

ORIGINAL ARTICLES

## COVID-19 pandemic experiences and psychological well-being of a Vietnamese university student sample in Hanoi, Vietnam

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### ABSTRACT

**Objectives:** This study examined the psychological well-being (PWB), feelings about the COVID-19 impact, the resilience of a Vietnamese university student sample in Hanoi, Vietnam following the height of the COVID-19 pandemic, and some associated factors to the students' PWB.

**Methods:** The study was a cross-sectional study that applied a mixed methods approach. Data was collected via web-based REDCap software.

**Results:** Results found the PWB subscale scores were: 3.30 for autonomy (SD = 0.67), 3.30 for environmental mastery (SD = 0.89), 3.47 for personal growth (SD = 0.79), 3.76 for purpose in life (SD = 0.95), 4.02 for positive relations with others (SD = 0.89), and 4.03 self-acceptance (SD = 0.71). Compared to a similar study conducted in 2019 in Hanoi, lower levels of PWB were found in all subscales except the autonomy and self-acceptance subscales in this investigation. The overall impact of the COVID-19 pandemic was not severely disruptive to student lives and access to resources. Students' resilience was moderate with a mean score of 60.73 (SD = 14.23). The study revealed significant negative correlations between the impact of COVID-19 and two aspects of PWB: environmental mastery and positive relations with others. Resilience was shown to be positively associated with the PWB dimensions of self-acceptance.

**Conclusions:** Universities are encouraged to consider incorporating resilience interventions into school extracurricular activities as part of strategies to support students' mental health during and in the aftermath of pandemics.

**Keywords:** COVID-19, psychological well-being, resilience, student, Vietnam.

### INTRODUCTION

Early in the pandemic, Vietnam enacted more preventative health measures than the World Health Organization initially recommended and continued to employ extensive efforts until the end of 2022 compared to other countries in the pandemic (1). Vietnam was not initially poised to be a COVID-19 epidemiologic success due to its high risk of virus transmission sharing a border

with China and having a low to middle-income status. However, Vietnam's history of containing the severe acute respiratory syndrome epidemic in 2003 prepared the country to take quick action and implement health containment strategies early (1). The first COVID-19 cases were detected on January 23rd, 2020, and the border with China country was closed on January 30th, 2020, and stricter containment measures followed (2).



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While unquestionably effective, the strict disease-containment efforts including extended quarantine and lockdown increased concerns for university students due to disruption to their education and lives at a crucial point in their young adult lives (3). On February 2nd, 2020, the government announced that all educational institutes would close. In April 2020, a nationwide social distancing period commenced, and after, the government categorized municipalities as either 'high risk', 'at risk', or 'low risk' and were assigned corresponding health orders. Most educational institutions began welcoming students back to in-person classes in late April 2020 (2).

Research on the effects of quarantine and lockdown has found negative psychological impacts, raising concerns for countries such as Vietnam that enacted strict health efforts (4). Worldwide, researchers have reported higher rates of stress, anxiety, depression, and post-traumatic stress disorder during COVID-19; some researchers even contend that the psychological aftermath of the virus may be as severe as its physical health outcomes (5, 6, 7).

Notably, literature has found that student status may be a risk factor associated with elevated levels of distress due to extreme disruptions in daily life (3, 8). Experiences like fear and anxiety, which are predictive of psychological distress, have been found to have increased among Vietnamese university students during the pandemic with high levels of stress reported in public health and medical students (8). Prior research has found that college students who experience more traumatic events such as contracting the virus, being hospitalized, experiencing a loss of a friend or family member, and a change in resources reported more psychological distress and mental health symptomatology than students who did not experience severe

events (9, 10). Other prior research showed that resilience significantly predicts PWB during the pandemic or that high resilience would be positively correlated with good PWB (11, 12).

The raised questions are how the university students in Hanoi self-examined their PWB, their feelings about the COVID-19 impact on their life, their resilience during the height of the COVID-19 pandemic, and what are some other associated factors to the students' PWB. Therefore, this study aimed to examine the university students' PWB, their feelings about the COVID-19 impact, their resilience, and some other associated factors to the students' PWB during the height of the COVID-19 pandemic among a university student sample in Hanoi, Vietnam.

## METHODS

**Study design:** The study was a cross-sectional study, utilizing a mixed methods approach of the concurrent quantitative and qualitative data collection, analysis, and discussion.

**Study subjects:** Participants of this study were undergraduate students who were studying during the school year 2022-2023 at the Hanoi University of Public Health (HUPH) and the Hanoi National University (HNU), Vietnam.

