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Website: www.jehp.net
DOI: 10.4103/jehp.jehp_1771_22

# Mindful self-care and mental well-being of university health educators and professionals in Hail Region, Saudi Arabia

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Received: 09-12-2022  
Accepted: 09-02-2023  
Published: 31-10-2023

## Abstract:

**BACKGROUND:** Psychological stress is a familiar occurrence as it is linked with a sense of lack of control when up fronted with uncertainty. The study examines the mindful self-care practices of health educators and professionals in various domains and determines their relationship to the self-perceived level of mental well-being.

**MATERIALS AND METHODS:** The study employs the quantitative descriptive approach. It was conducted in the Hail region in the academic year 2020–2021 and was participated by 91 respondents from various colleges. Self-care practices and mental well-being of health educators and professionals were determined using the Mindful Self-Care Scale and the Warwick Edinburgh Mental Well-being Scale. Pearson correlation (2-tailed) was performed to assess the significant relationship between self-care behavior and mental well-being. Post-hoc test for correlation was conducted between the mean rating for each variable for self-care behavior and the mean rating for mental well-being. This was tested at an appropriate probability value of 0.01 and 0.05.

**RESULTS:** The overall mean for self-care behaviors of the respondents was 3.96 (SD 0.81) while the overall mental well-being score was 51.90 (SD 8.0). This was considered as average mental well-being, not indicative of possible/clinical depression. A significant relationship exists between the overall rating for self-care behavior and the overall rating for mental well-being ( $r = 0.661$ ,  $P$  value  $< 0.001$ ). Furthermore, with a correlation score of 0.661, the two variables have a moderately strong and significant positive relationship.

**CONCLUSIONS:** The study affirmed the relationship between mindful self-care behaviors and mental well-being. Engaging in self-care practices regularly and frequently can develop one's well-being.

## Keywords:

Mental health, mindfulness, Saudi Arabia, self-care, self-compassion, well-being

## Introduction

For multiple individuals, this world is a progressively anxious, unhappy, and lonely world.<sup>[1]</sup> Individual lived events are greatly affected by intricate shifts related to society, technology, and work. Psychological stress is a familiar occurrence as it is linked with a sense of lack of control when up fronted with uncertainty. Being cognizant

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that issues on mental health currently affect 700 million people globally, the Global Risks Report<sup>[1]</sup> asserts that the price it will cost humans from such global risks, like a dip in psychological and emotional well-being, depicts a substantial peril with rough impact on politics and societal harmony. The global decline in mental health obliges us to ascertain preventive and protective factors, which can be assimilated into one's lifestyle.<sup>[2]</sup>

**How to cite this article:** Dando LL, Velitario AM, Mallillin LL, Celdran MC, Alcantara JC. Mindful self-care and mental well-being of university health educators and professionals in Hail Region, Saudi Arabia. *J Edu Health Promot* 2023;12:351.

The COVID-19 pandemic has resulted in a new set of stressors that affect people from different races, nationalities, and socioeconomic classes. It somewhat changed the way of life very briskly. Added to the fear of contracting the virus are the substantial changes to daily lives as movements are limited in support of efforts to curb the transmission of the virus. The post-pandemic psychological impact shall arise and continue for months and years to come and result in consequences that are long lasting, whether individuals want it or not.<sup>[3]</sup> It is a massive pandemic mental and well-being toll. The level of uncertainty and unprecedented pandemic factors may contribute to the associated anxiety and stress with high individual tolerance. Individual difference is linked with cognitive needs to unpredictable situation and mental distress. It highlights the need for cognitive closure in the anxiety, and stress levels among students who are experiencing the psychological heightened COVID pandemic stress.<sup>[4]</sup>

