

# Spiritual Well-Being and Its Relationship with Mindfulness, Self-Compassion and Satisfaction with Life in Baccalaureate Nursing Students: A Correlation Study

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**Abstract** The present study aimed to explore the correlates and predictors of spiritual well-being among nursing students. One hundred and forty-five BSc nursing students were recruited from three nursing colleges in Bangalore, Karnataka, India. Data were collected using SHALOM, FMI, SCS-SF and SWLS questionnaires and analysed by the Pearson correlation test and multiple regression analysis. The results of our study revealed a significant correlation between variables, and a considerable amount of variance was explained by self-compassion, mindfulness and satisfaction with life on personal, communal, environmental and transcendental domains of spiritual well-being.

**Keywords** Mindfulness · Nursing students · Satisfaction with life · Self-compassion · Spiritual well-being

## Introduction

Spirituality is at the core of nursing professional identity (Hensel and Laux 2014). It was reported that nursing students perceived high personal levels of spirituality (Shores 2010). However, it is essential to include spirituality in nursing curricula to meet the demands of the profession (Wallace et al. 2008), as nursing students experience stress to meet their

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academic and clinical requirements (Jimenez et al. 2010). Essentially, spiritual well-being is considered as an internal resource that helps an individual to cope well with stress (Landis 2009). Besides which spiritual health is negatively related to stress and depression among nursing students (Lee 2014), whilst spiritual health is positively correlated with health-promoting behaviours (Hsiao et al. 2010), health (Espinha et al. 2013) and academic success among student nurses (Beauvais et al. 2014). Previous studies have shed light on the importance of spiritual well-being among nursing students.

Spiritual well-being is a multidimensional concept. The National Interfaith Coalition on Aging (1975) has defined spiritual well-being (SWB), as “the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness”, the instrument used in this study, is in line with the definition of spiritual well-being (Fisher 2010). Although there were many instruments to measure spiritual well-being, a questionnaire developed by Fisher (2010), Spiritual Health and Life-Orientation Measure (SHALOM), was considered as an appropriate instrument to assess spiritual well-being (de Jager Meezenbroek et al. 2012). Here, spiritual well-being is measured on four domains based on a person’s relationship with self, intra-personal (personal), others (communal), nature (environmental) and with God (transcendental).

These variables, self-compassion, mindfulness and satisfaction with life, were also part of this study. Self-compassion is being warm and caring at times of hardship, being kind to self, accepting suffering or unpleasant experiences as they are and being non-judgmental (Neff 2003). According to Neff (2003), the three basic components of self-compassion are self-kindness versus self-criticism, common humanity versus isolation and mindfulness versus overidentification. Mindfulness is being aware of the present moment, to one’s own experiences (Brown and Ryan 2003). Being mindful increases an ability to be in the present moment with attention, acceptance and awareness. And satisfaction with life is a subjective judgment about a person’s life (Diener et al. 1985).

The following studies have reported the relationship between variables studied in our study. There was a significant association between satisfaction with life and spiritual well-being, i.e. religious well-being (relationship with God) and existential well-being (a person’s life purpose and meaning in life) (Jafari et al. 2010), and personal spirituality, i.e. the degree to which an individual integrates spirituality into daily life, i.e. practising prayer or engaging in sacred rituals (Fabricatore et al. 2000). A study conducted among Turkish university students reported a significant correlation between spiritual experiences (connection with the transcendent in daily life) and self-compassion (Akin and Akin 2017). Moreover, mindfulness (state and trait) and spirituality (meaning and peace in life and faith) were significantly correlated (Carmody et al. 2008).

These studies have reported about personal and transcendental domains of spiritual well-being. Particularly, the communal domain has its role to play in nursing whilst providing care to the patients. So, we have used SHALOM that measures spiritual well-being on four domains. Therefore, this study was designed to determine the correlates and predictors of spiritual well-being on personal, communal, environmental and transcendental domains among nursing students.

## Methods

### Design and Sample

This was a descriptive correlation study. One hundred and forty-five students from 1 to 4th year BSc Nursing program participated in this study.

### Sample Size

As per power computation of sample size using G\*Power version 3.1.9.2, reported 82 participants were required for this research at an  $\alpha$  value .05, power equal to .80 and with effect size .30.