**Study site and time:** The study was implemented at the HUPH, and data collection took place at the HUPH and the HNU from February to March 2023.

**Sample size and sampling method:** Estimated sample size was 188 (*to estimate the mean of the Psychological Well-Being dimensions of students by the sample formulation:  $n = (1.96*SD/d)^2$  (22); with alpha value = 0.05, margin error (d) = 0.10; mean score of "autonomy" dimension = 3.3, standard deviation (SD) = 0.7, base on*

a study results among a Vietnamese student sample (14). Study participants were invited to participate in the study by convenient selection through classroom recruitment at their associated universities. There were five classes at the HUPH and one class at the HNU available during the data collection period, and all students of those classes were invited to participate in the study.

## Study variables

### *Quantitative variables*

*Psychological Well-Being (PWB):* To measure PWB, the study used an adapted 28-item Vietnamese scale version based on the Carol D. Ryff original PWB scale (13, 14). The scale contains six dimensions: autonomy, environmental mastery, purpose in life, personal growth, positive relations with others, and self-acceptance. For the autonomy dimension, there are five items, and the possible score range for each question is 1-6. A total score for the dimension ranges from 5-30 with higher scores demonstrating higher autonomy regarding confidence in opinions even if they are contrary to the consensus. The environmental mastery dimension has four items with an item's possible scores ranging from 1-6. A total score for the dimension ranges from 4-24 with higher scores illustrating participants feel that they are in control of the situation(s) they live and find themselves in. The purpose in life dimension has four items with an item's possible scores ranging from 1-6. A total score for the dimension ranges from 4-24 with higher scores corresponding to a strong grasp on life regarding goals in life and a sense of direction and purpose. The personal growth dimension has five items with item possible scores ranging from 1-6. A total score for the dimension ranges from 5-30 with higher scores illustrating openness to new experiences and a growth mindset. The positive relations with other dimensions have five items with possible item scores ranging

from 1-6. A total score for the dimension ranges from 5-30 higher scores demonstrating trust in relationships with others and an empathetic, affectionate, and caring demeanor. The self-acceptance dimension has five items with possible item scores ranging from 1 to 5. A total score for the dimension ranges from 5-30, and higher scores correspond to one's acceptance of their personality and positive and negative qualities as well as positive thoughts about the past (14).

*COVID-19 Impact:* The COVID-19 impacts on students were assessed by the COVID-19 impact scale (15). This scale is a 12-item scale assessing multiple aspects of COVID-19 related effects on students and families. The first 8 items are indicators of COVID-19 impact across a broad array of domains (routine work, income, access to food, healthcare services, social support, and experiences of stress) to which respondents make a 4-level ordinal response on severity. Summing the first 8 items of the scale represents of the impact with higher scores indicating limited access to resources and severe experiences. Items 9 through 11 reflect direct or familial experience with COVID-19 infection and symptoms.

*Resilience:* Resilience is defined as an individual's ability to face adversity and bounce back following stressful life events such as trauma and more resilient individuals adjust better during adversity (12). The Connor-Davidson Resilience Scale (CD-RISC-25) measures the following components of resilience: the ability to adapt to change, deal with what comes along in life, cope with stress, focus and think clearly, not become discouraged during failure, and handle unpleasant feelings (e.g., anger, pain). Possible scores range from 0-100 with higher scores reflecting greater resilience (16).

*Qualitative themes:* Item 12 of the COVID-19 impact scale was an optional write-in

question that allowed participants to discuss any other ways the pandemic had impacted their lives (15). Some themes have been used to analyze the qualitative contents such as: “deterred social opportunities, support, and community”, “negative impact on learning in-person”, “negative health impact”, and “negative economic outcomes”.

**Data collection:** The study was introduced to students in university classrooms. Students were informed that participation was voluntary and interested individuals provided informed written consent and then were provided with instructions on how to access the survey. Data was collected from participants by accessing the provided link and answering the questionnaire on the web-based REDCap software that was managed by the HUPH, from February to March 2023.

**Data analysis:** Quantitative data was processed and analyzed using SPSS (Version 24). Statistical tests were used to describe, analyze, and assess the relationship between study variables. The dependent variable was students’ PWB and the independent variables were the COVID-19 impact, resilience, and demographic characteristics. A p-value less than or equal to 0.05 was set as statistically significant. The part of qualitative data was processed using thematic analysis to yield content about COVID-19 experiences,

feelings, and impact on the study participants. 224 records were received, and 42 (17.3%) records were removed due to incomplete or missing data. Finally, 182 responses (82.7%) were acceptably used in the statistical analyses.