With various staff in schools realizing they are more anxious and stressed than usual, it is the mental health and well-being of teachers that are strained as never before. There has been a limited time to assimilate the changes that impact personal and professional lives as novel lifestyles from the new normal arise. Professionally, teachers had to shift from traditional in-person classes into teaching modes involving online delivery and assessment using new technologies and makeshift methods to reinforce and augment students' learning, as they work remotely from their homes. While adjusting to changes from traditional to blended home and school setup, they are also concerned about the health of their families and selves. This has to do with the implementation of the learning pedagogy and readiness in the transition of the COVID-19 outbreak and pandemic.<sup>[5]</sup> These can be distressing and at times completely draining, and the pressures and responsibilities of work, relationships, and society can make it easy to move priorities away from self-care. Individuals who appear tired, drained, and overly altruistic, even without words, are not inspiring. This includes therapist, teacher, care provider, coach, partner, or parent, as research and theory suggest.<sup>[6]</sup> Additionally, there is certain proof that employees presenting stressed and worried are not able to bring their utmost concentration to their jobs.<sup>[7]</sup>

The World Health Organization defined self-care as what individuals do for themselves to support and maintain health and prevent and deal with illness.<sup>[8]</sup> Self-care can raise knowledge and provide an opportunity to enhance health-related quality of life. With mindful self-care, the concept of mindful awareness is added to the elements of self-care, managed by mindful awareness in a repetitious process with attention and evaluation of an

individual's needs in certain self-care behaviors.<sup>[6]</sup> It has been observed concisely that a perpetual and thoughtful habit of mindful self-care may be preventive, impeding the development of symptoms and reducing symptoms associated with mental illness. Consequently, burnout in a job or school will be lessened and hampered.<sup>[6]</sup> Improvement of physiological soundness and support of emotional regulation are also assumed to be favorable results of mindful self-care practices.<sup>[9,10]</sup> It influences self-care preparedness and contribution to the self-efficacy and self-care process. To health care workers, it can contribute to the vital preparedness and self-care efficacy of the patient involvement.<sup>[11]</sup>

Furthermore, a positive correlation between mindful self-care and well-being has been found in various studies.<sup>[12-14]</sup> It is ethically imperative to assess when someone is struggling and help them to engage in self-care. The teaching profession in the new normal is susceptible to impairment and burnout that may negatively affect job performance. Data on self-care among health educators in higher education in Saudi Arabia are lacking and frequently focus on specific professions. This study was the first in the region that focused on faculty educators from various health professions. Faculty educators should practice self-care to maintain their resilience and well-being. Hence, this study explored the self-care practices of health educators and professionals in multiple domains and determined their relationship to the self-perceived level of mental well-being. The results would be helpful to assess areas of weaknesses and plan interventions to promote healthy behaviors proactively and regularly in order to improve the well-being of the educators.

## Materials and Methods

### Study designs and setting

The study employed the quantitative, descriptive approach specifically in measuring the sociodemographic characteristics of the respondents. Further, self-reported frequency of self-care behaviors of respondents in the area of the following domains as mindful relaxation, physical care, self-compassion and purpose, supportive relationship, and supportive structure, and the subjective level of mental well-being of health educators and professionals in the context of new normal was included in the study.

### Study participants and sampling

Random sampling was employed in the study to obtain the sample and equal probability of the sample size. The participants of the study were faculty members of the different health colleges and professionals in the Hail region. The study comprised 91 respondents and was conducted for the academic year 2020–2021.

Participants were provided with a link to answer the tools and questionnaires of the study. The participants were informed about the content and purpose of the study and electronically signed informed consent. The University of Hail Research Ethics Committee (Nr. 42/5/47016) reviewed and approved the study protocol.

### Data collections tools and technique

The participants completed an online questionnaire concerning sociodemographic information such as age, gender, civil status, education, number of years of teaching, position, income, and nationality. This information allowed the researchers to characterize the participants and verify the homogeneity of the study population.

Moreover, the participants completed two adapted survey instruments, namely, the Mindful Self-Care Scale (MSCS) and the Warwick Edinburgh Mental Well-being Scale (WEMWBS), to assess and determine the self-care behavior and mental well-being of health educators and professionals. The MSCS was adopted from the study of Cook-Cottone and colleague,<sup>[15]</sup> and the authors of WEMWBS granted the researchers to utilize the tool. The survey instruments are described below.

