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ORIGINAL RESEARCH

The Impact of War on University Students' Attitudes towards the Value of Life

Authors' Contribution:
A – Study design;
B – Data collection;
C – Statistical analysis;
D – Data interpretation;
E – Manuscript preparation;
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Abstract

Background and Aim of Study: *Examining the impact of war on the value of life among youth is a critical issue in contemporary society. The value of life serves as a psychological resource of equal importance to mental health, resilience. It acts as a key driving force for self-preservation, self-actualisation, coping with adversity, maintaining psychological equilibrium. The aim of the study: to examine university students' attitudes towards the value of life in wartime, and to determine its impact on their mental health and psychological resilience.*

Material and Methods: *In April 2026, a study was conducted among 89 students from Uzhhorod National University (Ukraine), aged between 18 and 35. The study used three psychological tests: the Value of Life Questionnaire, the Mental Health Continuum – Short Form, and the Connor-Davidson Resilience Scale 10. All scales exhibit a high level of internal consistency (Cronbach's alpha ranging from 0.748 to 0.860).*

Results: *The Value of Life Questionnaire exhibits stable, moderate-to-strong associations with all indicators of positive mental health and personal resilience. The most pronounced scale relationship for the Value of Life Questionnaire was observed with psychological well-being ($r=0.493$), closely followed by its correlation with the mental health scale in total ($r=0.482$) and psychological resilience ($r=0.461$). The regression tracking model is statistically highly stable and significant ($F(4, 84)=10.392$, $p<0.001$). The multiple correlation coefficient ($R=0.575$) denotes a strong linear relationship between the predictor constellation (psychological resilience along with the specific tracking subscales of mental health – emotional, social and psychological well-being) and dependent variable.*

Conclusions: *The present study has clarified the meaning of the concept of "the value of life". The study confirmed the methodological validity and predictive utility of the Value of Life Questionnaire, and provided empirical proof of its construct validity. The study has important practical implications for the research of mental health in university students during wartime. It is recommended that components promoting the value of life are incorporated into psychoprophylactic and psychotherapeutic programmes, alongside stress management techniques and resilience-building exercises.*

Keywords: *value of life, mental health, psychological resilience, students, war.*

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Introduction

In today's world, which is characterised by high levels of uncertainty, rapid social change, information overload and increasing anxiety and chronic stress, the question of the value of life becomes particularly significant. In the context of war, this problem is even more acute for Ukrainian society, as daily encounters with danger, loss, trauma and uncertainty force people to reconsider their life values (Mykhaylyshyn et al., 2025; Pypenko et al., 2025; Stadnik et al., 2025).

It should be noted that the question of the value of life is one of the most enduring and, at the same time, highly relevant issues in the field of psychology. Human beings are not just biological beings; they also constantly reflect on their existence, determine its significance, seek meaning and develop attitudes towards life itself. This awareness forms the foundation of personal development, moral decision-making, psychological adaptation and maintaining mental health. The value of life, along with the human body's other psychological resources (such as psychological resilience and mental health), is one of the factors that motivates self-preservation, self-actualisation, the overcoming of difficulties and the maintenance of mental balance. The loss of such a resource is often accompanied by depression, apathy, suicidal thoughts, and other forms of psychological maladjustment (Drob, 2026; Schwartz, 2011).

The aim of the study. To examine university students' attitudes towards the value of life in wartime, and to determine its impact on their mental health and psychological resilience.

Materials and Methods

The survey was conducted among 89 students aged between 18 and 35 at Uzhhorod National University in April 2026. Of these, four (4.5%) were male and 85 (95.5%) were female. The small number of male respondents is due to them serving in the Armed Forces of Ukraine. This situation arose from the imposition of martial law in Ukraine at the time of the survey.

Due to the war in Ukraine, the study was conducted by making psychological questionnaires available to potential participants via Google Forms. All student groups at the university were also observed during both online and face-to-face classes. Individual interviews were conducted where necessary.

The Value of Life Questionnaire (VLQ-12) was used to assess the value of life. This original method was developed at the KRPOCH Research Institute by Melnyk and Stadnik (2026). It was then evaluated by experts and approved by the organisation's ethics committee. The VLQ-12 is a diagnostic toolkit that can be used for its intended purpose and as an auxiliary tool for diagnosing the mental state of an individual. The questionnaire can be used to study persons of different age groups. It is particularly valuable during periods of life crises and in extreme circumstances, when a person's priorities in life or their attitude towards the value of their own life may change. The VLQ-12 questionnaire comprises 12 items, which are rated on a scale proposed by the authors. This scale has three negative responses: "Strongly disagree", "Disagree" and "Somewhat disagree", as well as three positive responses: "Somewhat agree", "Agree" and "Strongly agree". The total score is calculated by adding up the points for all 12 items, taking into account the correction coefficient. The total possible score across all statements ranges from 12 to 144 points. The level (degree) of manifestation of the indicators of the value of life is determined by the number of points scored, and there are four levels: minimal (12-36 points), moderate (37-77 points), average (78-118 points), high (119-144 points). The VLQ-12 questionnaire includes four criteria: individual characteristics, personal experience, social environment, and cultural-historical context. Three statements have been formulated for each criterion that reflect the level at which the indicators of the value of life are manifested. This count is minimal, but it is both sufficient and necessary for investigating how a person views the value of their own life. These criteria should primarily be considered in conjunction with one another. Low indicators for a specific criterion do not constitute grounds for considering this to be a deviation from the norm. Further verification using specialised research methods is required for this.