**Research ethics:** The study was approved by the Institutional Review Board (IRB) of the HUPH, the affiliated university in Vietnam was granted in December 2022, as well as by the IRB of Seattle University, the U.S. affiliate university, in August 2022. Study participants each completed a consent before participating in the study. The researchers carefully explained the purpose of the study and did not collect identifiable data.

## RESULTS

### Demographic Information

Among 182 students at HUPH and the HNU in Hanoi, Vietnam, 87.4% of the study was female and 12.6% was male. The mean age was 20 years (range: 18-24 years). Approximately 19.8% of participants identified as nutrition majors, 54.9% in rehabilitation, 3.3% in medical technologies, and 22% in social work). At the HNU, only social work students participated in this study. Table 1 illustrates these statistics.

**Table 1. Participant Demographic Information**

| Demographic Variable | Category             | Frequency (N) | Percentage (%) |
|----------------------|----------------------|---------------|----------------|
| Gender               | Male                 | 23            | 12.6%          |
|                      | Female               | 159           | 87.4%          |
| Age                  | ≤ 19                 | 53            | 29.1%          |
|                      | 20                   | 108           | 59.3%          |
|                      | ≥ 21                 | 21            | 11.5%          |
| Major                | Nutrition            | 36            | 19.8%          |
|                      | Rehabilitation       | 100           | 54.9%          |
|                      | Medical Technologies | 6             | 3.3%           |
|                      | Social Work          | 40            | 22.0%          |

**Table 2. Mean and Standard Deviations of the Psychological Well-Being, the COVID-19 Impact, and the Resilience**

| Variables                      | Sample Mean and Standard Deviation |
|--------------------------------|------------------------------------|
| PWB Dimensions:                |                                    |
| Autonomy                       | 3.31 (SD = 0.67)                   |
| Environmental Mastery          | 3.30 (SD = 0.89)                   |
| Personal Growth                | 3.47 (SD = 0.79)                   |
| Purpose in Life                | 3.76 (SD = 0.95)                   |
| Positive Relations with Others | 4.02 (SD = 0.89)                   |
| Self-Acceptance                | 4.02 (SD = 0.71)                   |
| COVID-19 Impact                | 7.76 (SD = 7.0)                    |
| Resilience                     | 60.73 (SD = 14.23)                 |

**Psychological Well-being (PWB)**

Using the adapted 28-item Vietnamese PWB scale, every item was summed to find a participant subscale score for the dimensions: autonomy, environmental mastery, personal growth, purpose in life, positive relations with others, and self-acceptance. Every participant’s subscale was computed to find an average sum score for the entire sample that was then divided by the number of items in the subscale (e.g., the autonomy dimension has five items, and the purpose in life dimension has four items). The mean scores for the dimensions were: 3.31 for autonomy (SD = 0.67), 3.30 for environmental mastery (SD = 0.89), 3.47 for personal growth (SD = 0.79), 3.76 for purpose in life (SD = 0.95), 4.02 for positive relations with others (SD = 0.89), and 4.02 for self-acceptance (SD = 0.71) as shown in Table 2.

**COVID-19 Impact**

The mean sum for the sample was 7.76 (SD = 7.0) (see Table 2). With the mean score range being 0 – 35, a mean sum of 7.76 illustrates minimal overall changes to one’s daily lifestyle changes in access to food, income, social support, healthcare services, and experiences of stress.

The responses of students showed that the COVID-19 pandemic, especially in lockdown time, have certainly impacted students’ lives. The key themes that reflected some dimensions of the COVID-19 impact and associated qualitative responses are shown below.

***Deterred social opportunities, support, and community:*** Many students felt that the pandemic caused some difficulties in their daily life; some students said “*Because of the pandemic, we did not have a closing ceremony or a coming-of-age ceremony at the end of high school students’ lives*”, “*Locked in the house for 2 weeks*”, “*Not allowed to go out and gather with friends*”, “*The COVID-19 epidemic did not allow me to go out*”; “*During the pandemic, I had to go through the difficulty of facing the epidemic in a private room, my time was usually only for resting and studying, I was not allowed to go to church*”, “*Not being able to meet friends and teachers when I first went to college*”, “*Must be quarantined for a long time, not allowed to integrate into the community*”, “*Stop attending Catholic Mass during the pandemic. Not allowed to travel freely to many places and must study online during the pandemic*”, “*Can’t go to school.*”

