

A study of The Relationship between Mindful Self-Care and Subjective Well-Being among College Students and Working Professionals

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Abstract—The global decline of mental health implores us to find preventive and protective factors which can be incorporated into one's lifestyle. Particularly in the urban community, college students and working professionals face unique stressors which negatively impact their well-being. The steady and intentional practice of mindful self-care has been linked to positive well-being. Therefore, this study explored the relationship between mindful self-care and subjective well-being. Participants included 200 adults, (100 students and 100 working professionals from various fields). Self-report method using the following instruments were used to obtain data: Mindful self-care was measured through The Mindful Self-Care Scale (MSCS, 2018), and measurement of subjective well-being was obtained using Subjective Well-Being Inventory by Nagpal and Sell (1992). The results indicated people mindfully engage in self-care on an average of 3-4 days/week and there is no significant difference between the two population groups. Social support was the most favoured self-care activity. Supportive structure followed by supportive relationships were domains which were highly correlated with subjective well-being. The relationship between mindful self-care and subjective well-being suggested a strong positive correlation. This study indicates a growing need for greater frequency of self-care practices and interventions to improve one's well-being. Through creating awareness and inculcating self-care behaviours into one's lifestyle, it can have a positive relationship with their well-being and as a result, improve well-being in the community.

Index Terms—College students, Mindful Self-care, Subjective well-being, Working professionals

INTRODUCTION

Mental health problems are a global crisis on the rise despite advancement of the human race in every sphere of life. According to WHO, one in four people

are affected by some mental health problem. In spite of treatment available, factors such as stigma, affordability or awareness, leads to the majority of people not availing them. Therefore, one must consider large scale accessible preventive measures that can be easily incorporated into one's life across various socio-economic and cultural strata. Beyond the barriers of factors which may deter someone from accessing resources to care for one's physical and psychological well-being. Meeting one's needs proactively and regularly may reduce the probability of an individual developing avoidable mental health issues.

Mindfulness: Mindfulness involves bringing attention and awareness to momentary experiences with acceptance and non-judgment (Kabat-Zinn, 1994). Mindfulness involves choosing to engage in an activity or experiencing the moment actively, consciously with acceptance and kindness towards self and others.

Self-care: Self-care is broadly defined as the everyday process of being aware of and attending to one's elementary physical and emotional needs through engaging in helpful behaviours including the shaping of one's daily routine, relationships, and the environment as needed to promote self-care (Catherine & Cook). When practiced frequently it maintains and enhances both short-term and long-term well-being holistically. Mindful self-care involves nurturing and tending to one's needs through critical awareness and purposefully engaging in activities that fulfil one's needs and sustain a sense of comfort and well-being.

Subjective well-being: Subjective well-being (SWB) is an individual's evaluation of their life based on their life satisfaction and experiences. It is multidimensional in nature with various factors

impacting it. Good subjective well-being involves lowered negative affect and the active presence of positive affect. From a bio-psychosocial standpoint a combination of factors integrates to influence one's mental state. These factors can be categorized under two overarching domains- (A) Protective factors and (B) Risk factors.

Protective factors are preventive measures which intervene before the onset of a problem or disorder. They promote well-being and decrease the chance of negative outcomes. Some of the protective factors are: individual factors such as personality traits like optimism, resilience or high self-esteem, access and use of technology and living conditions such as living among one's own community, access to green space and services. Positive parent and family relationships, good family cohesion, physical activity, supportive social relationships, self-compassion, and purpose (ability to find meaning from life's experiences) all serve as protective factors.

Risk factors are aspects of one's life which increase the probability and the likelihood of mental health problems and are viewed as possible threats and stressors to one's life. Examples of this include: individual factors such as lifestyle including substance use, screen time, sedentary behaviour, gender, sexuality, and diet, lack of social relationships, work stress, adversities and traumatic experiences including unemployment, job dissatisfaction, financial difficulties, homelessness, exposure to violence, intimate partner violence, sexual abuse, living in a neighbourhood with high crime or natural calamities. Students and working professionals in urban areas are groups who are vulnerable to mental health problems due to high levels of environmental and social risk factors. This study, therefore, explores the relationship between mindful self-care as a preventive and protective factor, preferred activities of self-care and extent of holistic mindful self-care to its relation to one's subjective well-being among college students and working professionals