The MSCS is a 24-item survey used to obtain data on self-care behaviors. It measures five structures including mindful awareness, mindful relaxation, physical care, self-compassion and purpose, supportive relationship, and supportive structure. The MSCS aimed to assess respondents' self-care behavior frequency in the past 2 weeks. A 5-point Likert scale ranging from 1 (Never or 0 days) to 5 (Regularly or 6 to 7 days) was used to rate each item. The responses to all items were computed and higher scores signify more frequent self-care behaviors. The internal consistency reliability of the survey total and subscales is strong. It is a survey tool designed to assist individuals to determine the strengths and weaknesses in self-care practices and identify interventions that will enhance self-care.<sup>[15]</sup>

The WEMWBS is a 14-item survey answerable by a 5-point Likert scale (none of the time, rarely, some of the time, often, all of the time), and scored from 1 to 5 respectively, with all items being scored positively. To come up with the WEMWBS score (range 14–70), the rates on all items were added. The scores are divided into three categories: high (60–70), average (43–59), and low (14–42) mental well-being using cut points. This tool enables the assessment of mental well-being in the general population and the identification of projects, programs, and policies focused on enhancing mental well-being.<sup>[16]</sup>

MSCS validity and reliability fit the data well, with all indicators falling within acceptable limits (Chi-square/

$df = 3.08$ ,  $df (480)$ ,  $P 0.01$ , root mean square error of approximation = 0.059, comparative fit index = 0.915, Tucker and Lewis' index of fit = 0.907) with a Cronbach alpha value for the whole instrument of .89 and for its subscales as follows: .69 in physical care, .86 in supportive relationships, .92 in mindful awareness, .83 in self-compassion and purpose, .77 in mindful relaxation and .77 in supportive structure, while the WEMWBS result of validity has a Cronbach's alpha values of 0.89 (student sample) and 0.91 (population sample).<sup>[15,16]</sup>

### Statistical analysis

The data was tabulated using the MS Excel program. The Data Analysis Tool Pak in MS Excel was used to statistically compute the mean, median, mode, and standard deviations of each subdomain of mindful self-care. The Pearson correlation (2-tailed) was performed to assess the significant relationship between self-care behavior and mental well-being. Post-hoc test for correlation was conducted between the mean rating for each variable for self-care behavior and the mean rating for the mental well-being. This was tested at an appropriate probability value of 0.01 and 0.05.

## Results

### Characteristics of the study population and self-care behaviors

The majority of the participants were aged 41–50 years comprising 47% of the total participants, while 26% of the total population were aged 31–40 years. Most are married with 89% of the respondents, 1% widowed, and 1% divorced. Females account for more than half of the participants with 54%. Moreover, a large number of the participants were non-Saudis with 77% of the total population while 23% (21) were Saudi nationals. Concerning education, 54% (49) have a doctorate degree whereas 41% (37) having master's degree, and the remaining 5% having bachelor's degree and diploma certificate [Table 1].

Overall, the participants have exhibited self-care behaviors frequently, for most sub-domains. Although there are activities where results say otherwise, the remaining activities were found to be exhibited at least sometimes (2–3 days) and for a large portion of the respondents, at least often (4–5 days). The results showed that physical care had the lowest mean rating, with a mean score of 2.71 and a standard deviation of 0.59. On the other hand, the supportive structure recorded the highest mean score of 3.95 with a standard deviation of 0.82 while supportive relationship revealed a mean score of 3.93 (SD 0.78). Furthermore, the median and modal rating for supportive relationship, supportive structure, and mindful awareness is four (4), which implies that 50% or more of the respondents exhibit self-care behavior

often [Table 2]. The overall mean score of self-care behaviors of the participants was 3.96 (SD 0.81).

### Mental well-being and relationship to self-care behaviors

The overall mental well-being score of the participant was 51.90 (SD 8.0). This is considered as average mental well-being, not indicative of possible/clinical depression. Adding up the 14 individual item scores of each participant and taking the average of all the scores were done to get the total scale score. Using the criteria given, the level of well-being was determined. Further findings revealed a mean rating of 3.93 (SD = 0.63) in all aspects of mental health. The median rating was also 3.93 signifying that at least 50% of the respondents have an average rating of 3.93 in all aspects [Table 2].