**Negative impact on learning in-person:** Students felt the pandemic period influenced negatively to their studies; a few answers were “It affects the quality of learning and health when having to use computers and phones too much”;

**Negative health impact:** Students have felt the pandemic has had a negative impact on their physical and mental health. Some students answered “Affects both physical and mental health and life motivation”, “Being quarantined and not being able to go out, I easily get mentally ill because I stay at home too much”, “More difficult to sleep, weaker resistance, often anxious, sensitive to surrounding problems”, “The throat becomes weak”; “Prolonged insomnia”, “Hair loss, cough, forgetfulness”, “Physically a bit weaker.” Few other students expressed that the adverse effects of COVID-19 vaccination

caused negative health impacts: “Vaccination causes side effects after the injection”, and “Vaccination affects hair, sleep, and memory.”

**Negative economic outcomes:** Students have also felt the pandemic has had a negative impact on their families’ finances; some students wrote “Impacted family business hours”, “Jobs, health”; “Economy impact”; “Financial costs”.

### Resilience

This mean sum was 60.73 (SD = 14.23), illustrating moderate resiliency for the sample when comparing this score to the possible score out of 100 with a greater score indicating higher resiliency as demonstrated in Table 2.

### Associated factors to students’ PWB dimensions

**Table 3. Correlations of some associated factors and students’ PWB dimensions**

| Correlations                                     | r (Pearson correlation) | Sig. (2-tailed) | 95% CI        |
|--|-------------------------|-----------------|---------------|
| COVID-19 impact & Environmental mastery          | -.153                   | .039            | -.292 ; -.008 |
| COVID-19 impact & Positive relations with others | -.197                   | .008            | -.333 ; -.053 |
| Resilience & Self-acceptance                     | .493                    | .000            | .375 ; .596   |

### COVID-19 Impact and PWB dimensions

A series of Pearson correlation coefficients were carried out to assess the linear relationship between COVID-19 impact and the PWB subscales. Statistically significant associations between COVID-19 impact level and *environmental mastery* and *positive relations with others*. Statistically significant results were not found between COVID-19 impact and the other PWB subscales.

*Environmental mastery* was found to have a small negative correlation,  $r(181) = -.15, p =$

.039, illustrating that as COVID-19 impact increases, *environmental mastery* decreases, and that COVID-19 impact can account for 2.25% of the variation in *environmental mastery* scores.

*Positive relations with others* were found to have a small negative relationship with COVID-19 impact,  $r(181) = -.197, p = .008$ , illustrating that as COVID-19 impact increases, *positive relations with others* decreases, and that COVID-19 impact can account for 3.88% of the variation in *positive relations with other* scores. (see Table 3)

**Resilience and PWB dimensions**

A series of Pearson coefficient correlations were carried out to assess the linear relationship between resilience and PWB subscales. Resilience and *self-acceptance* were found to be statistically significant with a moderate positive correlation,  $r(181) = .49, p < .001$ . From these findings, resilience can account for 24% of the variation in *self-acceptance* scores. Statistically significant results between resilience and the other PWB subscales, *autonomy, environmental mastery, purpose in life, positive relations with others,* and *personal growth* were not found. (see Table 3)

**The Impact of individual characteristics, COVID-19 Impact, and Resilience on PWB**

A series of multiple linear regression models were conducted to evaluate the ability of the variables: students’ demographic characteristics (gender, age, university major), COVID-19 impact, and resilience to predict PWB subscales.

For the *environmental mastery* subscale, the model was statistically significant ( $F(5, 176) = 2.564, p = .029$ ). However, only 6.8% of

the variation in this subscale was explained by the predictors ( $R^2 = .068$ ). The independent variables of age and COVID-19 impact were found to be statistically significant in their association with *environmental mastery*. The other variables were not significant predictors of *environmental mastery*.

For the *positive relation with others* subscale, the model was statistically significant ( $F(5, 176) = 2.443; p=.036$ ), and only 6.5% of the variance of this subscale was explained by the predictors ( $R^2 = .065$ ). This subscale was found to be statistically significantly predicted by the COVID-19 impact. The other independent variables were not significant predictors of *positive relations with others*.