LITERATURE REVIEW

Self-care and well-being in mental health professionals: Dye L., Galloway M. Burke and Wolf C. (2019) explored mindfulness techniques as a self-care strategy to promote stress prevention and relaxation coping among counsellors in training, over

a period of 13 weeks. Participants reported an enhanced awareness of their need to engage in self-care activities and appreciated the benefits of mindfulness in the other domains of their life. The research suggested a positive connection between mindfulness and overall well-being and the importance of incorporating mindfulness training programs as part of the student's curriculum. Zeynep Aydın Sünbül et al. (2018) examined a group of 262 undergraduate individuals attending mental health programs to explore the role of mindful self-care dimensions in mediating well-being. The results observed a positive correlation between Mindful self-care and well-being and noted that supportive structure had the highest correlation with well-being. Research by Regan A. (2013) investigated the experiences of burnout and self-care in the life of counsellors among 30 experienced counsellors working at an outpatient mental health agency. Predominantly, it was observed those who had been working at the agency longer, reported that they had improved their coping strategies, increased self-awareness, and learned to establish clear boundaries regarding their role, and therefore, experienced lower frequency and intensity of burnout symptoms. Warnecke et al. (2010) aimed to determine whether mindfulness practice reduces levels of stress among 66 senior medical students. Results showed that mindfulness practice reduced stress and anxiety in senior medical student and post-trial scores after 8 weeks revealed that the effect was maintained. Richards (2010) strived to find a relation between self-awareness and mindfulness and their mediating effects on the relationship between self-care and well-being among 148 mental health professionals who practiced in the Northern United States. The results suggested self-care frequency and self-care importance was significantly positively correlated indicating that individuals who engaged in self-care more frequently, likewise, evaluated it having greater importance. Self-care and well-being among working professionals and adults: Wells and Klocko (2018) reviewed the relation of mindfulness and self-care in the development of resilience to cope with work stress among principals. They illustrated an imbalance between demands faced and resources available for coping with different domains in the workplace and recommended self-care and mindfulness programs to be incorporated to reduce their stress levels. Training program pilot study by Sook and Lee (2018) was

conducted to determine the effects of mindful self-compassion among 51 teachers in Korea. Participants completed an eight-week general mindful self-compassion course. Thematic analysis revealed that there were significant positive cognitive and emotional changes, their professional viewpoint regarding their work shifted towards a more kind and compassionate nature, seeking connections, and staying present in the moment. Hotchkiss (2018) noted the effects of mindful self-care and secondary traumatic stress in mediating a relationship between compassion satisfaction and burnout risks among 324 hospice care professionals. Results showed a strong positive correlation between Mindful self-care scale with compassion ($r= 0.497$, $p< .01$) and between secondary traumatic stress and burnout ($r= 0.456$, $p< .01$). There was a negative correlation with Mindful-self-care and both secondary traumatic stress ($r= 0.276$, $p< .05$) and burnout ($r= 0.726$, $p< .01$). Furthermore, there was a negative relationship between compassion and burnout ($r= 0.741$, $p < .01$) and between compassion and secondary traumatic stress ($r= 0.400$, $p< .01$). Hospice care professionals who derived satisfaction from helping the clients tended to have a higher frequency of self-care behaviours and lower risk of burnout and secondary traumatic stress. A systematic study by Kelly and Okolo (2016) observed the effect of mindful meditation as a self-care practice in shaping an effective social worker over a period of 6 weeks. The outcome implied positive effects of mindful meditation practices and self-care to potentially reduce stress and burnout rates among social workers.

Self-care and well-being among students: Xue Feng et al. (2019) intended to understand the impact of mindful self-care and perceived stress on health-related quality of life relationship among 427 young adult students in West Virginia. The study observed higher frequency of mindful self-care with lower levels of perceived stress and it was associated with a higher quality of psychological well-being. Subsequently, it concluded mindful self-care is a protective factor in lowering perceived stress and it improves psychological well-being in the population. A sample of 203 undergraduate students from a particular Australian public university was studied by Moses, Bradley and O'Callaghan (2016) to understand self-care practises and well-being among college students. Social support was found to be a strong

