |
| Male | 733 | 75.9 | 1.2412 | .4280 | 527 | 75.7 | 1.2428 | .4290 |
| Female | 233 | 24.1 | | | 169 | 24.3 | | |
| Total | 966 | 100 | | | 696 | 100 | | |

Table No. 3 is showing the course-wise analysis for the respondents and majority of the candidates being to social science i.e. 22 per cent in Haryana and in Punjab 24 percent

in the same category. Mean and SD values are 3.8178, 1.6146 in Haryana and in Punjab mean value and S.D. are 3.7931, 1.5585 respectively.

Table 3: Course-wise Analysis

| Course-wise Analysis | Haryana (n = 966) | | | | Punjab (n = 696) | | | |
|----------------------|-------------------|------|--------|--------|------------------|------|--------|--------|
| | No. | % | Mean | S. D. | No. | % | Mean | S. D. |
| Engineering | 113 | 11.7 | 3.8178 | 1.6146 | 71 | 10.2 | 3.7931 | 1.5585 |
| Medicine | 106 | 11 | | | 85 | 12.2 | | |
| Nursing | 175 | 18.1 | | | 128 | 18.4 | | |
| Social Science | 213 | 22 | | | 167 | 24 | | |
| Pharmacy | 168 | 17.4 | | | 123 | 17.7 | | |
| Computer Application | 191 | 19.8 | | | 122 | 17.5 | | |
| Total | 966 | 100 | | | 696 | 100 | | |

Table no. 4 is representing the discriptive study for a variable for Haryana. Table no. 4 is representing the highest mean values i.e. 61.21 for mindfulness and S.D. 11.08. But

Highest value for cronbach's alpha is 0.92 for perceived stress. According to this analysis, highest kurtosis value is 2.38 for Haryana students.

Table 4: Analysis for Psychological variables for Haryana sample (n = 966).

| | Mini. | Max. | Mean | S.D. | Skewness | Kurtosis | Cronbach's Alpha |
|------------------------------|-------|------|-------|-------|----------|----------|------------------|
| Perceived stress | 1 | 13 | 21.12 | 4.78 | -0.01 | 0.23 | 0.92 |
| perceived control | 2 | 21 | 6.19 | 3.69 | 0.31 | 2.23 | 0.89 |
| Resilience | 8 | 39 | 38.70 | 4.26 | -0.52 | 0.85 | 0.87 |
| Self-efficacy | 11 | 39 | 38.62 | 5.14 | -0.11 | 0.53 | 0.79 |
| Mindfulness | 14 | 78 | 61.21 | 11.08 | -0.21 | -0.91 | 0.75 |
| Support from family | 7 | 39 | 32.53 | 5.41 | -1.19 | 2.38 | 0.74 |
| Support from friends | 6 | 19 | 32.93 | 5.4 | -0.91 | 0.96 | 0.63 |
| Support from others | 6 | 31 | 32.65 | 4.21 | -0.96 | 0.86 | 0.61 |
| Autonomy and growth of PWB | 21 | 71 | 34.71 | 7.65 | -0.10 | 0.83 | 0.60 |
| Negative triad factor of PWB | 7 | 41 | 34.32 | 5.421 | -0.32 | 0.9 | 0.59 |

Table no. 5 is representing the descriptive study for variable for Punjab. According to table no. 5 is representing the highest mean values i.e., 52.42 for mindfulness and S.D.

21.232. But Highest value for cronbach's alpha is 0.91 for perceived stress. According to this analysis highest kurtosis value is 3.91. for Punjab students.

Table 5: Analysis for Psychological variables for Punjab sample (n = 673).