For the *self-acceptance* subscale, the model was statistically significant ( $F(5, 176) = 12.887; p=.000$ ), and 26.8% of the variance of this subscale was explained by the predictors ( $R^2 = .268$ ). In correlation analysis between resilience and PWB subscales, there was a statistically significant association between resilience and *self-acceptance*. Similarly, in the regression model, just only resilience was a statistically significant predictor of *self-acceptance*. (see Table 4)

**Table 4. Predictors of the PWB’s dimensions**

| Predictors of Environment mastery                   | B      | SE   | t      | Sig. |
|---|--------|------|--------|------|
| (Constant)  | -4.159 |      |        |      |
| Gender  | -1.347 | .790 | -1.706 | .090 |
| Age   | .927   | .370 | 2.507  | .013 |
| Major   | .089   | .259 | .343   | .732 |
| COVID-19 impact                                     | -.125  | .055 | -2.253 | .025 |
| Resilience  | .001   | .018 | .062   | .951 |
| <b>Predictors of Positive relations with others</b> |        |      |        |      |
| (Constant)  | 9,010  |      |        |      |
| Gender  | -.946  | .996 | -.950  | .344 |
| Age   | .628   | .466 | 1.346  | .180 |
| Major   | -.305  | .326 | -.935  | .351 |

| <b>Predictors of Positive relations with others</b> |       |      |        |      |
|---|-------|------|--------|------|
| COVID-19 impact                                     | -.182 | .070 | -2.606 | .010 |
| Resilience  | .025  | .023 | 1.086  | .279 |
| <b>Predictors of Self-acceptance</b>                |       |      |        |      |
| (Constant)  | 8.201 |      |        |      |
| Gender  | -.947 | .705 | -1.343 | .181 |
| Age   | .312  | .330 | .944   | .346 |
| Major   | -.296 | .231 | -1.283 | .201 |
| COVID-19 impact                                     | -.058 | .049 | -1.168 | .244 |
| Resilience  | .122  | .016 | 7.431  | .000 |

The subscales of *autonomy*, *personal growth*, and *purpose in life* were not found to be statistically significant in the regression analysis with the above predictors.

## DISCUSSION

To the authors' understanding, this research study is one of the first studies that assesses students' lived experiences stemming from the COVID-19 pandemic in Hanoi, Vietnam. In this study, there were no significant associations between gender and age with most dimensions of PWB. There was only a significant relationship between students' age and environment mastery. This fact differs from the results in Ryff's study on the structure of the PWB scale in which age and gender differences on the various PWB dimensions (23), as well as PWB and resilience were found to be greater among female students as compared to male students in the study in Karachi, Pakistan (24). The differences in participant sample, student's individual characteristics, and time might lead to this issue.

A series of Pearson correlation coefficients yielded mixed results regarding the association between COVID-19 experiences and PWB. Results regarding the two dimensions of PWB, environmental mastery and positive relations

with others, were found to be statistically significant regarding associations with COVID-19 impact. Environmental mastery was found to have a small negative correlation with COVID-19 impact, demonstrating that as COVID-19 severity increases, environmental mastery scores decrease. Broadly, this finding demonstrates that as individuals experience more severe COVID-19 events, their sense of control in life and in the situation that they live in decreases. Positive relations with others had a small negative association with COVID-19 impact such that as COVID-19 severity increases, positive relations with other scores decrease. Comparing the study's PWB mean level to a similar 2019 study conducted in a Hanoi University student population, lower levels of PWB were found in all dimensions except the self-acceptance dimension of the current study compared to the prior one (14). These findings illustrate how turbulent and stressful events such as a pandemic can negatively impact individuals' control over their lives and their relationships with others.

Resilience and its correlation with PWB demonstrated mixed results with resilience only being significantly correlated with one dimension of PWB, self-acceptance. Resilience and all other PWB dimensions were not found to be statistically significant

in association. The mean resilience score for the study sample was 60.73 (SD = 14.23), which demonstrates moderate resiliency for the sample. Statistical analyses illustrated a moderate positive statistically significant relation between resilience and the PWB dimension, self-acceptance. Most significance was that resilience can account for 24% of the variation in self-acceptance scores. The CD-RISC scale has been shown to record lower scores in non-U.S. countries and, for this comparison, only outside non-U.S. countries will be compared to the present study score. In 2023, a study sample of Arabic university students in Jordan was surveyed and an average CD-RISC score of 76.74 was recorded (17). Another study on adolescent refugees in Syria and Iraq recorded an average resilience score of 63.7 (18). Due to low resilience scores in this study sample, it may be beneficial to utilize resilience interventions in university settings to help increase resilience levels.