### Aim

The aim of the research study was to determine the correlates and predictors of spiritual well-being among nursing students.

### Ethical Consideration

Approval of Institutional Ethics Committee was obtained for the study [RES/IEC-SVYASA/59/2015], and informed consent was given by all the students who were recruited in the research study.

### Instruments

Socio-demographic sheet and the following instruments Freiburg Mindfulness Inventory (FMI), Self-Compassion Scale-short form (SCS-SF), Spiritual Health and Life-Orientation Measure (SHALOM) and Satisfaction with Life Scale (SWLS) were used to collect data from nursing students. The socio-demographic sheet includes age, gender, education, marital status and religion as reported by the participants.

**Freiburg Mindfulness Inventory (FMI):** The FMI is a 14-item self-reported questionnaire to measure mindfulness on unidimensional factor, i.e. being present. This is a very sensitive scale to change. Respondents should rate each item on a 4-point Likert rating from 1 (Rarely) to 4 (Almost always). The total score will be between 14 and 56. A higher score corresponds to high mindfulness. This scale has robust psychometric properties, reported Cronbach's  $\alpha$  is .86 (Walach et al. 2006).

**Self-Compassion Scale-short form (SCS-SF):** This 12-item scale is used to assess self-compassion. For each item, the response will range from 1 (Almost never) to 5 (Almost always). Scores can range between 12 and 60, and higher score corresponds to the high level of self-compassion. The SCS-SF is a reliable and valid tool. Reported Cronbach's  $\alpha$  is  $\geq$  .86. This scale has a close correlation with the long form of SCS  $r \geq$  .97 in all samples (Raes et al. 2011).

**Spiritual Health and Life-Orientation Measure (SHALOM):** This scale consists of 20 items, with five items in each domain of spiritual well-being (SWB). The four domains are personal, communal, environmental, and transcendental. Each item is evaluated for (1) their ideals for spiritual well-being and (2) their lived experiences/how they feel. The response for each item will be based on a 5-point Likert rating between 1 (very low) to 5

(very high). Scoring will be based on the manual. SHALOM has a good psychometric property with Cronbach's  $\alpha$  coefficient for personal—.86, communal—.88, environmental—.87 and transcendental—.95 (Fisher 2013). The difference of more than 1.0, on a 1–5 scale (greater than one standard deviation) between mean values for ideals and lived experiences, in any of the four domains of spiritual well-being, is termed spiritual dissonance (Fisher 2010).

**Satisfaction with Life Scale (SWLS):** This is a short five-item instrument designed to measure global cognitive judgments of satisfaction with one's life (does not measure either positive or negative affect). The scale usually requires only about 1 min to complete the test. Each item response will be scored on a 7-point Likert rating between 1 (Strongly Disagree) to 7 (Strongly Agree). This scale has a good psychometric property and can be widely used among a wide range of age groups with average  $\alpha$  coefficient .85 (Diener et al. 1985). Satisfaction with life scale also focuses on emotional well-being or underlying psychopathology as it evaluates an individual based on his own criteria (Pavot and Diener 1993).

## Procedure

Participants were recruited from Government College of Nursing, SDS TRC and RGICD College of Nursing and NIMHANS College of Nursing, Bangalore, Karnataka, India. One-hour permission per batch was given to the researcher to meet the students for data collection. Researcher met each batch of students separately, and participants were informed about the voluntary nature of participation in the study and maintenance of the confidentiality. From each batch, students were randomly selected and above-mentioned four questionnaires and a socio-demographic sheet were given (from the same batch of students who were not part of this study, a different set of questionnaires were given which was part of the researcher's project protocol). Data collection was done from 16 September 2015 to 01 February 2016.

## Statistical Analysis

Principal Components Analysis and reliability testing (using  $\alpha$ ) were performed for the instrument used. Pearson's correlation test and stepwise multiple linear regression analysis were used to explore the correlation between variables and to identify predictors of spiritual well-being. Also, missing value analysis was done for data that were missing less than 5%. We have used SPSS 16.0 for data analysis and also G\*Power version 3.1.9.2 for sample size calculation and post hoc statistical power analysis.