predictor in psychological health and sleep hygiene and healthy food habits were positively related to one's well-being while physical activity increased momentary well-being. Gockel, Burton, James, and Bryer (2012) aspired to identify the effects of mindfulness as a self-care practise and clinical training strategy with 132 incoming graduate students in the social work program over 10 weeks. Results established that while mindfulness training did not significantly affect student's well-being, it significantly helped in developing their counselling self-efficacy. The training program helped students to increase their ability to be open, attentive, emotionally available, and responsive to their clients in the session. In India, limited research has been conducted in the field of self-care which examines the effects of holistic self-care practices and its direct relation to one's subjective well-being. The majority of the previous studies have been conducted on individuals in the mental health profession, focused on the mindfulness component of self-care or perceived self-care through a physical care viewpoint. This paper analyzes one's self-care practices through a holistic viewpoint involving multidimensional domains of self-care.

OBJECTIVES

1. To explore the extent to which people engage in mindful self-care.
2. To examine which group- college students or working professionals engage in a higher frequency of self-care
3. To consider the preferred self-care activity of the population
4. To understand the correlation between the different components of self-care and its relation to well-being
5. To review the average well-being between the two population groups
6. To investigate the relationship between mindful self-care and subjective well-being among college students and working professionals.

Hypothesis

Based on the previous literature, hypotheses for each objective were constructed as follows:

Hypothesis 1- The total population engages in self-care practices with an average frequency

Hypothesis 2- There is no significant difference in self-care frequency between the two population groups

Hypothesis 3- There will be no defined difference among the preferred choice of self-care activity

Hypothesis 4- Supportive structure and supportive relationships will have a higher correlation to well-being compared to other sub-domains.

Hypothesis 5- There will be no significant difference between the two groups of population in their well-being

Hypothesis 6- There will be a positive correlation between self-care and well-being.

(An increased frequency of self-care will be directly proportional to one's well-being)

METHODOLOGY

Sample

Participants consisted of 100 students and 100 working professionals, from Mumbai and Navi Mumbai. 43.5% was male and 56.5% was female. The mean age was 26.18 years and the age ranged from 18 to 58 years. They came from various educational and economic backgrounds and were pursuing or working in a wide range of vocations. Students were pursuing higher education, either undergraduate or post-graduation. Snowball sampling technique was used to select participants.

Tools and test

An online questionnaire consisting of a consent form, demographic details form, Mindful-Self-Care Scale (Cook-Cottone & Guyker, 2018), and Subjective Well-Being Inventory (Nagpal & Sell, 1992) were used to collect the background details to measure mindful self-care and subjective well-being respectively.

A. The Mindful Self-Care Scale (MSCS, 2018)

Mindful Self-Care Scale (MSCS) by Cook-Cottone & Guyker, (2018) is a 33-item scale that measures the self-reported frequency of self-care behaviour. It helps to assess the areas of interventions that would improve self-care. The scale addresses 6 domains of self-care which are Mindful Relaxation, Physical Care, Self-compassion and Purpose, Supportive Relationship, Supportive Structure and Mindful Awareness along with three general items assessing the individual's general practices of self-care. The scale is based on a

compelling theoretical foundation and has shown strong internal consistency, validity and reliability.

B. Subjective Well-Being Inventory (Nagpal & Sell, 1992).

Subjective Well-Being Inventory developed by Nagpal and Sell (1992) is a self-report questionnaire consisting of 40 items designed to measure an individual's mental status regarding overall feeling about life in 11 dimensions. The scale has been found to have high inter-rater, inter-scorer, and test-retest reliability, and validity, proved through experiments and previous researches. Each item is scored and the total well-being is calculated through the sum of total scores of items.

Procedure

The online questionnaire was administered. Each section had separate clear instructions and participants were free to contact the researcher in case of queries and concerns. Upon completing the form, the respondents were thanked for their time and debriefed. A copy of results were sent through the mail to individuals seeking it. The results contained a brief introduction, their results and easy tips from an article published in Mental Health Foundation UK which they could incorporate to increase mental well-being. Results were then calculated based on the scoring instructions given for each test. Statistical calculations were done using SPSS. Descriptive statistics were calculated for the whole group and each group of population respectively. Furthermore, Pearson correlation one-tailed test was computed for each subscale of self-care and well-being as well an overall relationship between self-care and well-being. This was tested at an appropriate probability value of 0.01 and 0.05.