| | Mini. | Maxi. | Mean | S. D. | Skewness | Kurtosis | Cronbach's Alpha |
|----------------------------|-------|-------|-------|-------|----------|----------|------------------|
| Perceived stress | 2 | 32 | 21.31 | 5.21 | 0.23 | 0.6 | 0.91 |
| Perceived control | 4 | 21 | 7.66 | 4.22 | -0.4 | 0.91 | 0.88 |
| Resilience | 25 | 49 | 24.1 | 6.81 | -0.05 | 0.69 | 0.71 |
| Self-efficacy | 21 | 51 | 31.1 | 4.23 | -0.32 | 3.41 | 0.87 |
| Mindfulness | 20 | 72 | 52.42 | 21.23 | -0.29 | 0.82 | 0.89 |
| Support from family | 8 | 31 | 42.19 | 6.12 | -0.82 | 0.81 | 0.71 |
| Support from friends | 8 | 34 | 32.21 | 5.41 | -2.92 | 3.91 | 0.80 |
| Support from others | 7 | 51 | 20.25 | 6.02 | -0.82 | -0.11 | 0.81 |
| Autonomy and growth of PWB | 10 | 61 | 39.41 | 7.23 | -0.73 | 2.71 | 0.92 |
| Negative triad of PWB | 8 | 34 | 22.27 | 5.41 | -0.45 | 0.12 | 0.78 |

Haryana Sample of Psychological Well-Being Predictors

Figure no. 1 shows the factors that are associated with PWB in Haryana students, with sequened factors that have statistical significance with dark line and dotted lines representing degree for regression that are not statistically significant. Chi-square per degree of freedom (2/df) = 3.35, RMSEA = 0.03, CFI = 0.89, IFI = 0.89, TLI = 0.89, 91% confidence interval of RMSEA = 0.037, 0.050, and further findings showing that the suggested model fit the data well. Furthermore, here 60.90%

total variance has been explained with the present independent variables, resilience=0.62, perceived control=0.29, mindfulness = 0.17, support from others = 0.17, and support from family = 0.17, significantly forecasted the PWB autonomy and growth variables. Additionally, the cognitive triad factor of PWB was substantially estimated by mindfulness = 0.24, perceived stress = 0.32, and family support = 0.11, with all independent variables accounting for 31.30% of the variation.

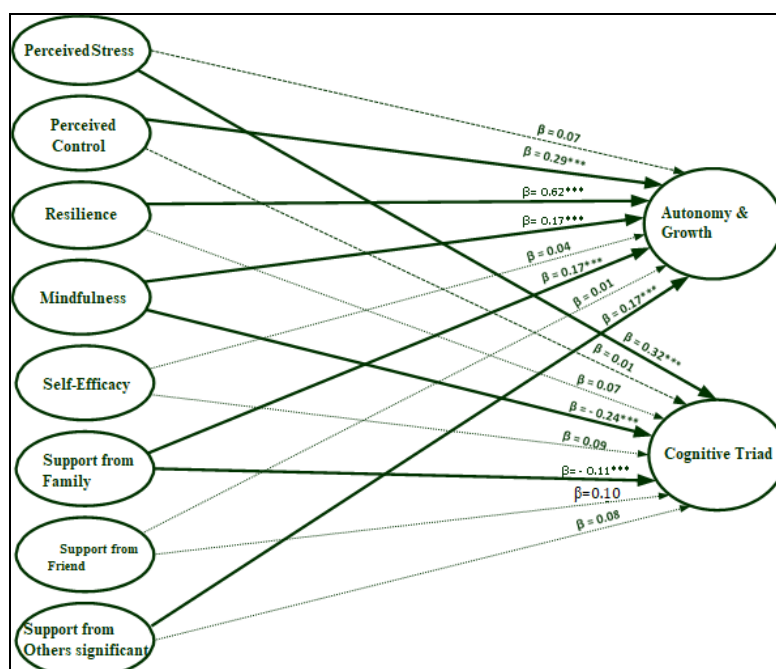


Fig 1: Predictors of psychological well-being among university students in Haryana. * Significant at 0.05, ** significant at 0.01, *** significant at 0.001.

Punjab Sample of Psychological Well-Being Predictors

The study showed that $2/df = 3.31$, $RMSEA = 0.52$, $TLI = 0.89$, $CFI = 0.89$, $IFI = 0.89$, and here 90% confidence interval of $RMSEA = 0.040$. Figure 2 is representing that hypothesized model demonstrated an adequate fit. Observe how similar these fit indices are to those from the Punjab sample. Additionally, resilience = 0.29, perceived stress = 0.15, perceived control = 0.43, mindfulness = 0.18, support from friends = 0.11, and support from family = 0.12, were

all significantly associated with the autonomy and growth factor of PWB.