## Results

Descriptive statistics of demographic data are illustrated in Table 1. It is evident that most of the participants were females, single and belong to the Christian religion. The results, as shown in Table 2, indicate that students reported high levels of spiritual well-being and moderate levels of mindfulness, self-compassion and satisfaction with life. Notably, students' lived experience on each item is less than the ideal scores on SHALOM questionnaire, as found in previous studies.

**Table 1** Characteristics of the sample ( $N = 145$ )

Characteristics	$N$ (%)
Gender	
Male	7 (5)
Female	138 (95)
Marital status	
Single	142 (98)
Married	3 (2)
Class/batch	
1st year BSc	34 (23)
2nd year BSc	30 (21)
3rd year BSc	49 (34)
4th year BSc	32 (22)
Religion	
Hindu	46 (32)
Christian	95 (65)
Muslim	4 (3)

**Table 2** Descriptive statistics of SHALOM and its four domains, mindfulness, self-compassion and satisfaction with life

Variable	Mean $\pm$ SD
Age	19.55 $\pm$ 1.30
SHALOM-personal (ideal)	4.26 $\pm$ 0.70
Communal (ideal)	4.20 $\pm$ 0.68
Environmental (ideal)	3.95 $\pm$ 0.76
Transcendental (ideal)	4.35 $\pm$ 0.80
SHALOM-personal (lived experience)	3.73 $\pm$ 0.73
Communal (lived experience)	3.78 $\pm$ 0.66
Environmental (lived experience)	3.55 $\pm$ 0.67
Transcendental (lived experience)	3.94 $\pm$ 0.90
Overall	15.00 $\pm$ 2.43
Mindfulness	38.56 $\pm$ 6.19
Self-compassion	3.14 $\pm$ 0.45
Satisfaction with life	22.47 $\pm$ 5.87

## Exploratory Factor Analysis

A Principal Components Analysis was performed, separately for SHALOM (Ideal) and SHALOM (Lived experience), using oblimin rotation. In our study, the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy for SHALOM (Ideal) was .90, and for SHALOM (Lived experience) was .88. The Bartlett’s test of sphericity was significant for Ideal ( $\chi^2$  (190) = 1405.48,  $p < .001$ ) and for Lived experience ( $\chi^2$  (190) = 1218.82,  $p < .001$ ).

The results of KMO test indicate the suitability of the data for factor analysis, and based on the result, we subjected SHALOM questionnaire to factor analysis. Our results yielded four factors like the four-factor model of Gomez and Fisher (2003). These four factors

cohered into a single higher-order factor, i.e. spiritual well-being (SWB) that explained 67.86% of total variance with eigenvalue 2.71. The Kaiser–Meyer–Olkin value was .81, and Bartlett’s test of sphericity was significant ( $\chi^2(6) = 223.85, p < .001$ ). Our findings were in line with the study conducted by Fisher (2013), that explained 63.8% total variance, and the Kaiser–Meyer–Olkin value was .74.

Here, we have reported the eigenvalue and the percentage of variance explained by the four factors of SHALOM (Ideal); for the first factor (environmental) 8.37 and 42%, the second factor (transcendental) 1.59 and 8%, the third factor (personal) 1.26 and 6% and the fourth factor (communal) 1.00 and 5%, respectively. Similarly, the eigenvalues and the percentage of variance of the four factors of SHALOM (Lived experience) were: for the first factor (communal) 7.28 and 36%, the second factor (transcendental) 1.82 and 9%, the third factor (environmental) 1.32 and 7% and the fourth factor (personal) 1.10 and 6% respectively. The four domains of SHALOM lived experience explained 57.6% of total variance in our study; however, 72.5% of total variance was explained in Fisher (2013) study.

### Reliability test

In our study, SHALOM has reported good reliability, which was close to the results reported by Fisher (2013). The Cronbach’s  $\alpha$  for the SHALOM full scale was  $\alpha = .94$ , and for all the four factors was  $\alpha \geq .72$ . The findings of SHALOM (Ideal) were, personal  $\alpha = .79$ , communal  $\alpha = .76$ , environmental  $\alpha = .79$ , transcendental  $\alpha = .85$ , and SHALOM (Lived experience) were, personal  $\alpha = .78$ , communal  $\alpha = .72$ , environmental  $\alpha = .72$  and transcendental  $\alpha = .86$ , respectively.