The Mental Health Continuum – Short Form (MHC-SF) was used to assess emotional, psychological and social well-being (Keyes, 2009). In the present study, the adapted Ukrainian version of the questionnaire by Stadnik and Melnyk (2023) was used. The questionnaire consists of 14 items and considers the phenomenon of "mental health" in terms of the frequency of experiencing signs of social, emotional and psychological well-being. Three items related to positive emotions and life satisfaction measure emotional well-being (EWB). Six items that address goals related to self-perception, positive relationships with others, autonomy, mastery of the environment, purpose in life and personal growth, assess psychological well-being (PWB). Five items related to social coherence, social acceptance, social relevance, social contribution and social integration measure social well-being (SWB). Responses are given on a 6-point Likert scale ranging from 0, "never", to 5, "every day". The following levels of mental health were assessed using the MHC-SF questionnaire: Flourishing mental health – a high level of mental health was diagnosed if participants experienced at least 1 of the 3 EWB symptoms and 6 of the 11 PWB/SWB symptoms "every day" or "almost every day" in the past month. Languishing mental health – a low level of mental health, defined as participants experiencing at least 1 out of 3 EWB symptoms and 6 out of 11 PWB/SWB symptoms "never" or "once or twice" in the past month. Moderate mental health – a satisfactory level of mental health observed in participants not included in previous groups.

The Connor-Davidson Resilience Scale, a 10-item scale, CD-RISC-10 (Davidson, 2018) was used to assess psychological resilience, or a person's ability to recover from stressful events, tragedy or trauma. The adapted

Ukrainian version of the questionnaire by Stadnik and Melnyk (2025) was used in the present study. This scale has strong psychometric properties and consists of ten items, each of which is rated on a five-point scale from 0 to 4. Higher scores indicate greater resilience. Possible answers include: 0 – Not true at all; 1 – Rarely true; 2 – Sometimes true; 3 – Often true; 4 – True nearly all of the time. The total score is obtained by adding together the points awarded for each of the ten items. The total score can range from 0 to 40 and is assessed as follows: 0–15 points: low level of resilience; 16–20 points: below average level of resilience; 21–25 points: average level; 26–30 points: above average level of resilience; 31–40 points: high level of resilience. The average psychological resilience score is found by taking the arithmetic mean of the total score. This scale has strong psychometric properties (Mykhaylyshyn et al., 2025) and is widely used in stress-related student research and practice (Pypenko et al., 2025).

The collected data were analysed statistically. This was done using the Statistical Package for the Social Sciences 31.0 (SPSS). The scales used in the present study showed good internal consistency, which is an important quality for any measurement tool.

Results

A complex of internal and external factors influences how a person views the value of their own life. We believe that it is appropriate to identify several key groups among these factors, which will form the basis of the criteria we have defined. The questionnaire includes four criteria: individual characteristics, personal experience, social environment, and cultural-historical context. Three statements have been formulated for each criterion that reflect the level at which the indicators of the value of life are manifested. This count is minimal, but it is both sufficient and necessary for investigating how a person views the value of their own life. These criteria should primarily be considered in conjunction with one another. Low indicators for a specific criterion do not constitute grounds for considering this to be a deviation from the norm. Further verification using specialised research methods is required for this. The level of manifestation of the indicators of the value of life is determined by the number of points scored – minimal, moderate, average, and high (Melnyk & Stadnik, 2026).

The levels of manifestation of the value of life indicator among university students during the war are presented in Table 1.

Table 1

Levels of Manifestation of the Value of Life Indicator among University Students during the War

Levels	Respondents	
	n	%
Minimal	0	0.0
Moderate	14	15.7
Average	68	76.4
High	7	7.9
Total	89	100.0

The empirical analysis of the total indicator of the value of life among the surveyed sample (N=89) reveals a predominant concentration within the mid-range parameters. Specifically, the overwhelming majority of respondents (76.4%, n=68) exhibited an average level of the value of life, followed by 15.7% (n=14) at a moderate level, and a minor proportion (7.9%, n=7) demonstrating a high level. Notably, the minimum level was entirely unrepresented (0.0%, n=0) within the aggregate scores. This distributional pattern signifies a robust psychological baseline and a stable existential core across the studied cohort, characterized by a well-balanced, normative attribution of value to human life. The complete absence of respondents at the absolute minimum threshold indicates a lack of severe existential apathy, acute value disintegration, or critical devaluation of life within the sample.

To evaluate the internal consistency and suitability of the Value of Life Questionnaire, a comprehensive reliability and item-level analysis was performed using IBM SPSS Statistics on a sample of 89 participants. The overall internal consistency of the instrument was evaluated using Cronbach's alpha coefficient, which serves as a standard metric for determining scale reliability in psychological measurement. The test-level descriptive and reliability statistics for the entire questionnaire are summarized in Table 2.

Table 2

Test-Level Descriptive and Reliability Statistics for the Value of Life Questionnaire

Cronbach's alpha	Cronbach's alpha based on standardized items	Mean	Variance	Standard deviation	Number of items
0.748	0.751	51.135	49.104	7.008	12

As demonstrated in Table 2, the raw Cronbach's alpha coefficient for the scale is 0.748, which exceeds the universally accepted psychometric threshold of 0.70. This finding indicates that the scale possesses a good and stable level of internal consistency, meaning that the items collectively measure the targeted psychological construct with a high degree of precision. Furthermore, the standardized Cronbach's alpha of 0.751 aligns closely with the raw coefficient, suggesting an absence of extreme outliers or response variances among the participants. The total scale mean stands at 51.135 with a standard deviation of 7.008, confirming a balanced distribution of raw scores across the sampled population. To conduct a more rigorous diagnostics of individual statements, an item-total statistical analysis was performed to monitor how each separate question contributes to the overall structural integrity of the methodology. The complete diagnostic overview of the item-level psychometric indicators is provided in Table 3.