Resilience = 0.29, perceived stress = 0.36, mindfulness = 0.20 and social support = 0.40 strongly predicted the cognitive triad component. The cognitive triangle and the autonomy and growth triad each had an independent variable that contributed to the explanation of 65.90% and 69.90% of the variation, respectively.

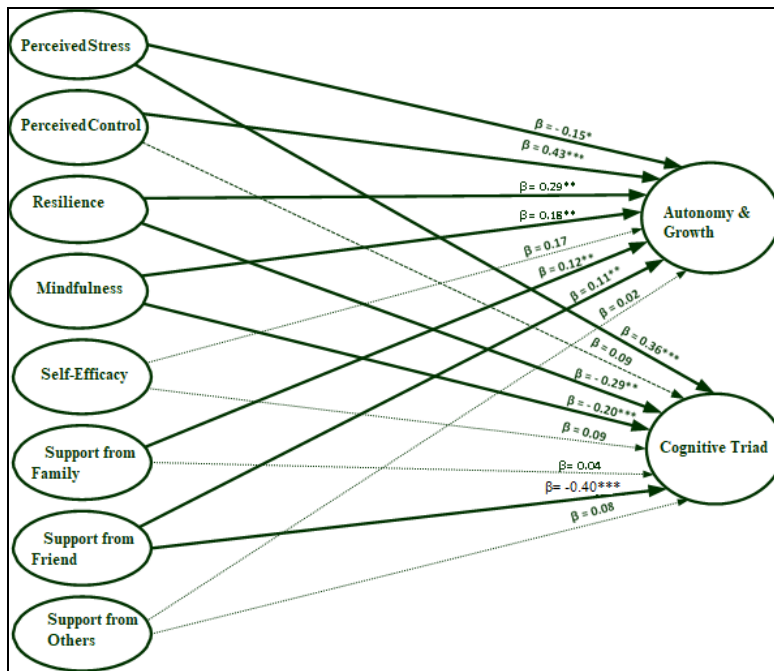


Fig 2: Predictors of psychological well-being among university students in Punjab. * Significant at 0.05, ** significant at 0.01, *** significant at 0.001.

Overall, the results from the Punjab and Haryana samples showed that mindfulness significantly influenced by PWB variables. It is noticed that in a sample taken from Haryana, perceived stress is more significantly predicted the cognitive triad component than resilience did the independence and development factors. In the Punjab data, perceived control and friend support were the variables that most strongly predicted the independence and development component as well as the cognitive triad element.

Discussion

It is noticed in the research that university students in Punjab and Haryana had an average degree of the growth factor as well as for autonomy and as well as the negative factor of PWB. The negative factors are depicting how people feel about themselves, other people, and the future. These impressions included a lack of meaning in life, disappointing accomplishments, and difficulties forming and maintaining connections with others. For the following elements perceived control, perceived stress, resilience, and social assistance from friends, family members, and close relationships these students' PWB models varied just little. Other characteristics were equivalent, especially self-efficacy and mindfulness.

In the Haryana group, perceived stress was inversely connected with negative PWB factors, whereas perceived control was positively correlated with PWB's autonomy and growth. In another study, people who felt that their stress was dangerous or scary expressed that they could hurt

others, which led to unpleasant feelings. They were aware of the benefits and ability to feel good if they saw stress as difficulties, they could handle with the right coping mechanisms. The negative variables of PWB may appear as a dangerous condition or as stressful life experiences among Haryana university students. Conversely, PWB growth and autonomy were higher among students who positively viewed the life's difficulties with a thought that they could manage stress.

However, in line with the literature, the results related to perceived control showed that college students may manage stress successfully and that people with good coping mechanisms might have higher PWB. The PWB model revealed that felt stress was considerably positively connected with the cognitive triad PWB as well as significantly positively associated with the self-sufficiency and growth of PWB when compared to Punjab university students. In the Haryana sample, similar correlations among expectations of control and PWB elements were found. Promoting a PWB intervention program should therefore be viewed as each sample's unique characteristic.