RESULTS AND INTERPRETATION

Overview of Results

Mindful-self Care Scale

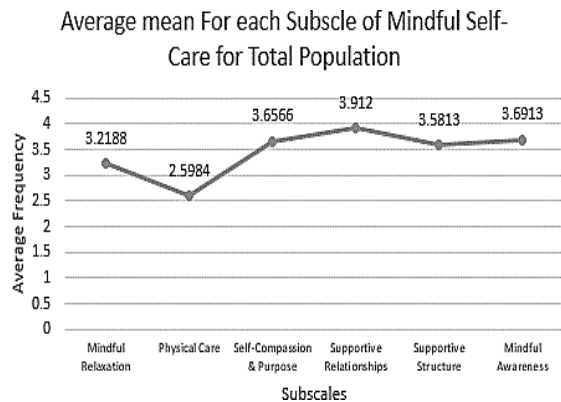
For the Mindful Self-Care Scale, responses were recorded on a 5-point Likert scale which measured self-reported frequency in a week (Figure 1 shows the interpretation of each point). Average mean of each sub-domain was calculated through using the formula: Total/Number of items in the subdomain. The averages for each domain were further added and

divided by the number of domains, to get a total average self-care on the 5-point scale. For the entire population, the mean frequency was 3.44. A summary of the total mean for each subscale is shown graphically in the Figure 2 to understand the extent the participants engaged in the activity and see preferred activity. Furthermore, the overall total mean self-care for the total population was recorded in Table 1

Figure 1-Interpretation of Likert Scale

| | | | | |
|-------------------|-------------------|----------------------------|------------------------|----------------------------|
| Never (0 days) | Rarely (1 day) | Sometimes (2 to 3 days) | Often (4 to 5 days) | Regularly (6 to 7 days) |
| 1 | 2 | 3 | 4 | 5 |

Figure 2- Mean of the 6 domains of Mindful Self-care



Note: Graph showing mean of the whole population for the 6 domains of Mindful-self Care

Subjective well-being

Scoring instructions were followed as per the manual by Nagpal and Sell. First, the items were assigned scores, positive items were reversed scored and attributed values 3, 2, 1 and scores 1, 2, 3 were given to the negative items. Items pertaining to each factor were added accordingly to get a score for each factor. Sum of the total factors, yielded a score of total well-being. It was noted that for the majority of the population, Factor 7 consisting of the item (14, 27, 29) was not applicable since 73% of the population was unmarried and reported not having spouses and children. The researcher believed that for this population this was not a significant factor in one’s well-being based on this demographic group. Therefore, this factor total was removed entirely. However, to maintain the stability of the scale, the full score of 9 points were added to all after removing the factor, to ensure everyone's well-being and the mean well-being was calculated out of a full range of 120 for accurate interpretation of scores. Only total well-being

was used for the analysis. The total well-being is interpreted in three broad categories, 40-60, 61-80 and 81-120. The overall subjective well-being mean was 91.4 indicating good well-being as a community.

Table 1 Descriptive statistics for the sub-domains of self-care, total average self-care, and total well-being for total population

| SR NO. | Scale and Subscale | N | Minimum | Maximum | Mean | Std. Deviation |
|--------|---------------------------|-----|---------|---------|---------|----------------|
| 1 | Mindful Relaxation | 200 | 1.00 | 5.00 | 3.2188 | .70696 |
| 2 | Physical Care | 200 | 1.11 | 4.44 | 2.5984 | .72088 |
| 3 | Self-Compassion & Purpose | 200 | 1.17 | 5.00 | 3.6566 | .74857 |
| 4 | Supportive Relationships | 200 | 1.00 | 5.00 | 3.9120 | .87434 |
| 5 | Supportive Structure | 200 | 1.25 | 5.00 | 3.5813 | .86818 |
| 6 | Mindful Awareness | 200 | 1.00 | 5.00 | 3.6913 | .86093 |
| 7 | Total Average Self-Care | 200 | 1.58 | 4.61 | 3.4432 | .54553 |
| 8 | Total Well-Being | 200 | 62.00 | 116.00 | 91.4400 | 11.66821 |

Comparison of Mindful Self-Care practises between the two population groups and the total population

The following charts Figure 3 and Figure 4 shows the comparison between Students(S), working professionals (WP) and the overall population in their mindful self-care practices and the average mean well-being

Figure 3-Bar graph depicting Average frequency of total population, working population and students for each subdomain and total mindful-self-care.