At a 1% level of significance, a significant relationship exists between the overall rating for self-care behavior and the overall rating for mental well-being ( $r = 0.661$ ,  $P$  value  $< 0.001$ ). Furthermore, with a correlation score

**Table 1: Characteristics of the study population**

Demographic characteristics		Frequency	Percentage
Age groups	20–30	2	2.2
	31–40	26	28.6
	41–50	47	51.6
	51–60	13	14.3
	>60	1	1.1
Gender	Male	42	46.2
	Female	49	53.8
Nationality	Saudi	70	76.9
	Non-Saudi	21	23.1
Marital status	Married	81	89.0
	Single	8	8.8
	Widowed	1	1.1
	Divorced	1	1.1
Educational attainment	Diploma certificate	2	2.2
	Bachelor's degree	3	3.3
	Master's degree	37	40.7
	Doctorate degree	49	53.8

**Table 2: Summary Statistics for the mindful self-care domains and well-being: Means and standard deviations**

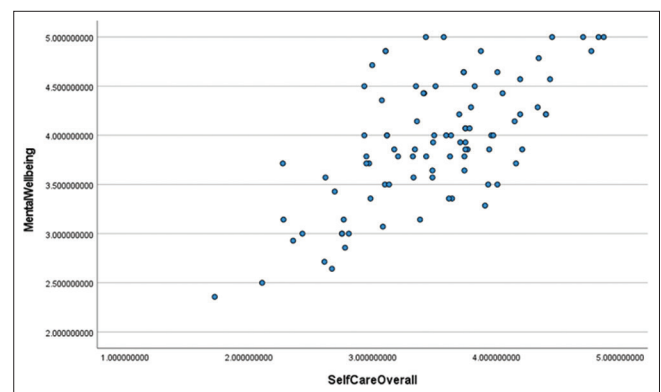
Sub-domains	n	Mean	Median	Mode	Standard deviation
Mindful relaxation	91	3.10	3	2.75	0.91
Physical care	91	2.71	2.6	2.6	0.59
Self-compassion and purpose	91	3.34	3.35	3	0.87
Supportive relationship	91	3.93	4	4	0.78
Supportive structure	91	3.95	4	4	0.82
Mindful awareness	91	3.88	4	4	0.91
Average: self-care behaviors	91	3.96	3.49	3.39	0.81
Mental well-being	91	3.93	3.93	4	0.63
Mental well-being scores (total)	91	51.90	52	50	8.0

of 0.661, the two variables have a moderately strong and significant positive relationship. An increasing linear trend, with some data points outlying from the trend, was also observed in the scatterplot [Figure 1] that shows the illustrative relationship between the two variables. Further, statistical analysis showed that all aspects of self-care behavior were found to have a significant relationship with mental well-being. Notably, mindful awareness had the strongest positive relationship with mental well-being ( $r = 0.607$ ,  $P$  value  $< 0.001$ ) while self-compassion and purpose had the weakest positive relationship with mental well-being ( $r = 0.327$ ,  $P$  value = 0.0016) [Table 3]. While there are variables with a weak positive relationship, all variables still have a significant positive relationship with mental well-being.

### Discussion

The significance and boons of self-care encompass every profession, but in some careers, it is less valued than in others. Teachers and educators, who are in caregiving positions, usually tell others effortlessly to check on their health than to do so with themselves.<sup>[17]</sup> Hence, self-care is an essential factor in an educator’s mental health. This study explored the self-care behaviors of educators and professionals teaching various health-related courses and underscored their level of mental well-being.

The mindful relaxation factor pertains to the ability to relax by engaging in activities that are intellectual, interpersonal, or creative.<sup>[6]</sup> It also includes promoting relaxation by looking at images or indulging in scents (e.g., art and/or candles). Most of the respondents in this domain exhibit self-care behaviors for at least 2 days. The most frequent activity was “listening to relax” with a mean of 3.39. This is due to the bulk of responsibilities and work by the respondents. Natural sounds induce relaxation that works in the nervous central system causing relaxation.<sup>[18]</sup> The least mindful relaxation was “doing something creative to relax” with a mean of 2.92. Overall, the average mean was



**Figure 1:** Illustrative relationship between the overall self-care behavior and mental well-being

**Table 3: Pairwise Pearson correlation test for association between individual aspects of self-care behavior and mental well-being**