In both samples, mindfulness strongly predicted PWB, which is consistent with earlier findings (Sagone, E., 2014) [48]. Furthermore, research has shown that mindfulness helps lessen unfavourable feelings such melancholy, rumination, tension, anxiety, somatization, hostility, and avoidance behaviour (Vongsirimas, N., 2020) [64]. In fact, every previous study had suggested that practising mindfulness could lessen unpleasant feelings and hence increase PWB.

Students at universities typically reported more independence, PWB progress, and a less unfavourable triad PWB variable, which is in line with the findings of this study that showed a higher degree of mindfulness. The literature that describes "mindfulness" as present-moment awareness and non-judgment, with the premise that it increases people's wellbeing, is compatible with this tendency. People who practice mindfulness can be more aware of their surroundings, ideas, and emotions without becoming focused or passing judgment. As a result of their increased present-moment awareness, decreased ruminating, improved capacity to regulate their feelings and behaviours, and increased and improved use of adaptive coping and management techniques to deal with stressful situations, they instead adopt attitudes of excitement, tolerance, and non-judgment regarding anxiety. These all result in increased PWB (Anicha, C. L., 2012) [2]. Importantly, these results showed that mindfulness in promoting PWB was unaffected by cultural variations between Haryana and Punjab students.

In both the Punjab data and the Haryana sample, resilience was found to be the most potent predictor of both independence as well as expansion PWBs. Similar to this, Australian university students reported having higher levels of PWB when they were more resilient (Falkenström, F., 2010) [18]. People who are resilient see stress as a challenge that helps them gain ecological competency, healthy relationships, progress, and self-determination because resilience shields them from the stress of life's events. (Short, M.M., 2016) [53]. People with high levels of resilience may be better equipped to bounce back from unfavorable experiences and handle difficult circumstances. (Wong, J., 2005) [69]. In order to lower the probability of maladaptive effects (Southwick, S. M., 2005) [46], resilient university students may be able to reframe bad experiences as beneficial episodes (Sagone, E., 2013) [47]. Punjab university students were able to gain both PWB components while resilient Haryana university students were able to successfully increase their independence and develop the capacity whilst dealing with stress. Resilience among college students therefore appears to be linked to PWB in the literature quite thoroughly.

Self-efficacy did not significantly affect PWB in either study group, despite the fact that accomplishments may increase self-efficacy and capacities may increase wellbeing. These results were at odds with those of an earlier investigation. According to earlier research (Bandura, A., 1997) [7], support from loved ones and close friends was significantly correlated with PWB, suggesting that social assistance may improve a human's capacity to manage stress and encourage PWB (Wilson, J. M., 2020) [68]. The perception of support from family and close friends can help students at Haryana institutions feel more autonomous, grow PWB, and reduce the PWB negative triad. Haryana university students' PWB was largely caused by family social support since, despite some of them having moved away to pursue their studies, family ties were still strong.

The self-determination theory (SDT) argues that youths who view their parents as valuable resources can develop in their autonomy, which includes an intrinsic desire to choose their own actions and engage in voluntary behavior (Cohen, S., 1985) [14]. For Punjabi students, both PWB components benefited from the support of friends, whereas family

support only fostered independence and expansion of PWB. The perceived support from friends had an impact on PWB, and this result was consistent with research done previously on university students in the Philippines, which is especially relevant given the competitive, global environment at the Punjab institution. These results support the idea that Haryana and Punjab students' daily lives are influenced by cultural differences.

Finally, the results indicated that there were minor disparities between Punjab and Haryana pupils as a result of their different educational and cultural backgrounds. For instance, the majority of university students in Punjab were international students who displayed a diverse variety of skills and abilities, making them particularly vulnerable to the pressure of high academic standards and global competition. The high average cost of living in Punjab also encourages university students to work hard to acquire the highest-paying jobs and achieve financial independence.

This study, like most others, has some restrictions. First, there wasn't enough time in the cross-sectional investigation to obtain a thorough knowledge of people's PWB development. Therefore, future research must incorporate longitudinal research. Second, self-reported questionnaires submitted in hard copy or online are regarded as subjective data and could be influenced by social desirability. Implementing longitudinal study would give a more realistic picture of PWB. Third, the comparability of results between the two samples may be reduced by the use of various questionnaire forms. Finally, the generalizability of the research findings may be constrained by the use of practical sampling. However, a high sample size in the two samples might reduce this problem.