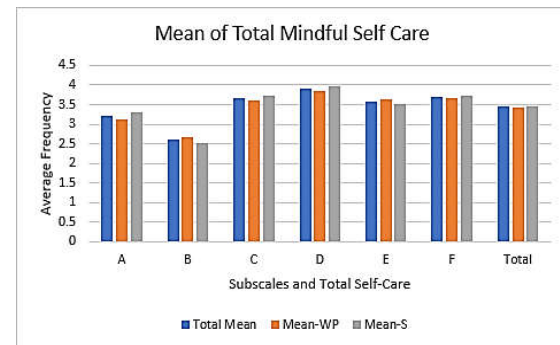
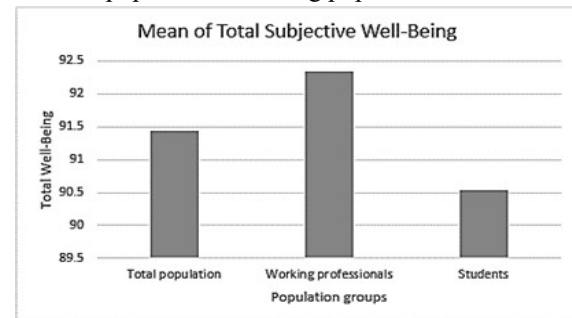


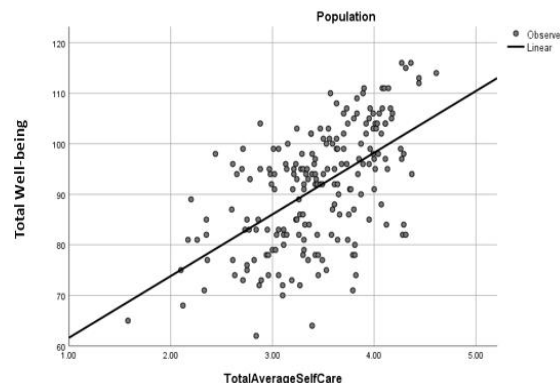
Figure 4- Bar graph depicting the mean well-being of the total population, working population and students



Correlation Results

SPSS was used to calculate a one-tailed Pearson Correlation test between each subdomain of self-care with well-being to understand to what extent each of the factors was correlated to well-being individually as previous research often explored the effect of these components individually with well-being. Furthermore, total mindful self-care was correlated with total average subjective well-being to understand the correlation. The correlation was 0.571 which was significant at 0.01 level of confidence suggesting a strong positive correlation between the two factors to 99% accuracy level. Figure 5 depicts the relationship pictorially. Table 2 shows the correlation values and denotes at what level it is significant.

Figure 5-Scatter Graph showing the correlation between Mindful Self-Care and Subjective Well-being



Note: Scatter Graph shows Pearson Correlation between Mindful self-care and Subjective well-being Table 2 -Correlation between six domains of self-care to well-being, and between total self-care and total well-being

| | | Mindful Relaxation | Physical Care | Self-Compassion Purpose | Supportive Relationships | Supportive Structure | Mindful Awareness | Total Average Self-Care | Total Well-Being |
|-----------------------------|---------------------|--------------------|---------------|-------------------------|--------------------------|----------------------|-------------------|-------------------------|------------------|
| Mindful Relaxation | Pearson Correlation | 1 | .325** | .335** | .343** | .353** | .239** | .612** | .151* |
| | Sig. (1-tailed) | | 0 | 0 | 0 | 0 | 0 | 0 | 0.017 |
| | N | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Physical Care | Pearson Correlation | .325** | 1 | .240** | .282** | .356** | .321** | .599** | .362** |
| | Sig. (1-tailed) | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| | N | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Self-Compassion and Purpose | Pearson Correlation | .335** | .240** | 1 | .381** | .406** | .409** | .671** | .314** |
| | Sig. (1-tailed) | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| | N | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Supportive Relationships | Pearson Correlation | .343** | .282** | .381** | 1 | .482** | .317** | .702** | .454** |
| | Sig. (1-tailed) | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| | N | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Supportive Structure | Pearson Correlation | .353** | .356** | .406** | .482** | 1 | .547** | .785** | .564** |
| | Sig. (1-tailed) | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| | N | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Mindful Awareness | Pearson Correlation | .239** | .321** | .409** | .317** | .547** | 1 | .709** | .441** |
| | Sig. (1-tailed) | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| | N | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Total Average Self-care | Pearson Correlation | .612** | .599** | .671** | .702** | .785** | .709** | 1 | .571** |
| | Sig. (1-tailed) | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| | N | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 |
| Total Well-Being | Pearson Correlation | .151* | .362** | .314** | .454** | .564** | .441** | .571** | 1 |
| | Sig. (1-tailed) | 0.017 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | N | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 |