### Correlation and Regression Analysis

It was apparent from Table 3 that there was a significant correlation between spiritual well-being, mindfulness, self-compassion and satisfaction with life among nursing students. Evidently, mindfulness was positively correlated with all the domains of spiritual well-being on both responses, ideal and lived experiences except for transcendental ideal scores. Meanwhile, self-compassion and satisfaction with life were associated with all the domains of spiritual well-being only on lived experience.

In this study, stepwise multiple linear regression analysis was performed for four domains of SHALOM on lived experience and spiritual well-being (SWB). Each domain of SHALOM and spiritual well-being (SWB) was introduced separately as the dependent variable and all other variables as an independent variable. Results are reported separately in Tables 4, 5, 6 and 7, respectively.

From Table 4, we can conclude that this model significantly explained overall 24%, i.e. satisfaction with life 13%, mindfulness 8% and self-compassion 3%, of the variance on the spiritual well-being (SWB).

As per Table 5, this model significantly explained 24% of variance, satisfaction with life 14%, self-compassion 8% and mindfulness 2%, on the personal domain of spiritual well-being. One outlier was excluded during data analysis.

It was apparent from Table 6 that the regression model significantly explained about 17% of variance, self-compassion 13% and mindfulness 4%, on the communal domain of spiritual well-being, with the exclusion of one outlier during analysis.

**Table 3** Correlation between four domains of SHALOM, mindfulness, self-compassion and satisfaction with life

	Age	Mindfulness	Self-compassion	Satisfaction with life	Spiritual well-being (overall)
Age	–				
Mindfulness	.07	–			
Self-compassion	– .02	.41**	–		
Satisfaction with life	– .08	.26**	.19*	–	
Personal ideal	.15	.25**	.07	.15	.42**
Communal ideal	.12	.22**	.05	.15	.41**
Environmental ideal	.03	.17*	.05	.11	.38**
Transcendental ideal	– .03	.10	.01	.24**	.49**
Personal lived experience	– .02	.33**	.34**	.38**	.84**
Communal lived experience	– .05	.33**	.34**	.21*	.82**
Environmental lived experience	– .09	.30**	.23**	.25**	.81**
Transcendental lived experience	– .13	.22**	.21*	.35**	.82**
Spiritual well-being (overall)	– .09	.36**	.33**	.37**	–

\* $p < .05$ \*\* $p < .01$ **Table 4** Predictors of the spiritual well-being

	Unstandardized coefficient		Standardized coefficient	<i>t</i>	<i>p</i>
	<i>B</i>	SE	$\beta$		
Satisfaction with life <sup>a</sup>	.152	.032	.366	4.697	.000
Satisfaction with life, mindfulness <sup>b</sup>	.121	.032	.292	3.776	.000
	.110	.030	.281	3.627	.000
Satisfaction with life, mindfulness, self-compassion <sup>c</sup>	.114	.032	.275	3.590	.000
	.080	.032	.204	2.480	.014
	1.048	.433	.196	2.418	.017

<sup>a</sup> $r = .366$ ,  $r^2 = .134$ <sup>b</sup> $r = .455$ ,  $r^2 = .207$ <sup>c</sup> $r = .489$ ,  $r^2 = .239$ 

According to the Table 7, this regression model significantly predicted 12% of the variance on the environmental domain, towards which mindfulness contributed 9% and satisfaction with life 3%.

However, satisfaction with life explained 12% variance on the transcendental domain of SHALOM with statistical significance. Regression analysis was separately run using

**Table 5** Predictors of personal domain of spiritual well-being

	Unstandardized coefficient		Standardized coefficient	<i>t</i>	<i>p</i>
	<i>B</i>	SE	$\beta$		
Satisfaction with life <sup>a</sup>	.047	.010	.380	4.908	.000
Satisfaction with life, self-compassion <sup>b</sup>	.041	.009	.327	4.318	.000
	.442	.121	.275	3.640	.000
Satisfaction with life, self-compassion, mindfulness <sup>c</sup>	.037	.010	.295	3.859	.000
	.340	.130	.212	2.613	.010
	.020	.010	.169	2.052	.042