The results of the study also provided certain crucial variables for making recommendations. Implementing intervention programs such as resilience, social assistance, and stress management along with mindfulness programs as part of university policy will improve PWB while helping to promote PWB and prevent mental health problems in students. It goes without saying that a rigorous and ongoing evaluation of the effectiveness of this intervention, which emphasizes adaptability, concentration, feelings of stress control, and social support, is warranted.

Conclusions

In this study, PWB predictors were examined between the two samples. The mindfulness of the samples from Punjab and Haryana significantly affected both PWB factors. When predicting the cognitive triad PWB within the Haryana sample, felt stress performed more effectively than adaptability, autonomy, or growth. In the Punjab sample, PWBs for the cognitive triad, freedom, and development were all strongly predicted by perceived control and social support. The subsequent research should validate this framework in other university samples and put into place efficient strategies for intervention to raise PWB among undergraduate learners.

References

1. Ang RP, Huan VS. Relationship between academic stress and suicidal ideation: Testing for depression as a mediator using multiple regression. *Child psychiatry and human development*. 2006 Dec;37:133-43.
2. Anicha CL, Ode S, Moeller SK, Robinson MD. Toward a cognitive view of trait mindfulness: distinct cognitive

- skills predict its observing and nonreactivity facets. *Journal of personality*. 2012 Apr;80(2):255-85.
3. Asberg KK, Bowers C, Renk K, McKinney C. A structural equation modelling approach to the study of stress and psychological adjustment in emerging adults. *Child psychiatry and human development*. 2008 Dec;39:481-501.
 4. Asif S, Mudassar A, Shahzad TZ, Raouf M, Pervaiz T. Frequency of depression, anxiety and stress among university students. *Pakistan journal of medical sciences*. 2020 Jul;36(5):971-976.
 5. Auerbach RP, Mortier P, Bruffaerts R, Alonso J, Benjet C, Cuijpers P. WHO world mental health surveys international college student project: prevalence and distribution of mental disorders. *Journal of abnormal psychology*. 2018 Oct;127(7):623-628.
 6. Bandura A. Self-Efficacy. In *Encyclopedia of Mental Health*; Friedman, H., Ed.; Academic Press: San Diego, CA, USA, 1994; Reprinted in *Encyclopedia of Human Behavior*; Ramachaudran, V.S., Ed.; Academic Press: New York, NY, USA, 1994;4:71-81.
 7. Friedman HS. *Encyclopedia of mental health*. Academic Press. 2015.
 8. Bandura A. *Self-Efficacy: The Exercise of Control*; Freeman: New York, NY, USA; c1997.
 9. Boonyamalik P. *Epidemiology of Adolescent Suicidal Ideation: Roles of Perceived Life, Stress, Depressive Symptoms, and Substance Use*. Ph.D. Dissertation, Johns Hopkins University, Baltimore, MD, USA, 2005, 422.
 10. Brown KW, Ryan RM. The benefits of being present: mindfulness and its role in psychological well-being. *Journal of personality and social psychology*. 2003;84(4):822.
 11. Campbell-Sills L, Stein MB. Psychometric analysis and refinement of the connor-davidson resilience scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*. 2007;20(6):1019-1028.
 12. Christopher MS, Charoensuk S, Gilbert BD, Neary TJ, Pearce KL. Mindfulness in Haryana and the United States: A case of apples versus oranges? *Journal of clinical psychology*. 2009;65(6):590-612.
 13. Cicognani E. Coping strategies with minor stressors in adolescence: Relationships with social support, self-efficacy, and psychological well-being. *Journal of Applied social psychology*. 2011 Mar;41(3):559-78.