** . Correlation is significant at the 0.01 level (1-tailed).
 * . Correlation is significant at the 0.05 level (1-tailed).

DISCUSSION OF THE RESULTS

This study examined the effect of mindful self-care on one's subjective well-being among college students and working professionals. The first objective of the paper was to explore the extent to which people engage in mindful self-care. Results of the study show the mean frequency for the population was 3.44 out of 5 which indicated the total population on average engaged in self-care activities between 3-4 days a

week which supports the hypothesis that the total population engages in self-care practices with an average frequency. Previous research have only explored the extent of physical self-care through a bio-medical model such as among heart- failure patients (Seid, 2020). The minimum total average self-care was 1.58 suggesting everyone engages in some extent of self-care and the maximum was 4.61, suggesting that there is possible room for improvement for everyone in the population in their self-care frequency.

Secondly, the researcher aimed to examine which group- college students or working professionals engage in a higher frequency of self-care. Taking into account the null hypothesis that there is no significant difference in self-care frequency between the two population groups. The graph (Figure 3) shows the comparison of means and suggests there is negligible difference in the overall frequency of self-care practises. The difference in mean scores was to a three decimal point degree, suggesting a minimal difference in the scores and supports the null hypothesis.

Thirdly, the preferred self-care activity of the population was observed, and the null hypothesis was assumed i.e.-no significant difference between the preferred self-care activities would be noted. Graph depicted in Figure 2 compared the mean frequency for each domain of self-care to show preferred mindful self-care activities and it was interpreted was based on Figure 1. Highest mean frequency was in the sub-domain of supportive relationships with a mean score of 3.9 (3-4 days/wk) suggesting it was the most favoured activity for mindful self-activity. This was followed by having mindful awareness of one's thoughts, feelings, and emotions (3.69), and self-compassion and purpose (3.65) were nearly equally practised. Supportive structure (3.5), mindful relaxation (3.2) and physical care (2.59) respectively were in the order of descending frequency. The clear differences between the frequencies reported in each sub-domain, suggest that there is some degree of preference of one activity over another therefore null hypothesis cannot be accepted. The results obtained are similar to a study by Ayala et al. (2017) where students reported choosing activities that emphasized the need for connection and relationships. Similarly, Hotchkiss (2018) study with hospice care professionals noted that their practices of mindful relaxation and supportive relationship were most frequently practised. This supports the results of the population choosing to seek relationships as the most frequent form of self-care. Exploring the natural preference of self-care domains helps to explain what people intuitively do to maintain and improve their well-being. Further intervention programs can use this as a basis to identify areas where people willingly engage in and areas where they need to be encouraged for diverse and global self-care practice.

The fourth objective was to understand the correlation between the different components of self-care and its

relation to well-being. Based on the study by Hotchkiss (2018), Moses (2016), Sünbül et al. (2018) which have correlated dimensions of self-care with well-being, the hypothesis for this objective assumed was supportive structure and supportive relationships will have a higher correlation to well-being compared to other sub-domains. Pearson correlation in SPSS was used to correlate each dimension of the Mindful Self-care Scale by Cottone and Guyker (2018) as shown in Table 2. As supported by previous studies, results showed supportive structure had the highest correlation to well-being ($r=0.564$, $p<.01$), followed by supportive relationships ($r=.454$, $p<.01$), therefore proving the hypothesis generated. These findings are further consistent with (Cappuccio et al. 2011; Cook-Cottone 2015; Lim & Dinges 2010; Norcross & Guy 2007) that believe living and work environment and a schedule that allows for sufficient rest and restoration, play a major role in well-being. Social support has long been known with a positive effect on buffering physical and psychological stress and had additional benefits to the health status of individuals (Broadhead et al., 1983). Mindful awareness ($r=0.441$, $p<.01$), physical care ($r=0.362$, $p<.01$), self-compassion and purpose ($r=0.314$, $p<.01$) and mindful relaxation ($r=0.151$, $p<.05$) were correlated respectively to well-being. This could suggest that mindful relaxation may provide temporary relief of the mind and may not have a longer-lasting impact on one's subjective well-being unless practised regularly.