<sup>a</sup> $r = .380, r^2 = .144$

<sup>b</sup> $r = .466^b, r^2 = .217$

<sup>c</sup> $r = .490^c, r^2 = .240$

**Table 6** Predictors of communal domain of spiritual well-being

	Unstandardized coefficient		Standardized coefficient	<i>t</i>	<i>p</i>
	<i>B</i>	SE	$\beta$		
Self-compassion <sup>a</sup>	.494	.109	.355	4.532	.000
Self-compassion, mindfulness <sup>b</sup>	.359	.117	.258	3.070	.005
	.024	.009	.234	2.784	.006

<sup>a</sup> $r = .355^a, r^2 = .126$

<sup>b</sup> $r = .415^b, r^2 = .172$

**Table 7** Predictors of environmental domain of spiritual well-being

	Unstandardized coefficient		Standardized coefficient	<i>t</i>	<i>p</i>
	<i>B</i>	SE	$\beta$		
Mindfulness <sup>a</sup>	.033	.009	.304	3.820	.000
Mindfulness satisfaction with life <sup>b</sup>	.028	.009	.258	3.167	.002
	.020	.009	.177	2.177	.031

<sup>a</sup> $r = .304^a, r^2 = .093$

<sup>b</sup> $r = .349^b, r^2 = .122$

religion as the independent variable and the transcendental domain of the SHALOM as the dependent variable, as religion was significantly correlated with this domain only ( $r = .207, p = .012$ ). Based on regression analysis, religion predicted 4% of the variance on the Transcendental domain of the SHALOM.

## Post Hoc Statistical Power Analysis

Results of the post hoc power analysis have reported more than adequate statistical power ( $> .99$ ) with the moderate effect size ( $f^2 = .31$ ), at an  $\alpha$  value .05, with the sample size 145, predictor variables 3 and squared multiple correlations  $r^2 = .24$  as inputs.

## Discussion

The study's aim was to illustrate the correlates and predictors of spiritual well-being among nursing students. Considerably, there was a positive correlation between spiritual well-being (SWB and four domains), mindfulness, satisfaction with life and self-compassion in our study. As mentioned earlier, our results are in coherence with the previous studies.

This study was successful in eliciting the predictors of spiritual well-being. Satisfaction with life, mindfulness and self-compassion significantly explained 24% of the variance on the spiritual well-being (SWB).

Similarly, 24% of the variance was explained on the personal domain of SHALOM by satisfaction with life, self-compassion and mindfulness. Personal domain assesses the spiritual well-being of an individual based on his/her sense of identity, self-awareness, joy in life, inner peace and meaning in life (Fisher 2010). Meaning in life and satisfaction with life (Jafari et al. 2010), mindfulness (Carmody et al. 2008) were significantly correlated. Self-compassion is being kind towards self during hardship/suffering and being mindful aids to be compassionate towards self (Neff 2003). Even though these variables are different constructs, there seems to be an association between them.

Likewise, 17% of the variance was predicted by self-compassion and mindfulness on the communal domain of SHALOM. Love, forgiveness, trust, respect for others and kindness towards other people are measures in the communal domain of SHALOM (Fisher 2010). Being mindful makes an individual aware of his suffering, leading him to take necessary actions to alleviate suffering, i.e. self-compassion (Neff 2003). Both self-compassion and compassion are related to each other (Neff and Pommier 2013). When an individual is self-compassionate, he/she can be compassionate towards others (Neff 2003), i.e. when you are kind to yourself, you can be kind towards others during suffering.

Notably, nursing students had moderate spiritual well-being, in which connectedness towards others was high and their religious attachment was less (Hsiao et al. 2010). Also, high level of spiritual well-being (religious and existential well-being) was reported among nursing students (Pesut 2002). The findings of our study reported nursing students experienced a high level of spiritual well-being on all the four domains of spiritual well-being, refer Table 2. Our results are in line with the previous studies.

Moreover, mindfulness and satisfaction with life explained 12% variance on the environmental domain. Connecting with nature, with harmony, sense of awe and magic in the environment is measured in the environmental domain of SHALOM (Fisher 2010). The instrument FMI measures mindfulness on unidimensional factor, i.e. being present. Though mindfulness and satisfaction with life have its role in the environmental domain of SHALOM, this will need to be explored in the future studies.