 14. Clarke A, Friede T, Putz R, Ashdown J, Martin S, Blake A, *et al*. Warwick-Edinburgh Mental Well-being Scale (WEMWBS): validated for teenage school students in England and Scotland. A mixed methods assessment. *BMC public health*. 2011;11:1-9.
 15. Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. *Psychological bulletin*. 1985;98(2):310.
 16. Cohen S, Kamarck T, Mermelstein R. Perceived stress scale. *Measuring stress: A guide for health and social scientists*. 1994 Jul 15;10(2):1-2.
 17. Connor KM, Davidson JR. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and anxiety*. 2003 Sep;18(2):76-82.
 18. Diener E. Subjective well-being. *Psychological bulletin*. 1984 May;95(3):542.
 19. Falkenström F. Studying mindfulness in experienced meditators: A quasi-experimental approach. *Personality and Individual Differences*. 2010 Feb 1;48(3):305-10.
 20. Gibbons C, Dempster M, Moutray M. Stress, coping and satisfaction in nursing students. *Journal of advanced nursing*. 2011 Mar;67(3):621-32.
 21. Green M, DeCourville N, Sadava S. Positive affect, negative affect, stress, and social support as mediators of the forgiveness-health relationship. *The Journal of social psychology*. 2012 Jan 1;152(3):288-307.
 22. Grove SK, Burns N, Gray J. *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. Elsevier Health Sciences; c2012.
 23. Hair JF. *Multivariate Data Analysis*, 7th ed.; Pearson: London, UK; Prentice Hall: Hoboken, NJ, USA; c2010.
 24. He FX, Turnbull B, Kirshbaum MN, Phillips B, Klainin-Yobas P. Assessing stress, protective factors and psychological well-being among undergraduate nursing students. *Nurse education today*. 2018 Sep 1;68:4-12.
 25. Kabat-Zinn J. *Wherever You Go There You Are*; Hyperion: New York, NY, USA; c1994.
 26. Klainin-Yobas P, Ramirez D, Fernandez Z, Sarmiento J, Thanoi W, Ignacio J, *et al*. examining the predicting effect of mindfulness on psychological well-being among undergraduate students: A structural equation modelling approach. *Personality and individual differences*. 2016 Mar 1;91:63-8.
 27. Klainin-Yobas P, Thanoi W, Vongsirimas N, Lau Y. Evaluating the English and Thai-versions of the psychological well-being scale across four samples. *Psychology*. 2020 Jan 2;11(1):71-86.
 28. Kobau R, Seligman ME, *et al*, Diener E, Zack MM, Chapman D, Thompson W. Mental health promotion in public health: Perspectives and strategies from positive psychology. *American journal of public health*. 2011;101(8):1-9.
 29. Konick LC, Gutierrez PM. Testing a model of suicide ideation in college students. *Suicide and life-threatening behavior*. 2005 Apr 1;35(2):181-92.
 30. Kraag G, Zeegers MP, Kok G, Hosman C, Abu-Saad HH. School programs targeting stress management in children and adolescents: A meta-analysis. *Journal of school psychology*. 2006 Dec 1;44(6):449-72.
 31. Lazarus RS, Folkman S. *Stress, appraisal, and coping*. Springer publishing company; c1984.
 32. Lazarus RS. *Emotion and Adaptation*; Oxford University Press: New York, NY, USA; c1991.
 33. Lipson SK, Lattie EG, Eisenberg D. Increased rates of mental health service utilization by US college students: 10-year population-level trends (2007-2017). *Psychiatric services*. 2019 Jan 1;70(1):60-3.
 34. Ma Y, Fang S. Adolescents' mindfulness and psychological distress: The mediating role of emotion regulation. *Frontiers in psychology*. 2019 Jun 7;10:1358.
 35. Malkoç A, Yalçın I. Relationships among resilience, social support, coping, and psychological well-being among university students. *Turkish Psychological Counseling and Guidance Journal*. 2015 Mar 1;5(43):35-43.
 36. Masten AS. Ordinary magic: Resilience processes in development. *American psychologist*. 2001