Variable 1	Variable 2	Correlation	Count	C.I.	P
Mindful awareness	Mental well-being	0.607	91	0.459–0.723	<0.001
Mindful relaxation	Mental well-being	0.560	91	0.400–0.686	<0.001
Physical care	Mental well-being	0.389	91	0.199–0.551	0.000140
Self-compassion and purpose	Mental well-being	0.327	91	0.130–0.499	0.00156
Supportive relationship	Mental well-being	0.596	91	0.444–0.714	<0.001
Supportive structure	Mental well-being	0.590	91	0.437–0.710	<0.001

Missing value handling: PAIRWISE, EXCLUDE. C.I. Level: 95.0

3.10 (SD = 0.91). This is relatively similar to a study in India ( $\bar{x}$ =3.21) among health professionals and students.<sup>[12]</sup> Counselors or candidate counselors often allot their time to teaching and cultivating relaxation cues and strategies for their client's wellness. Such assumptions should also be encouraged to them that they would practice relaxation techniques for their own well-being and tenacity.<sup>[19]</sup>

Regarding physical care activities, varied and no uniform behavior was noted. It was observed that all respondents eat nutritious food at least 2 days a week. Moreover, eating a variety of nutritious foods has a mean of 4.17, implying that proper self-care was being emphasized. It was observed as well that healthy eating might need higher levels of self-awareness. More self-awareness facilitates individuals in checking and controlling the foods they eat.<sup>[20]</sup> Eating the right food and nutritious food can be a contributory factor in physical care and self-care behavior. Food insecurity among adults has been linked to depression and adverse mental health conditions, diabetes, hypertension, high cholesterol, and poor sleep outcomes.<sup>[21]</sup> Notably, the practice of yoga or other mind/body practice has a mean score of 1.62. This was missing among the respondents. Hence, alternative exercises can be done aside from yoga. This explores the mind-body and practices in the self-enhancement meditation on the boosting of the exercise and practices. It also provides self-esteem among the respondents.<sup>[22]</sup> The overall average weighted mean in the area of physical care was 2.71 (SD = 0.59). Analogous findings were observed among working professionals and college students with a mean of 2.598.<sup>[12]</sup>

The self-compassion and purpose domain refers to becoming aware of struggles and hurdles and practicing supportive and comforting self-talk. It also pertains to finding a greater purpose in life. Present data revealed that none of the respondents has ever kindly acknowledged their own challenges and difficulties. Majority or at least 50% exhibit behaviors of engaging in supportive and positive self-talk and experiencing meanings in work/school life for at least 2 days per week. Studies show that women have a slightly lower but significant self-compassion compared to men.<sup>[23]</sup> Women

tend to be more self-critical and dwell on negative facets of themselves more than men as previous research has shown.<sup>[24]</sup> Self-compassion may also be related to age. People are often more self-compassionate later in life, particularly when they are at age 65 which is the stage of integrity, as it concerns the acceptance of the self.<sup>[25]</sup> Acknowledging own challenges and difficulties had a mean score of 3.68 implying that challenges are acknowledged during the time of difficulties. It highlights the effects of the difficulties and challenges in life that needs self-care and experiences on the behaviors of those people who are affected. Moreover, it examines the proper care and techniques for facing the role of challenges and difficulties as stepping stones in life. There is a need to constantly respond to the challenges and difficulties in life in support of the psychological impact of life.<sup>[26]</sup> Furthermore, it shows that "giving self permission to feel their feelings" has a mean score of 2.96. This is a way of relieving the stress and burden in life. It recognizes the intervention on mental health appropriate in expressing emotion among other people that can improve self-behavior and care for compassion and purposes.<sup>[27]</sup> Overall, the average weighted mean in the area of self-compassion and purpose was 3.34 (SD = 0.87). This is comparable to the study conducted among health professionals and students in India with a mean score of 3.656.<sup>[12]</sup>