The fifth objective of the researcher was to review the global average subjective well-being between the two population groups which is graphically represented in Figure 4. The null hypothesis was considered for this objective due to lack of previous literature, meaning there would be no significant difference between the two groups. The overall mean well-being was 91.44 out of 120 indicating good well-being as per the norms. Working professional had higher well-being than students. Working professionals had total well-being of 92.3 while students had mean well-being of 90.5. This insinuates that there is some difference of well-being among the two groups of the population. Finally, the researcher investigated the linear relationship between mindful self-care and subjective well-being among college students and working professionals through Pearson correlation. Based on numerous previous studies, which establishes clearly that self-care is positively correlated with well-being,

the hypothesis constructed was as follows: there will be a positive correlation between self-care and well-being. This denotes that an increased frequency of self-care will be directly proportional to one's well-being. The correlation value of $r=0.571$, significant to 0.01 level of confidence suggested a strong positive correlation between the two factors among the total population. Scatter graph (Figure 5) shows as the frequency of self-care increases, total well-being increases thus supporting the hypothesis. This further empirically supports theories that self-care is a protective and preventive measure which impacts well-being positively.

In conclusion, the results of this study were consistent with nearly all previous research in this field. Through this exploration, the researcher revealed that most of the population engage in mindful self-care activity between 3-4 days a week. The preferred activity of self-care was seeking supportive relationships which participants engaged in the most while physical care had the least frequency of practice. There was a negligible difference between working professionals and college students in terms of their self-care practises. However, working professionals had greater well-being than college students by a small difference. Supportive structure followed by supportive social relationships were found to be highly correlated with well-being. This suggests these components can mediate and predict one's well-being. Lastly, overall mindful self-care had a strong positive correlation with subjective well-being, indicating that greater practices of self-care can maintain and improve one's well-being proportionally.

IMPLICATIONS OF THE STUDY

The primary implication of the research is bringing awareness to the Indian population on how mindful self-care can be used as a protective and preventive factor to maintain and improve one's well-being. The researcher hopes it would encourage the readers to evaluate their self-care practises, their subjective well-being and mindfully engage in self-care activities for holistic well-being as an individual and consequently as a community. Secondly, this paper opens the scope for more extensive research on multidimensional practises of self-care and well-being. Thirdly, inclusive, incentive-based programs may be designed in minimal cost which can be accessible to all. This

can be done by considering the preferred domains of self-care, and correlation results into account. They can be integrated through the educational system in the curriculum or professional sector through workplace policies. This will allow students and working professionals to incorporate self-care practises in their lifestyle to bring in global well-being in their lives and community.

LIMITATIONS OF THE STUDY

As with any study, the present study has some procedural and methodological limitations that the researchers should take into account when making inferences. Considering an online questionnaire method was used, the population only included urban individuals with access to the internet and several environmental factors such as test conditions could not be controlled. The study was unable to control for possible confounding variables such as personal factors, and individual differences that could have influenced their reporting of self-care practises or well-being. The self-care practises reporting was based on the participant's evaluation of the past week and well-being was measured at one moment in time, social desirability and recall bias may have affected responses since this was a self-reported measure. Lastly, the sample size was limited and individuals with lower rates of self-care and well-being may have not completed the survey or may have over-reported. These factors may affect the generalizability of the findings.

SUGGESTIONS FOR FUTURE RESEARCH

This research opens the scope for further explorations to increase validity and generalizability of the findings. Future studies can elaborate on the dimensions of self-care with the specific factors of well-being to understand the inter-relational effects of the factors to a deeper level. Longitudinal intervention study, through employing practical sessions of holistic mindful self-care activities and tracking the progress of its effect on well-being at several regular intervals, may give comprehensive and reliable results. Clinical trials with increased control over confounding variables, with a greater number of sample size, may increase the generalizability of findings.

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