The regression models were used to examine the ability of the variables: students' demographic characteristics (gender, age, university major), COVID-19 impact, and resilience to predict PWB dimensions. The age and COVID-19 impact were found a statistically significant results regarding their relationship with environmental mastery. For the dimension of positive relations with others, the COVID-19 impact was also a statistically significant predictor. Some of the students' qualitative sharing about the negative impacts of the COVID-19 pandemic on their lives and their PWB also further clarified the relationship between the impact of COVID-19 and students' PWB. For the self-acceptance dimension, the independent variable of resilience was found to be statistically significant in its association with self-acceptance. This result is similar to those in a similar study among middle and late adolescents in Italy in which resilience

and PWB (environment mastery, personal growth, and self-acceptance) have had a significant relationship (25). Meanwhile, in a study among university students in Karachi, Pakistan, the resilience and other dimensions of PWB such as autonomy and environmental mastery were significant positive correlations.

A variety of resilience interventions have shown strong effectiveness and utility following adversity and trauma (19). Resilience is a unique psychological component that can deter adverse psychological outcomes following post-disaster events. Research following Super Typhoon Haiyan that hit the Philippines in 2013 examined a group resilience intervention that comprised six modules based on cultivating strength and personal resources, managing their physical reactions to the disaster, identifying positive routine activities, and promoting self-efficacy (20). The piloted intervention showed significant increases in adaptive coping behaviors and an overall decrease in anxiety and depressive symptoms for study participants. Moreover, within the context of the COVID-19 pandemic, studies on resilience interventions have yielded overall positive results internationally (21).

The study sample expressed negative experiences during the pandemic ranging from how lockdown restricted common activities (e.g., going to in-person school) to financial consequences. The highest frequency of comments that study participants made were regarding how lockdown impacted their lives with students conveying that lockdown did not allow them to have a closing or coming-of-age school ceremony, attend church, travel, or leave their residence. The lockdown situation had adverse impacts on learning, health, and social and community support with participants communicating that they relied heavily on their computers and phones, experienced insomnia, were more anxious,

and were not able to meet with students and teachers during college. A limited number of participants conveyed that the COVID-19 vaccine had adverse symptoms after receiving the vaccine from effects at the vaccination site to sleep and memory-based impacts. Several participants expressed financial effects from a reduction of family business hours to impacts to the overall economy.

This study has some limitations that are important to note. The first one is that the study is predominantly female, which limits the generalizability of findings to student populations that are more equal in gender distribution or populations that are predominantly male. Another limitation is the potential recall bias that participants may have experienced since the COVID-19 Impact Scale asked students about their experiences during the pandemic. The study was conducted in 2023 while lockdown occurred in Vietnam during 2020 and participants may have forgotten the specific challenges and experiences they faced during lockdown and misreported this information. This bias may have impacted the data collected and subsequently study results. The universities the study was conducted at were also located in Hanoi, the capital of Vietnam. Students that attended a rural university or one in a less populated city may have different experiences and the student experiences in this study are not universal.

Further research into the lived experiences of global populations following the pandemic is needed to understand their current needs more fully. Potential research may consider qualitative focus groups or more interactive research methods to understand COVID-19 or similar pandemic experiences. Investigations should focus on general populations but also on vulnerable demographic groups such as disadvantaged individuals (e.g., low socioeconomic status, racially disadvantaged,

etc.) to understand the diversity of experiences during the pandemic.

## CONCLUSION

This study provides a unique perspective regarding the COVID-19 experiences of the next generation of Vietnam. To the authors' knowledge, this study is one of the first to assess the lived experiences of students in Vietnam and their well-being following the height of the pandemic.

The COVID-19 experiences of participants illustrated a collective impact on social and community support and gatherings, learning methods, financial opportunities, and health outcomes. These results showcase the issues that participants experienced most during the pandemic, but especially during the time of lockdown.

The COVID-19 impact and PWB of students (environment mastery; positive relations with others), the students' resilience and their PWB (self-acceptance) have significant relationships. Moreover, the resilience score among students was just moderate level within the context of a pandemic.

These study results may suggest some recommendations to improve the PWB status of students, especially in the context of health crises.

**Recommendations:** Universities and educational institutions play a crucial role in the formation of young individuals' well-being and their resilience capacity building. Study results demonstrate the opportunity for improving resilience in the study population. Implementing a resilience intervention or program could help increase resiliency within the population, helping to buffer against adverse experiences and manage stress and challenges related to the height of the pandemic and beyond. It

is recommended that universities consider implementing resilience programming into their extra-curriculum using evidence-based and culturally appropriate interventions. Resilience outside of a disaster context is beneficial to the psychological and emotional health of students and can be an inexpensive resource that is easily accessible within an educational institution.

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