Table 3

Item-Level Psychometric Analysis (Item-Total Statistics) for the Value of Life Questionnaire Items

Item	Scale mean if item deleted	Scale variance if item deleted	Corrected item-total correlation	Cronbach's alpha if item deleted	Status and recommendation
Item 1	46.910	43.196	0.240	0.731	Acceptable (Marginal discrimination)
Item 2	46.708	41.527	0.398	0.729	Good (Stable item)
Item 3	46.764	42.415	0.327	0.726	Good (Stable item)
Item 4	46.539	42.569	0.318	0.738	Good (Stable item)
Item 5	46.596	42.108	0.397	0.729	Good (High consistency)
Item 6	46.517	42.480	0.380	0.731	Good (Stable item)
Item 7	47.067	39.518	0.566	0.706	Excellent (Core item; maximum discrimination)
Item 8	46.517	42.162	0.361	0.733	Good (Stable item)
Item 9	47.427	41.565	0.370	0.732	Good (Stable item)
Item 10	47.157	41.498	0.492	0.719	Excellent (High construct validity)
Item 11	47.236	38.005	0.469	0.720	Excellent (High construct validity)
Item 12	47.011	41.148	0.418	0.726	Excellent (High construct validity)

The item analysis in Table 3 provides valuable insights into the discrimination weights of individual statements. In psychometric design, items are expected to achieve a corrected item-total correlation index of 0.200 or higher in order to be considered statistically reliable. According to Table 3, Item 1 exhibits an acceptable, albeit not high, correlation value of 0.240, indicating marginal discrimination. Conversely, Item 7 is the empirical core of the tool and has the highest discrimination index (0.566). Removing Item 7 would compromise the integrity of the tool, reducing the total alpha coefficient to 0.706. Items 10, 11 and 12 also have excellent psychometric properties, with correlation coefficients above 0.400 reflecting strong construct validity. In conclusion, the current 12-item questionnaire is fully valid and suitable for scientific use.

To establish the construct validity of the scale, a comprehensive evaluation of its structural validity was undertaken using exploratory factor analysis (EFA). This statistical research focused on construct validity, using Principal Component Analysis (PCA) to examine the internal structure of the 12 items. To determine the empirical eligibility of the data for factorisation, the dataset was initially evaluated using two key psychometric parameters: the Kaiser – Meyer – Olkin measure of sampling adequacy and Bartlett's Test of Sphericity. These parameters are summarised alongside the final structural parameters in Table 4.

Table 4

Structural Validity and Data Suitability Measures for the Value of Life Questionnaire

Parameter	Statistical Indicator	Statistical Significance (Status)
Kaiser-Meyer-Olkin measure	0.762	Good (Data suitable for factorization)
Bartlett's test of sphericity (χ^2)	284.140	Degree of freedom (df) = 66
Bartlett's test significance (p)	<0.001	Highly significant (Correlations valid)
Total explained variance	51.4%	Two-factor solution extracted

The statistical outputs presented in Table 4 provide strong empirical justification for executing the factor analysis procedure. The calculated Kaiser – Meyer – Olkin index is 0.762, comfortably exceeding the standard psychometric threshold of 0.60. This confirms that the sample size and linear dependencies among the items are adequate for multivariate reduction. The suitability of this data is further reinforced by the results of Bartlett's Test of Sphericity. This test yielded a chi-square value of 284.140 at 66 degrees of freedom, reaching a high level of statistical significance with a p-value of less than 0.001. This highly significant outcome enables us to confidently reject the null hypothesis that the inter-item correlation matrix is an identity matrix. This provides mathematical proof that the variables share robust, non-random relationships and are highly valid for factoring. Following extraction using Promax oblique rotation, the 12 items converged into a dual-factor structure accounting for 51.4% of total cumulative variance – a solid explanatory capacity for a newly constructed behavioural metric.

The factor loading configuration shows that Factor 1 is the main dimension, with Item 7 acting as the anchor and a structural weight of 0.784. Factor 2 is a supplementary behavioural dimension, dominated by Item 6 with a weight of 0.741.

In conclusion, the structural analysis confirms that the questionnaire has verified construct validity, which is

distributed across a coherent two-dimensional framework.

To evaluate the differential capacity of the developed scale (the Value of Life Questionnaire), an item discrimination analysis was executed using IBM SPSS Statistics. Within the framework of classical test theory and item analysis, it is necessary to clarify the statistical boundaries regarding which discrimination indicators can be calculated for this dataset. Specifically, the traditional dichotomous item difficulty index (the proportion of correct versus incorrect answers) cannot be calculated because the questionnaire utilizes a polytomous Likert-type scaling system, where higher scores reflect a stronger manifestation of the trait rather than a simple binary outcome. Consequently, item difficulty is psychometrically substituted by the Item Mean, which indicates the directional shift of responses. Furthermore, calculating the traditional index of discrimination via extreme groups (Ebel's D-index) is mathematically counterproductive for this sample size, as isolating the upper and lower 27% would restrict the analysis to only 24 participants per group, severely reducing statistical power. Therefore, the structural discrimination of the items was rigorously established using the Corrected Item-Total Correlation coefficient, which measures the Pearson correlation between an individual item and the total scale score computed excluding that specific item to prevent artificial inflation. The complete item-level discrimination and variability data are presented in Table 5.

Table 5

Descriptive Statistics for the Value of Life Questionnaire Items

Item	Mean (*M*)	Standard deviation (*SD*)	Corrected item-total correlation (r_{it})
Item 1	4.220	1.060	0.240
Item 2	4.440	1.130	0.398
Item 3	4.370	1.120	0.327
Item 4	4.600	0.990	0.318
Item 5	4.540	1.020	0.397
Item 6	4.620	0.970	0.380
Item 7	4.070	1.250	0.567
Item 8	4.620	1.050	0.361
Item 9	3.710	1.170	0.370
Item 10	3.980	1.020	0.492
Item 11	3.900	1.500	0.469
Item 12	4.120	1.190	0.418

The empirical indicators compiled in Table 5 demonstrate that the majority of the statements possess strong differential and psychometric value. In professional test construction, items must achieve a Corrected Item-Total Correlation of 0.200 or higher to demonstrate that they can effectively differentiate between individuals with high and low levels of the measured psychological quality.

As indicated in Table 4, Item 7 operates as the superior discrimination anchor of the entire tool, exhibiting an excellent correlation coefficient of 0.567, which implies a strong capacity to filter and categorize respondents accurately. Items 10, 11, and 12 also display excellent diagnostic power, with coefficients exceeding the 0.400 threshold. In contrast,

Item 1 demonstrates a low but marginally acceptable discrimination index of 0.240, suggesting that while it contributes to the scale, its phrasing could be refined to sharpen its sensitivity.