In the area of supportive relationships, a uniform increasing trend over the four activities for self-care behavior was noted. More than 50% of the respondents exhibited self-care behavior for at least 4 days. Furthermore, no respondent has experienced being never felt supported by people in their lives and never felt confident that people in their lives would respect their choice. This is also, by far, the most frequently exhibited behavior among all areas that have been tracked. Present findings also revealed that self-care behaviors in supportive relationship are shared by the two indicators which are "I felt supported by people in my life," and "I felt that I had someone who would listen to me if I became upset (e.g., friend, counselor, and group)," with a weighted mean of 4.01. This denotes that respondents felt they are being supported to the fullest since they have somebody to lean on and to listen to in

times of trouble. It influences the health care and social relationship among other people and conditions. This determines the influence of friends and self-care behavior and supports relationships with multiple conditions. It supports people in understanding the process of the social relationship that develops self-care and support in the care system in life.<sup>[28]</sup> Consequently, self-care behavior and support relationship show that “I felt confident that people in my life would respect my choice if I said no,” had a weighted mean of 3.86. This focuses on the knowledge and capability of the individuals to deal with the process strategies in the decision process.<sup>[29]</sup> The overall average mean of supportive relationship was 3.93 (SD = 0.78). The study conducted in India among health professionals and students reported the same findings (mean = 3.912).<sup>[12]</sup>

As regard to supportive structure, it shows that “maintaining a comforting and pleasing living environment” in the self-care behavior and supportive structure weighted mean of 4.14. This clearly emphasized that comfort is needed to be maintained to have better self-esteem as an individual. It focuses on the connectivity of the environment and relationships in the existence of life. It is the concept of self-belonging to grasp the values in everyday practice and experiences. This opens the access to various supports and aspects to enjoy life and comfort.<sup>[30]</sup> On the other hand, the supportive structure shows that “maintaining a manageable schedule” had a mean of 3.76. Healthy living follows a structure and maintenance process. It ensures and discusses self-care and support structure to care for the individual to prevent burnout, stress, and in any kind of work process. It provides various techniques and strategies in different ways to share on self-care, work, and life especially on the support structure and mindful care.<sup>[31]</sup> The overall average weighted mean was 3.95 (SD = 0.82) in the area of supportive structure. Likewise, the study of Chatterjee and Jethwani<sup>[12]</sup> conducted in India showed a mean score of 3.583.

The mindful awareness factor in mindful self-care relates to calm awareness of one’s thoughts, feelings, and body.<sup>[6]</sup> As to mindful awareness, all respondents have experienced calm awareness of their thoughts and feelings at least once a week, while the majority experience at least 4 days. The overall average weighted mean in the area of mindful awareness was 3.88 (SD = 0.91). This agrees with the findings in India among health professionals and students with a mean of 3.691.<sup>[12]</sup> This could imply that health educators have underscored and have more control over calm awareness of one’s thoughts feelings and body. The nature of their work could be the primary reason for the high practice of this behavior. Findings revealed that having calm awareness of feelings had a mean of 3.98, which denotes that respondents

know how to deliberate calmness of their feelings and practices, rather than instinctively reacting which affects their self-care and behavior. It is necessary to observe calmness and awareness of self-compassion and self-care behavior.<sup>[32]</sup> Moreover, respondents’ “calm awareness of their thoughts” had a mean of 3.89. Mindful thoughts and practices demonstrate benefits to mental health and adopt challenges in the environment. This explores self-care behavior and challenges to mindful practices attention among individuals. It enhances the appropriate positive mindful awareness of thoughts.<sup>[33]</sup> Lastly, respondents showed that they have a “calm awareness of body” with a mean of 3.79, signifying that respondents can control their self-behavior, temperament, and accept situations patiently. Uncontrolled mindful awareness of the body can contribute to brain injury, trauma, or disability. Body and calm awareness would mean controlling the emotions of rumination, impulsivity, aggression, irritability, and low self-awareness. This can be controlled to increase self-behavior implementation regulation practice techniques and mindful awareness.<sup>[34]</sup>

Studies have demonstrated that self-care and mental well-being have correlations.<sup>[12,35-37]</sup> Similarly, the present study revealed a moderately strong and significant positive relationship between mindful self-care and mental well-being. The subdomain with the strongest positive relationship with mental well-being was mindful awareness ( $r = 0.607$ ,  $P$  value  $< 0.001$ ) followed by supportive relationship ( $r = 0.596$ ,  $P$  value  $< 0.001$ ). Previous literature, however, showed that a supportive structure and a supportive relationship had the highest correlation to well-being.<sup>[6,15,38]</sup> It was believed that the kind of environment where one lives and works and a schedule that permits adequate rest and restoration, play a great role in well-being.