Substantially, satisfaction with life alone explained 12% variance on the transcendental domain of SHALOM with statistical significance. A personal relationship with the Divine/God, worship of the Creator, oneness with the God, peace with the God, and prayer in life

are assessed in the Transcendental domain of SHALOM (Fisher 2010). Previous studies also have reported the relationship between life satisfaction and connectedness with the Divine (Fabricatore et al. 2000; Jafari et al. 2010). In addition, females are generally more spiritual and have faith than males (Saxena 2006). Most of the participants in our study were females. The reason remains unclear, why mindfulness and self-compassion could not explain variance on the transcendental domain.

In contrast, among Turkish university students, 21% of the variance was explained by spiritual experiences (connection with the transcendent in daily life) by self-compassion, i.e. 15% by overidentification, 4% by common humanity and 2% by self-judgment (Akin and Akin 2017). However, religious well-being alone explained 31% of the variation in satisfaction with life, whereas spiritual well-being (religious and existential well-being) and hope explained 40% of changes in satisfaction with life among cancer patients (Jafari et al. 2010). In addition, stressors, personal spirituality and interaction between stressors and personal spirituality significantly predicted 21% of the variance in satisfaction with life. The same study reported the role of personal spirituality in maintaining satisfaction with life whilst coping with stressors (Fabricatore et al. 2000).

Even though the variance was 4%, the role of religion in the transcendental domain cannot be ignored. According to Fisher (2013), without connecting to the God/Divine, spiritual well-being remains incomplete. Connecting with the God is identified through the religion. Our results are in line with the original study by Fisher.

We can conclude from our results that satisfaction with life and self-compassion play a significant role in personal and communal domains, whereas satisfaction with life was a significant predictor of the transcendental domain of spiritual well-being. Whilst the role of mindfulness cannot be ignored because of the small percentage of variance on personal (2%) and communal (4%) domains. However, 9% and 8% of the variance were explained by mindfulness on the environmental domain and on the spiritual well-being (SWB), respectively. Also, the most important findings were that the results of exploratory factor analysis and reliability testing of SHALOM were in coherence with the results reported by Gomez and Fisher (2003) and Fisher (2013), reporting Cronbach's  $\alpha$  for SHALOM full-scale  $\alpha = .94$ , and for all the four factors were  $\alpha \geq .72$ .

Limitations of this study are the following: firstly, the design of this study can be a limitation, as we may not be able to produce casual inference. Secondly, only self-reported questionnaires were part of this study. Thirdly, all the participants were recruited from the government nursing colleges (two-government and an autonomous institution) in Bangalore. The results obtained in our study are relevant and valuable to the field of nursing education, where future studies can contribute to the greater extent.

Future studies can be designed by recruiting nursing students from both government and private colleges may contribute to the heterogeneity of the sample. Along with psychological variables, other variables that report objective outcomes can be included in the study to prevent subjective bias. Longitudinal or experimental studies can help in deriving causal relationships between variables. Recruiting large samples and then grouping them according to their religion and gender may give in-depth insight regarding the role of gender or religion in spiritual well-being. Also, analysis of data for each batch/class separately may illustrate the difference in the behaviour of the students. Suitable interventional studies can be planned, that can increase spiritual well-being of nursing students.

Overall, our results indicate support for the importance of satisfaction with life, mindfulness and self-compassion on personal, communal, environmental and transcendental domains of spiritual well-being among nursing students.

## Conclusion

Previous studies have provided an insight into academic and clinical demands of nursing students and relationship between satisfaction with life and self-compassion on personal and transcendental domains of spiritual well-being. However, our study was successful in eliciting correlates and predictors of spiritual well-being. Substantially, satisfaction with life, mindfulness and self-compassion play a significant role on personal, communal, environmental and transcendental domains of spiritual well-being. Therefore, an appropriate intervention that can enhance spiritual well-being or self-compassion or life satisfaction or mindfulness should be inculcated in the nursing curriculum, to equip them with an internal resource to be effective health care providers.

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### Compliance with Ethical Standards

**Conflict of interest** All authors declare that they have no conflict of interests.

**Ethical Approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

**Informed Consent** Informed consent was obtained from all individual participants included in the study.

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