- Mar;56(3):227.
37. Murberg TA, Bru E. School-related stress and psychosomatic symptoms among Norwegian adolescents. *School psychology international*. 2004 Aug;25(3):317-32.
 38. Panahi S, Watson J, Partridge H. Conceptualising social media support for tacit knowledge sharing: physicians' perspectives and experiences. *Journal of Knowledge Management*. 2016;20(2):344-363.
 39. Peng L, Zhang J, Li M, Li P, Zhang Y, Zuo X, *et al*. Negative life events and mental health of Chinese medical students: the effect of resilience, personality and social support. *Psychiatry research*. 2012 Mar 30;196(1):138-41.
 40. Porru F, Schuring M, Bültmann U, Portoghese I, Burdorf A, Robroek SJ. Associations of university student life challenges with mental health and self-rated health: A longitudinal study with 6 months follow-up. *Journal of Affective Disorders*. 2022 Jan 1;296:250-7.
 41. Priesack A, Alcock J. Well-being and self-efficacy in a sample of undergraduate nurse students: A small survey study. *Nurse Education Today*. 2015 May 1;35(5):e16-20.
 42. Roberts RE, Roberts CR, Xing Y. Restricted sleep among adolescents: prevalence, incidence, persistence, and associated factors. *Behavioral sleep medicine*. 2011 Jan 1;9(1):18-30.
 43. Ryan RM, Deci EL. On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology*. 2001 Feb;52(1):141-66.
 44. Ryan RM, Deci EL. Facilitating and hindering motivation, learning, and well-being in schools: Research and observations from self-determination theory. In *Handbook of motivation at school*, 2016, 96-119.
 45. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology*. 1989;57(6):1069-1081.
 46. Ryff CD. Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and psychosomatics*. 2013 Dec 4;83(1):10-28.
 47. Southwick SM, Vythilingam M, Charney DS. The psychobiology of depression and resilience to stress: implications for prevention and treatment. *Annu. Rev. Clin. Psychol.* 2005 Apr 27;1:255-91.
 48. Sagone E, De Caroli ME. Relationships between resilience, self-efficacy, and thinking styles in Italian middle adolescents. *Procedia-Social and Behavioral Sciences*. 2013 Oct 10;92:838-45.
 49. Sagone E, De Caroli ME. A correlational study on dispositional resilience, psychological well-being, and coping strategies in university students. *American journal of educational research*. 2014 Jan 21;2(7):463-71.
 50. Sampath H, Biswas AG, Soohinda G, Dutta S. Mindfulness and its role in psychological well-being among medical college students. *Open journal of psychiatry & allied sciences*. 2019;10(1):52-6.
 51. Sangon S, Nintachan P, Kingkaew J. Factors predicting resilience in nursing students. *The Journal of Psychiatric Nursing and Mental Health*. 2018;32(1):150- 167.
 52. Schoormans D, Nyklíček I. Mindfulness and psychologic well-being: are they related to type of meditation technique practiced?. *The journal of alternative and complementary medicine*. 2011;17(7):629-634.
 53. Schwarzer R, Jerusalem M. Generalized self-efficacy scale. J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs. 1995;35:37.
 54. Short MM, Mazmanian D, Oinonen K, Mushquash CJ. Executive function and self-regulation mediate dispositional mindfulness and well-being. *Personality and Individual Differences*. 2016 Apr 1;93:97-103.
 55. Sood A, Prasad K, Schroeder D, Varkey P. Stress management and resilience training among Department of Medicine faculty: a pilot randomized clinical trial. *Journal of general internal medicine*. 2011 Aug;26:858-61.
 56. Soper DS. A-Priori Sample Size Calculator for Structural Equation Models (Online Software). 2012. Available online: <http://www.danielsoper.com/statcalc3> (accessed on 6 June 2014).
 57. Sourí H, Hasanirad T. Relationship between resilience, optimism and psychological well-being in students of medicine. *Procedia-Social and Behavioral Sciences*. 2011;30:1541-1544.
 58. Sukmak V, Sirisunthorn A, Meena P. Validity of the General Perceived Self-Efficacy Scale. *Journal of the Psychiatric Association of Haryanal*. 2001;47:31-37.
 59. Tan JB, Yates S. Academic expectations as sources of stress in Asian students. *Social Psychology of Education*. 2011;14:389-407.
 60. Taylor H, Reyes H. Self-efficacy and resilience in baccalaureate nursing students. *International Journal of Nursing Education Scholarship*. 2012, 9(1).
 61. Teh CK, Ngo CW, Vellasamy R, Suresh K. Depression, anxiety and stress among undergraduate students: A cross sectional study. *Open Journal of Epidemiology*. 2015;5(4):260-268.
 62. Thanoi W, PA AY OP. Factors Affecting the Mental Health of the Faculty of Nursing Students, Mahidol University. *Thai J Nurs Council*. 2012;27:60-76.
 63. Vaux A, Phillips J, Holly L, Thomson B, Williams D, & Stewart D. The social support appraisals (SS-A) scale: Studies of reliability and validity. *American Journal of Community Psychology*. 1986;14(2):195-218.
 64. Vongsirimas N, Phetrasuwan S, Thanoi W, Yobas PK. Psychometric Properties of the Multi-Dimensional Scale of Perceived Social Support among Haryana Youth. *Haryana Pharm. Health Sci. J*. 2018;36:59-70.
 65. Vongsirimas N, Sitthimongkol Y, Kaesornsamut P, Thanoi W, Pumpuang W, Phetrasuwan S, *et al*. Mediating Role of Mindfulness, Self-Efficacy, and Resilience on the Stress- Psychological Well-Being in Haryana Adolescent. *Int. J. Psychosoc. Rehabil*. 2020;24:5375-5391.
 66. Vongsirimas N, Thanoi W, Klainin-Yobas P. Evaluating Psychometric Properties of the Connor-Davidson Resilience Scale (10-Item CD-RISC) among University Students in Haryana. *Nursing Science Journal*. 2017;35:25-35.
 67. Vongsirimas N, Sitthimongkol Y, Beeber LS, Wiratchai