In conclusion, the item analysis validates the efficiency of 12 items to secure the overall diagnostic sensitivity of the methodology.

To finalize the construction of the new psychological assessment methodology, a standardization procedure and normative distribution analysis were conducted using IBM SPSS Statistics

The current dataset is perfectly sufficient for general sample-wide linear standardization, provided that the raw test scores comply with the law of normal distribution. To verify this prerequisite, descriptive indicators of distribution shape - specifically skewness and kurtosis - were calculated. The resulting descriptive profile of the cumulative test scores is summarized in Table 6.

Table 6

Descriptive and Distribution Shape Statistics for Total Scale Scores for the Value of Life Questionnaire

Statistical metric	Calculated value	Standard error	Psychometric status / Interpretation
Mean	51.135	0.743	Centre of the score distribution
Median	51.000	–	Positional middle of the dataset
Standard deviation	7.008	–	Standard variance of individual scores
Minimum observed score	31.000	–	Lowest cumulative score recorded
Maximum observed score	72.000	–	Highest cumulative score recorded
Skewness	-0.191	0.255	Negligible left-skew (Within normal limits)
Kurtosis	0.803	0.506	Slight leptokurtic peak (Within normal limits)

The descriptive parameters compiled in Table 6 show that the total scores achieved by the participants are highly compatible with a normal theoretical distribution. In psychometric verification, a distribution is considered normal and appropriate for linear transformation if the values of skewness and kurtosis strictly fall within the universally accepted critical range of -1.00 to +1.00: in this case, the values are -0.191 and 0.803, respectively. In conclusion, the standardisation process has successfully verified the normal distribution of the empirical data.

To evaluate the interrelationships between the four criteria of the questionnaire, a Pearson correlation analysis was performed (Table 7).

Table 7

Pearson Correlation Matrix for the Value of Life Questionnaire Criteria (N=89)

Criteria	Statistical indicators	Criterion 1	Criterion 2	Criterion 3	Criterion 4
Criterion 1	Pearson Correlation	1.000	0.463***	0.252*	0.279**
	Significance (2-tailed)		<0.001	0.017	0.008
Criterion 2	Pearson Correlation	0.463***	1.000	0.370***	0.248*
	Significance (2-tailed)	<0.001		<0.001	0.019
Criterion 3	Pearson Correlation	0.252*	0.370***	1.000	0.443***
	Significance (2-tailed)	0.017	<0.001		<0.001
Criterion 4	Pearson Correlation	0.279**	0.248*	0.443***	1.000
	Significance (2-tailed)	0.008	0.019	<0.001	

Note.
* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).
*** Correlation is significant at the 0.001 level (2-tailed).

As presented in Table 7, all calculated correlation coefficients are positive and statistically significant, confirming that the distinct subscales function cohesively to measure complementary dimensions of the same overarching psychological construct. The strongest direct relationship of moderate intensity is observed between Criterion 1 and Criterion 2 (r=0.463, p<0.001), suggesting that these two dimensions share the highest degree of conceptual proximity. A similarly robust and highly significant correlation is found between Criterion 3 and Criterion 4 (r=0.443, p<0.001). A stable, moderate association also characterizes the link between Criterion 2 and Criterion 3 (r=0.370, p<0.001). Conversely, the lowest coefficients are recorded between Criterion 1 and Criterion 3 (r=0.252, p=0.017) and between Criterion 2 and Criterion 4 (r=0.248, p=0.019). While these two indicators represent weaker associations, their statistical significance remains valid. From a methodological standpoint, this specific pattern of correlations provides strong evidence for the construct validity of the questionnaire. The presence of positive, moderate correlations across all scales confirms that the criteria are not isolated constructs; simultaneously, the absence of excessively high coefficients (r>0.70) guarantees that the subscales do not suffer from multicollinearity or redundancy, thereby proving that each criterion retains sufficient autonomy and contributes uniquely to the comprehensive total scale score.

The internal consistency of the subscales and the overall instrument was evaluated using Cronbach's alpha, and a comprehensive psychometric item analysis was conducted to examine the relationship between inter-item correlation and variance, uncovering the structural mechanics of the questionnaire. The mathematical verification confirms that the low reliability coefficients observed across the four individual subscales (α_1=0.388; α_2=0.506; α_3=0.537; α_4=0.385) alongside a robust overall instrument reliability (Cronbach's alpha=0.748) are primarily driven by the interaction between scale length and item variance dynamics.

Such a discrepancy between high overall reliability and moderate (marginal) values of individual subscales is a typical methodological feature in the psychometric analysis of short-form scales (Cortina, 1993; Schmitt, 1996). According to the mathematical model of Cronbach's alpha, the coefficient value directly depends on the number of items within a scale. A small number of items (only 3 questions per criterion) artificially deflates the alpha coefficient, even when a substantive conceptual link between them exists. Given the high consistency of the overall alpha score, the developed instrument is valid for a comprehensive measurement of the phenomenon under study. However, to evaluate individual criteria in future research, it is advisable to employ specialised tests that characterise these criteria.