Overall, these findings suggest that mindful self-care can positively influence mental well-being, and mindful awareness has the most impact. This is consistent with previous studies that affirm the role of self-care in well-being.<sup>[18,39]</sup> The relationship between self-care and well-being outcomes is unvarying.<sup>[19]</sup> Self-care practices contribute to alleviating the development and impacts of stress and enhance one’s mental well-being generally.<sup>[40]</sup> A higher level of mindful self-care is associated with a higher level of self-compassion and overall well-being. Furthermore, self-compassion turned out to have the highest correlation with social relationships and mindful awareness subscales. Perhaps, this can be attributed to the relationship between the elements within the social relationship and mindful awareness subscales and the two subscales of self-compassion: common humanity and mindfulness. Mindful awareness corresponds to mindfulness<sup>[41]</sup> [Ming Yu, 2020]<sup>[42]</sup> which emphasizes the recognition of one’s feelings and thoughts with haste.

Mindfulness can be used as a tool to manage well-being and mental health.<sup>[43]</sup> In addition, self-care is promoted through mindfulness when dealing with psychological burnout and overwhelming emotions.<sup>[17]</sup>

Assessing well-being offers practical importance in the evaluation and prevention of depression.<sup>[44]</sup> Failure to meet basic human needs among health professionals contributes to dissatisfaction that could lead to limited care, not only to self but also for others,<sup>[45]</sup> hence compromising the workforce and quality of education and care. Constant stressors not eased by self-care practices lead to burnout, health professions risk distress, and low professional performance. Professionals tend to increase their dedication and commitment as the job market becomes more discriminating and demanding. However, this could lead to insufficient time for self and life in-person.<sup>[46]</sup> Thus, academic institutions should consider employing these assessments. Developing incentives among health institutions to motivate health professionals in engaging healthier lifestyles against stress caused by the demands of work in hospitals was suggested by various studies.<sup>[47]</sup>

### Limitations and recommendation

Other researchers should consider these limitations when drawing inferences from this study. Since the questionnaire was distributed and answered online, only the participants who responded to the questionnaire were included in the study which might not represent each profession or college equally. Moreover, some participants have not completed the survey which limits the sample size of the study. Incomplete answers to the survey questionnaire were not included. The study did not account for any confounding factors including personal characteristics and individual differences that might have affected participants' reports of their self-care activities or general well-being. The generalization of the data could be impacted by these variables.

The findings of this study can be expanded to strengthen its validity and applicability. The self-care dimensions and factors of well-being can be further explored in future research to better understand how the factors interact. Interventional study can be conducted by employing holistic practical activities designed to enhance mindful self-care and monitors the development of its impact on well-being over time at various regular intervals may produce thorough and accurate findings. The generalizability of results may be improved by doing a similar study across more regions and with larger sample sizes.

### Conclusions

The present study affirmed the relationship between mindful self-care behaviors and mental well-being.

Engaging in self-care practices regularly and frequently can develop one's well-being. Adopting self-care behaviors and increasing awareness of various practices can positively influence well-being and professional performance, which may affect the quality of education. Engaging research such as this provides health educators a chance to reflect and provides simple measures for reducing stress-related symptoms that are consistent with the country's health policy. Studies that investigate self-care practices among health educators and professionals should be conducted.

The study's findings were initially communicated to the administration and were regarded favorably. In an integrated cooperation between the Ministries of Health and Education, health school programs can carry out initiatives that aim to improve health along with the educational process. Moreover, this can direct and support the administrations to develop activities aimed at improving faculty members' mental health. It served as a wake-up call for faculty members about their strengths and weaknesses and it sparked action to incorporate mindful self-care into daily lives.

### Acknowledgement

We appreciate all the participants who took part in the study. We also like to thank all the deans who allowed us in data collection.

### Ethics approval and consent to participate

The participants were informed about the content and purpose of the study and electronically signed an informed consent. The University of Hail Research Ethics Committee (Nr. 42/5/47016) reviewed and approved the study protocol.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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