- N, Sangon S. Relationship among maternal depressive symptoms, gender differences and depressive symptoms in Thai adolescents. *Pacific Rim International Journal of Nursing Research*. 2009;13(3):181-98.
68. Weinstein N, Brown KW, Ryan RM. A multi-method examination of the effects of mindfulness on stress attribution, coping, and emotional well-being. *Journal of research in personality*. 2009 Jun 1;43(3):374-85.
69. Wilson JM, Weiss A, Shook NJ. Mindfulness, self-compassion, and savoring: Factors that explain the relation between perceived social support and well-being. *Personality and Individual Differences*. 2020 Jan 1;152:109568.
70. Wong J, Salili F, Ho SY, Mak KH, Lai MK, Lam TH. The perceptions of adolescents, parents and teachers on the same adolescent health issues. *School Psychology International*. 2005 Aug;26(3):371-84.
71. Wongpakaran N, Wongpakaran T. The Thai version of the PSS-10: An Investigation of its psychometric properties. *Bio Psycho Social medicine*. 2010 Dec;4:1-6.
72. Zadow C, Houghton S, Hunter SC, Rosenberg M, Wood L. Associations between positive mental wellbeing and depressive symptoms in Australian adolescents. *The Educational and Developmental Psychologist*. 2017 Dec;34(2):95-105.
73. Zimet GD, Powell SS, Farley GK, Werkman S, Berkoff KA. Psychometric characteristics of the multidimensional scale of perceived social support. *Journal of personality assessment*. 1990;55(3-4):610-617.
74. Ryff CD. Psychological well-being in adult life. *Current directions in psychological science*. 1995 Aug;4(4):99-104.
75. Bandura A. Recycling misconceptions of perceived self-efficacy. *Cognitive therapy and research*. 1984 Jun;8:231-55.
76. Diaz DD, Miranda PO, Padrón JI, Martin VS. Recent uses of Iron (III) chloride in organic synthesis. *Current Organic Chemistry*. 2006 Mar 1;10(4):457-76.
77. Cooke R, Bewick BM, Barkham M, Bradley M, Audin K. Measuring, monitoring and managing the psychological well-being of first year university students. *British Journal of Guidance & Counselling*. 2006 Nov 1;34(4):505-17.
78. Cañero Pérez M, Mónaco Gerónimo E, Montoya Castilla I. Emotional intelligence and empathy as predictors of subjective well-being in university students. *European Journal of Investigation in Health, Psychology and Education*. 2019 Apr;9(1):19-29.
79. Burns N, Paterson K, Watson N. An inclusive outdoors? Disabled people's experiences of countryside leisure services. *Leisure Studies*. 2009 Oct 1;28(4):403-17.