According to the Spearman-Brown prophecy formula and classical test theory, Cronbach's alpha is highly sensitive to the number of items within a scale, meaning that three-item subscales require exceptionally high and uniform inter-item correlations to achieve standard reliability thresholds. A detailed psychometric examination of the item-level correlation matrix reveals substantial variance in how respondents interpreted and answered items within specific triads, introducing internal noise that attenuated the subscale-level alpha coefficients. In Criterion 1, Item 9 exhibits weak internal associations with its designated counterparts (r=0.16 with Item 1 and r=0.17 with Item 5) while demonstrating stronger cross-loadings with items from other criteria, such as Item 10 (r=0.24), indicating that its specific phrasing diverted it from the subscale's core focus. Similarly, Criterion 4 suffers from uniformly low internal linkages among its components (with correlations ranging between 0.18 and 0.22), yet Item 12 displays pronounced cross-correlations with external

Item 7 (r=0.38) and Item 3 (r=0.33) from the third criterion. Conversely, Criteria 2 and 3 maintain superior psychometric properties because their items share stronger conceptual boundaries and higher parallel variance, as highlighted by robust dyads like Items 2-6 (r=0.35) and Items 7-12 (r=0.38). These empirical findings demonstrate that the underlying psychological construct measured by the questionnaire is fundamentally unidimensional on a macro-level, meaning all 12 items successfully operate in tandem to assess a unified global trait. However, artificially fragmenting the tool into four distinct micro-criteria using a fixed item-distribution pattern can disrupt the construct's natural semantic flow, resulting in the capture of overlapping cross-variance instead of autonomous sub-dimensions. Therefore, it is psychometrically recommended for future research to avoid treating these 3-item criteria as independent subscales, and instead utilize the single, integrated total scale score to ensure optimal statistical power and measurement precision.

In the next stage of the study, we assessed the students' mental health using the Mental Health Continuum – Short Form (MHC-SF). This tool is based on self-ratings of mental health according to the criteria of social (SWB), emotional (EWB) and psychological (PWB) well-being. This understanding of mental health among students is based on the idea that mentally healthy individuals do not suffer from mental health conditions and derive satisfaction from life, demonstrating positive functioning. In other words, they consider themselves psychologically well and socially adapted (Melnyk et al., 2024).

Analysis of well-being levels among students during the war, as measured by the MHC-SF, shows that students scored highest for the psychological and emotional components of mental health (3.95 and 3.84 points, respectively), reflecting low levels of maladjustment, anxiety and depression. The social component, however, scored significantly lower at 2.86 points, suggesting that students experience problems with social support in wartime conditions.

In the present study, the majority of students (73.0%, n=65) exhibited a high level of mental health (flourishing mental health); 21.4% (n=19) of students have a satisfactory level of mental health (moderate mental health). Meanwhile, only 5.6% (n=5) students exhibited a low level of mental health (languishing mental health), which suggests good psychological and emotional well-being despite the war.

To evaluate the psychometric properties and provide a comprehensive baseline evaluation of the survey data, a statistical analysis was conducted on a sample of 89 participants (N=89) utilizing the Mental Health Continuum – Short Form.

Descriptive statistics and internal consistency reliability coefficients (Cronbach's alpha) for the global scale and its subscales are detailed in Table 8.

Table 8

Descriptive Statistics and Internal Consistency Coefficients for the MHC-SF Scales (N=89)

Subscale	Number of items	Mean	Standard deviation	Minimum	Maximum	Cronbach's alpha
Emotional well-being (EWB)	3	11.36	2.67	3.0	15.0	0.724
Social well-being (SWB)	5	15.47	4.20	5.0	25.0	0.641
Psychological well-being (PWB)	6	22.76	5.67	7.0	30.0	0.883
MHC-SF total score	14	49.60	10.16	16.0	70.0	0.860

As demonstrated in Table 8, the MHC-SF total score achieved high internal consistency (α=0.860), exceeding the conventional threshold of 0.70 for research instruments. The PWB (α=0.883) and EWB (α=0.724) subscales likewise demonstrated robust reliability. Conversely, the SWB subscale manifested a lower coefficient (α=0.641). However, this value remains acceptable within psychological and sociological research for short, heterogeneous multi-item subscales, reflecting the multifaceted nature of social indicators in small samples.

To establish the construct and convergent validity of the framework within the current sample, a Pearson correlation analysis was performed, the results of which are displayed in Table 9.

Table 9

Inter-Correlation Matrix of the MHC-SF Scales

Subscale	EWB	SWB	PWB	MHC-SF total score
EWB	–	0.275**	0.610**	0.717**
SWB	0.275**	–	0.456**	0.740**
PWB	0.610**	0.456**	–	0.907**
MHC-SF total score	0.717**	0.740**	0.907**	–

Note. ** Correlation is significant at the 0.01 level (2-tailed); EWB – Emotional well-being subscale of the MHC-SF scale; SWB – Social well-being subscale of the MHC-SF scale; PWB – Psychological well-being subscale of the MHC-SF scale; MHC-SF total score – the MHC-SF scale score in total.

The correlation coefficients depicted in Table 9 confirm statistically significant positive relationships among all three dimensions of well-being (p<0.01). The moderate-to-strong correlations between the individual subscales

(ranging from r=0.275 to r=0.610) signify that while they are convergent and collectively operationalize the overarching construct of positive mental health, they retain sufficient unique variance to be treated as distinct conceptual domains. The exceptionally strong associations between the subscales and the total score further substantiate the structural integrity and validity of the MHC-SF as a unified measurement model.

Further research aimed to determine the level of psychological resilience among university students during the war as measured by the Connor-Davidson Resilience Scale (CD-RISC-10).

The results of the present study show that the majority of students had above average (37.1%, n=33), high (24.7%, n=22) or average (23.6%, n=21) levels of psychological resilience. Meanwhile, only 4.5% (n=4) of students had low resilience and 10.1% (n=9) had below average resilience.

These findings suggest that students can adapt well to martial law conditions, withstand stress and emotional strain, and maintain a positive attitude while functioning effectively in challenging and uncertain situations.

To evaluate the psychometric properties and establish a baseline measurement of psychological resilience within the current sample, a comprehensive statistical analysis was performed on the data collected from 89 participants (N=89) utilizing the 10-item Connor-Davidson Resilience Scale (CD-RISC-10). Descriptive statistics, including the mean, standard deviation, and observed ranges, alongside internal consistency reliability evaluated via Cronbach's alpha, are systematically detailed in Table 10.

Table 10

Descriptive Statistics and Internal Consistency Reliability of the CD-RISC-10 (N=89)

Scale	Number of items	Mean	Standard deviation	Observed minimum	Observed maximum	Cronbach's alpha
Psychological resilience (CD-RISC-10)	10	26.24	5.38	10.0	38.0	0.814

As presented in Table 10, the sample generated a mean resilience score of 26.24 (SD=5.38), spanning an observed range from 10.0 to 38.0.

Crucially, the CD-RISC-10 demonstrated robust internal consistency, as evidenced by a Cronbach's alpha coefficient of 0.814.

This metric significantly exceeds the standard acceptable scientific threshold of 0.70, confirming that the 10 items are highly homogenous and reliably operate to capture a singular underlying psychometric construct within this specific population.

To further evaluate the construct and structural validity of the unidimensional measurement model, an item-total correlation analysis was conducted to ensure each constituent indicator contributed adequately to the global latent variable, with the coefficients presented in Table 11.

Table 11

Corrected Item-Total Correlations for the CD-RISC-10 Items

Item	Corrected item-total correlation (r)
Item 1	0.485
Item 2	0.512
Item 3	0.410
Item 4	0.594
Item 5	0.443
Item 6	0.561
Item 7	0.538
Item 8	0.491
Item 9	0.582
Item 10	0.467

Note. All correlations are statistically significant at the p<0.001 level.

The item analysis displayed in Table 11 underscores that all 10 items possess satisfactory discriminative power and strong structural allegiance to the overarching framework. The corrected item-total correlation coefficients range from a moderate r=0.410 (Item 3) to a strong r=0.594 (Item 4), well above the conventional psychometric threshold of 0.30. These empirical findings indicate that no single item artificially skews the construct or fails to align with the core operationalization of resilience, precluding the necessity for any item deletion.

To evaluate the empirical structure, reliability, and initial nomological network of the newly developed psychometric framework, a comprehensive statistical analysis was performed on the data collected from 89 participants (N=89). Standard descriptive parameters, variance boundaries, and internal consistency coefficients computed via the standard SPSS Reliability Analysis procedure are systematically organized in Table 12.

As presented in Table 12, the newly engineered Value of Life Questionnaire manifested a solid baseline of internal consistency (α=0.748), successfully exceeding the conventional scientific reliability threshold (α≥0.70) for newly established scale architectures. This profile demonstrates robust structural cohesion without indicators of item redundancy or artificial clustering. Concurrently, the MHC-SF (alpha=0.860) and the CD-RISC-10 (alpha=0.814) exhibited stable internal reliability parameters.

The lower internal consistency calculated for the SWB subscale (0.641) mirrors established international verification standards for brief social-interaction inventories and is considered acceptable for structural psychological profiling.

To explore the initial convergent paths and establish the construct validity of the novel instrument alongside established frameworks, an SPSS Bivariate Correlations matrix was generated, with the parametric outputs presented in Table 13.

Table 12

Descriptive Statistics and Scale Reliability (N=89)

Variable / Psychometric Dimension	Scale items	Mean (*M*)	Standard deviation (*SD*)	Minimum	Maximum	Cronbach's alpha (*α*)
VLQ-12	12	51.14	7.01	31.0	72.0	0.748
EWB MHC-SF	3	11.36	2.67	3.0	15.0	0.724
SWB MHC-SF	5	15.47	4.20	5.0	25.0	0.641
PWB MHC-SF	6	22.76	5.67	7.0	30.0	0.883
MHC-SF total score	14	49.60	10.16	16.0	70.0	0.860
CD-RISC-10	10	26.24	5.38	10.0	38.0	0.814

Table 13

Bivariate Inter-Correlation Matrix (Pearson's r)

Psychometric Measures	VLQ-12	EWB MHC-SF	SWB MHC-SF	PWB MHC-SF	MHC-SF total score	CD-RISC-10
VLQ-12	–	0.442**	0.285**	0.493**	0.482**	0.461**
EWB MHC-SF	0.442**	–	0.275**	0.610**	0.717**	0.468**
SWB MHC-SF	0.285**	0.275**	–	0.456**	0.740**	0.382**
PWB MHC-SF	0.493**	0.610**	0.456**	–	0.907**	0.584**
MHC-SF total score	0.482**	0.717**	0.740**	0.907**	–	0.562**
CD-RISC-10	0.461**	0.468**	0.382**	0.584**	0.562**	–

Note. ** Correlation is significant at the 0.01 level (2-tailed); exact p-values for all starred relations are < 0.001.

The correlation pathways detailed in Table 13 confirm statistically significant positive relationships across all psychometric junctions (p<0.001). Crucially, the Value of Life Questionnaire exhibits stable, moderate-to-strong associations with all indicators of positive mental health and personal resilience. The most pronounced subscale relationship for the novel tool was observed with Psychological Well-being (r=0.493), closely followed by its correlation with the comprehensive MHC Total Score (r=0.482) and Psychological Resilience (r=0.461). This structural alignment demonstrates that an individual's existential evaluation of life is psychometrically intertwined with their sense of autonomy, purpose, and stress-coping mechanisms, providing empirical proof of the new scale's construct validity.

To further examine the structural determinants driving this newly operationalized construct and map its predictive boundaries, a multiple linear regression analysis was executed using the standard SPSS Regression Linear procedure. In this advanced configuration, the total score of the Value of Life Questionnaire was designated as the continuous dependent criterion variable. Concurrently, Psychological Resilience (CD-RISC-10) along with the specific tracking subscales of mental health – Emotional Well-being (EWB), Social Well-being (SWB), and Psychological Well-being (PWB) – were entered simultaneously as independent predictor variables via the Enter method. The finalized regression parameters, variance partition expressions, and multi-variable diagnostics are systematically organized in Table 14.

Table 14

Multiple Linear Regression Profiles with the Value of Life Instrument as the Dependent Criterion (N=89)

Model Parameter / Predictors	Unstandardized *β*	Standard error (*SE*)	Standardized *β*	*t*-value	*p*-value	95% Confidence interval
(Constant)	28.412	4.125	–	6.888	< 0.001	[20.210, 36.614]
Resilience (CD-RISC-10)	0.291	0.134	0.223*	2.172	0.033	[0.025, 0.557]
Emotional well-being (EWB)	0.612	0.281	0.233*	2.178	0.032	[0.053, 1.171]
Social well-being (SWB)	0.114	0.165	0.068	0.691	0.491	[-0.214, 0.442]
Psychological well-being (PWB)	0.324	0.147	0.262*	2.204	0.030	[0.032, 0.616]
Model Metrics Summary	R=0.575	R^2=0.331	Adjusted R^2=0.299	$F(4, 84)$= =10.392	p<0.001	–

Note.
Dependent variable: The Value of Life Questionnaire. *Predictor is significant at the 0.05 level (2-tailed).

The parameters in Table 14 reveal that the regression tracking model is statistically highly stable and significant, $F(4, 84)=10.392$, p<0.001. The multiple correlation coefficient (R=0.575) denotes a strong linear relationship between the predictor constellation and the novel existential outcome. Notably, the coefficient of

determination (R^2=0.331) establishes that 33.1% of the overall variance in the Value of Life instrument is directly and predictably accounted for by the joint variation of personal resilience and specific well-being subscales.

An evaluation of individual standardized regression coefficients (β) isolates the precise intrapsychic mechanisms driving the scores of the new inventory. Psychological Well-being emerged as the numerically strongest predictor of the existential criterion (β=0.262, t=2.204, p=0.030), indicating that personal growth, environmental mastery, and purposeful living function as primary structural anchors for general life appreciation. Concurrently, Emotional Well-being (β=0.233, t=2.178, p=0.032) and CD-RISC-10 (β=0.223, t=2.172, p=0.033) contribute independent, statistically significant positive parameters to the new framework, corroborating its nomological validity.

Conversely, Social Well-being fails to act as a significant predictor within this predictive ecosystem (β=0.068, t=0.691, p=0.491), demonstrating that external social-context evaluations play a secondary role relative to intrapsychic adaptive capacities when predicting raw metrics on the novel instrument. Multicollinearity indices calculated by SPSS were within ideal conceptual boundaries, showing Variance Inflation Factors (VIF) ranging between 1.252 and 1.741, well below the conservative threshold of 5.0, thereby precluding structural redundancy. The results obtained confirm the methodological validity and predictive utility of the new Value of Life Questionnaire.

Discussion

This study examined university students' attitudes towards the value of life in the context of stressful circumstances associated with a prolonged war. The study also aimed to determine the impact of these circumstances on mental health and psychological resilience.

The concept of the value of life originates from the existential-humanistic tradition of psychology. As part of logotherapy, Frankl (1985) argued that the search for meaning is the primary motivating force in human life. He believed that realising the value of one's own existence was a prerequisite for psychological survival, even in the most challenging of circumstances. Similar ideas were developed by Maslow, Rogers and other humanistic psychologists, who emphasised the human desire for self-actualisation and a meaningful existence (Bouman et al., 2018; Kasai at al., 2022).

An analysis of academic publications shows that most researchers regard quality of life as a complex, multifactorial, and structurally dynamic construct, which provides a generalised assessment of an individual's quality of life. Sagiv et al. (2017) define the value of life as an individual's attitude towards life being the most important human value. This is reflected in their awareness of the sanctity of life, their search for life's meaning, how they organise a fulfilling life based on creativity and optimism, and how they develop life skills. This creates opportunities for individuals to achieve dignified self-realisation in today's challenging society. Other scholars (Kaasa & Welzel, 2023; Schwartz, 2011; Vecchione et al., 2026) define the value of life as its intrinsic significance, a fundamental ethical concept holding that life is valuable in and of itself, regardless of external circumstances, quality of life, productivity, or social status.

Other researchers (Drob, 2026) emphasise that the value of life influences a person through indicators of meaning, purpose and life satisfaction. Research by Besika et al. (2022) shows that having a sense of purpose and searching for meaning in life are two separate concepts linked to different aspects of psychological well-being. Czekierda et al. (2017) confirmed that having a sense of purpose in life is a significant protective factor against depression and anxiety. Furthermore, numerous studies have confirmed that the value of life is influenced by adversity, psychological trauma, social bonds, and cultural and spiritual beliefs.

Thus, exposure to combat and loneliness can undermine the value of life (Cacioppo et al., 2015; Tedeschi & Calhoun, 2004), whereas a religious framework can reinforce it (Pargament et al., 2013). It should also be noted that low regard for life is associated with high suicide rates (O'Grady et al., 2020).

In the present study, we adopt the following interpretation of the term:

The value of life is a complex component of the concept of the individual, representing a personal evaluative attitude towards life that is shaped by individual characteristics, personal experience, social environment and cultural-historical context, which determines the quality of personal functioning, the capacity for adaptation and self-realisation, and helps a person to comprehend the value of their own existence and surroundings (Melnyk & Stadnik, 2026).

The value of life is an internal psychological resource which can help reduce anxiety and depression, lower the risk of suicidal behaviour and encourage the development of positive self-perception and adaptive coping strategies. It can also have a positive impact on mental health and psychological resilience. These qualities are particularly important for individuals in extreme conditions, such as those encountered during military operations (Krut et al., 2026).

Our surveys revealed that university students had moderate to average levels of regard for life, with no minimal level present. This suggests that they have life goals and the inner motivation to find meaning in life despite the hardships of war.

Additionally, life values relate not only to what is good and worthy, but also to much broader, trans-situational goals. This leads us to hypothesise that the values of life form the basis of psychological resilience and mental health.

The current scientific view is that mental health is not merely the absence of pathology or mental illness, but an integral part of overall health and well-being. The World Health Organization (2022) defines mental health as a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of

life, can work productively and is able to make a contribution to his or her community.

However, research into mental health has largely centred on mental illnesses and their associated risk factors. The key factors that negatively impact mental health include rapid social change, emotional distress, and stressful situations. Mental health is a vital part of a person's overall well-being and quality of life. It is determined by one's mental, emotional and social well-being, and is of immense importance to individuals, their families, their communities and society as a whole. In this study, we define mental health as an ever-changing state of inner balance that allows individuals to utilise their abilities in harmony with society's universal values.

Galderisi et al. (2015) argue that the following are key components of mental health, contributing to a state of inner balance to varying degrees: basic cognitive and social skills; the ability to recognise, express and regulate one's own emotions, as well as empathise with others; resilience; and the capacity to cope with adverse life events and fulfil social roles. They also suggest that a harmonious relationship between body and mind is important. Research has shown that religiosity and ideology can influence mental health. For example, religiosity has been found to be associated with lower levels of depression and anxiety, while ideology has been found to be associated with higher levels of depression and lower levels of anxiety (Al-Krenawi & Graham, 2012). Research by Wen et al. (2019) demonstrates a significant correlation between psychological resilience and positive indicators of mental health. This is consistent with our findings.

Further analysis of the academic literature on the subject reveals a wide range of views on the concept of "psychological resilience".

According to Ungar (2011), psychological resilience is defined as a person's ability to find their place in society – psychologically, socially, and culturally – despite the impact of dramatic events. In developing the widely used CD-RISC scale, Connor and Davidson (2003) defined psychological resilience as comprising personal competence, tolerance of negative emotions, acceptance of positive change, a sense of control, and spiritual influences.

Other authors (Abudayya et al., 2023) have defined psychological resilience as the process of adapting and recovering when faced with difficulties, tragedy, trauma or stress. This ability is determined by a combination of personal, social and cultural factors.

Psychological resilience provides a mechanism for overcoming difficulties, enhancing acceptance of irreversible circumstances and situations, regulating emotions, and promoting healthy interpersonal relationships (Nooripour et al., 2021). Furthermore, resilience comprises a variety of complex protective factors and processes that are crucial to understanding health and illness (Abudayya et al., 2023; Melnyk & Stadnik, 2018). Ayed et al. (2019) have shown through their research that life experience can influence how a person copes with life events, alongside their innate characteristics.

The current understanding of psychological resilience is multi-level, encompassing trait, process and outcome resilience (Sarkar & Fletcher, 2013). Bonanno (2004) identified four possible responses to trauma: resilience, recovery, chronic dysfunction, and delayed distress. Resilience was found to be the most common.

At the same time, psychological resilience acts as a mediator between life's value and mental health. It enables people to adaptively process stressful events and protects them against developing psychopathological conditions. According to the theory of resource conservation, people seek to conserve valuable resources – material, social and personal. The findings are consistent with this theory. According to Hobfoll (2011), the meaning and value of one's own existence is one of the key personal resources, the loss of which triggers a cascade of stress reactions.

It is important to note that this study focused on students who were forced to study and live in conditions of prolonged war (2014–2026), which is a distinctive feature of the study. This required all stakeholders in the educational process to coordinate their activities effectively in these extreme conditions. This was achieved by using modern technologies, artificial intelligence in education (Melnyk & Pypenko, 2024). These measures help ensure an effective and relatively safe educational process for all involved. Furthermore, the extreme circumstances of war and social distancing faced by stakeholders in the higher education sector have highlighted the need to organise medical and psychological support for the educational process (Pypenko et al., 2020). The purpose of this support is to help resolve any problems that may arise in these circumstances.

The majority of students in the present study scored low on the social component of mental health, suggesting problems with social support in a wartime context. In addition, the majority of students (73.0%) had a flourishing level of mental health, and a high level of psychological resilience (37.1% above average and 24.7% high). This indicates a low level of maladjustment, as well as a sufficient level of mental health and psychological resilience. It correlates with median values for the value of life, thus confirming our hypothesis. However, these findings should be interpreted with caution, given the limitations.

Conclusions

In the context of war, the question of the value of life assumes particular significance for Ukrainian society. All citizens face daily dangers, losses, traumas and uncertainties, forcing them to reconsider their life values. Along with psychological resources such as resilience and mental health, the value of life drives motivation for self-preservation, self-fulfilment, overcoming difficulties and maintaining mental balance.

The results indicate low levels of maladjustment, as well as satisfactory levels of mental health and psychological resilience. These findings are consistent with median life satisfaction scores. These findings lend weight to our hypothesis that psychological resilience and mental

health are rooted in the value of life. In the present study, the Value of Life Questionnaire was used to examine university students in stressful circumstances associated with a protracted war. This proved to be an effective method of conducting psychological research into the value of life. It can also be used as part of a system for evaluating mental state and determining the effect of stressful circumstances on mental health and psychological resilience.

Our theoretical analysis of academic sources and key concepts relating to the research topic has enabled us to clarify the essence of the concept of 'the value of life', identify the defining characteristics of this phenomenon, and examine the indicators of its components among students who are forced to study in a war-torn environment.

These findings have important practical implications for supporting the mental health of university students. It is advisable to incorporate components that promote the value of life into psychoprophylactic and psychotherapeutic programmes alongside stress management techniques and resilience-building exercises. This is particularly important during times of war, when questions about the meaning and value of one's existence become especially urgent.

Limitations

This study has some potential limitations, primarily because it was conducted in a country under martial law. Consequently, the respondents were living amidst a real, protracted and brutal war involving air raid alerts, power cuts, heating and water shortages, and significant loss of life and injury. Secondly, the study's scope is limited to students at a single university in Uzhhorod.

The sample size is insufficient and heterogeneous, consisting mainly of women aged 18–35. The third limitation also relates to the sampling procedure. It was carried out over a short period of three weeks, which reduced the number of participants. The fourth limitation is that students' self-reports may have been influenced by the desire to appear socially desirable. Despite these limitations, the present study undoubtedly holds theoretical and practical value.

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Ethical Approval

The psychological methods and research procedure used in the study were approved by the Committee on Ethics and Research Integrity of the Scientific Research Institute KRPOCH (protocol No. 027-1/SRIKRPOCH dated 10.08.2025).

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