

The Mediating role of mental health in the relationship between self-compassion and quality of life among university professors

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Abstract: This study aimed to investigate the association between self-compassion, mental health, and quality of life among Algerian university professors, in addition to examine the mediating role of mental health in the relationship between self-compassion and quality of life.

Methods: a cross-sectional study was conducted among 160 university professors aged between 28 and 68 years old from various universities in Algeria (east, central, and west), across a range of academic ranks and specialties. Data were collected using validated instruments, including the self-compassion scale, DASS-42, and Quality of Life - BREF scale. The mediation analysis was performed using PROCESS Macro v5.0 for SPSS.

Results: The results showed that the mental health negatively correlated with both self-compassion and quality of life, whereas self-compassion was positively correlated with quality of life. Furthermore, mental health partially mediated the relationship between self-compassion and quality of life, accounting for 26.1 % of the overall effect.

Keywords: Mental health; Self-compassion; Quality of life; University professors.

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1 - Introduction

University professors undertake multiple responsibilities including scientific research, teaching, knowledge transfer, mentorship, and personal developmental. In carrying out these roles, they may encounter atypical situations and challenges from academic and administrative pressures to unpredictable interpersonal challenges. In recent years, efforts to strengthen academic capabilities and enhance the institutional environment have intensified, with growing emphasis on compliance with quality standards. Prolonged exposure of professors to demanding circumstances and significant stressors, under conditions of limited positive psychological resources and suboptimal coping strategies, can adversely affect their mental health (Pellerin & Raufaste, 2020). This may elevate stress and anxiety levels, increase the risk of burnout, and reduce overall quality of life (Pace et al, 2021; Gao et al., 2023), which may compromise their ability to maintain emotional and psychological balance.

Research across diverse cultural and academic contexts indicates that faculty members from different academic ranks frequently experience varying levels of negative emotional state, such as depression, anxiety, and burnout (Hammoudi Halat et al., 2023). For instance, seventy-three percent of faculty members across 16 countries reported moderate to high levels of psychological distress, characterized by low adaptive coping (Rahman et al., 2024). In Arabic context, a cross-sectional study point out that anxiety was the most prevalent condition (63%), followed by depression (30%), and stress (26%), with all reflecting at least moderate levels (Hammoudi Halat et al., 2024). These underscore the critical importance of promoting mental health, as a positive mental health enhances quality of life among professors, contributes to improved professional performance, and ultimately strengthens the quality and effectiveness of the educational process (Perez et al., 2025).

From a positive mental health perspective, self-compassion has been increasingly recognized as a protective psychological resource that may buffer against psychological distress while contributing to adaptive functioning, enhanced well-being and improved perceived quality of life (Seong & Abdul Halim, 2025). Beyond its association with reduces negative emotional states, research has consistently demonstrated that is related to lower levels of anxiety, depression, and stress. Alongside improvements in subjective indicators of quality of life, such as life satisfaction and overall well-being, in a samples with mental health symptoms and non-clinical populations (Van Dam et al., 2011; Mey et al., 2023; Guan et al., 2025).

Highlighting the importance of self-compassion as a protective factor that shapes how individuals experience and evaluate their psychological health and overall life quality, even outside clinical contexts. Furthermore, investigating how self-compassion can alleviate the negative emotional state, and positive self-relational processes contribute to overall life quality in university faculty within the Arabic academic context, particularly Algerian universities, that category to which had a scarce applied studies especially in foreign context, is bridging a research gab and offering insights for future research in this study contexts and population.

1.1- Hypotheses:

The study guided by the following hypotheses:

- There is a significant relationship between mental health and self-compassion among university professors

- There is a significant relationship between mental health and quality of life among university professors
- There is a significant relationship between self-compassion and quality of life
- Mental health meditate the relationship between self-compassion and quality of life.

1.2- Study objectives:

The study aims to achieve several objectives, including:

- To examine the relationship between mental health and self-compassion among university professors
- To examine the relationship between mental health and quality of life among university professors
- To examine the relationship between self-compassion and quality of life among university professors
- To examine the mention role of mental health in the relationship between self-compassion and quality of life.

2- Method and Tools:

Participants:

The study sample consisted of university professors currently employed at universities in Algeria (N = 160), with ages ranging from 28 to 69 years ($M = 45.06$ years, $SD = 9.31$ years). The study purposively recruited participants from various academic ranks, including: Professors, Senior Lecturers, Lecturers, and Assistant Professors, from: Blida 2 – Lounici Ali, university center Aflou – El cherif Bouchoucha, Constantine 2 – Abdelhamid Mehri, Biskra – Mohamed Khider, Oran 1 – Ahmed Ben Bella, and Adrar – Ahmed Draia Universities. Reflecting a geographical distribution across the Center, East, and West of Algeria, encompassing professors from diverse academic disciplines, as well as varied cultural and intellectual perspectives. An overview of participants socio-demographic characteristics provided in Table 1.

Table (1): Socio-demographic characteristics of the sample (N = 160)

Demographic variables	Category	Values
Gender	Male	77 (48.12)
	Female	83 (51.87)
Age, M (SD)		45.06 (9.31)
Marital Status	Single	24 (15 %)
	Married	136 (85 %)
Academic rank	Professor	51 (31.87 %)
	Senior Lecturer	60 (37.5 %)
	Lecturer	28 (17.5 %)
	Assistant Professor	20 (12.5 %)
University	Blida 2	30 (18.75 %)
	Aflou	14 (8.75 %)
	Constantine	37 (23.15 %)
	Biskra	36 (22.5 %)
	Oran	26 (16.25 %)
	Adrar	17 (10.62 %)
Total		160 (100 %)

Measures:

The study utilized three tools to collect data

Self-compassion scale

The self-compassion scale (SCS), developed by Neff (2003). Utilized the Arabic version of SCS (Alabdulaziz et al., 2020), consists of 26 items rated on a 5 point Likert scale ranging from almost never to very often (1 – 5) for each item. This scale includes six subscales; three compassionate components: self-kindness (5 items), common humanity (4 items), and mindfulness (4 items), and three uncompassionate components; reflecting negative self-relating patterns: self-judgment (5 items) isolation (4 items), and over identification (4 items), these components are reversed scored. The Arabic version of the Self-Compassion scale demonstrates solid psychosomatic properties, and studies have demonstrated the SCS to be valid across diverse cultural contexts, including Arabic context (Bourke, 2025). The Cronbach's α was 0.83 in this study.

Depression, Anxiety, and Stress Scale

The Depression, Anxiety, and Stress Scale (DASS-42) is a self-report instrument developed by Lovibond, S.H. and Lovibond P.F. (1995). This scale comprises 42 items distributed across three subscales designed to measure the related negative emotional states of depression, anxiety, and stress. Individually, each of these is a sub-scale contains 14 items, and each item is scored on a four point Likert scale ranging from zero (did not apply to me at all) to three (applied to me very much, or most of the time). The Arabic version of the DASS-42 scale has shown acceptable psychometric properties in the Arabic and Algerian context, including good construct (Mousa et al., 2016; Aiouadj & Ziad, 2023). The Cronbach's α for DASS-42 was 0.90 in this study.

Quality of life scale (WHOQOL-BREF)

The Arabic version of the World Health Organizations Qualify of Life Scale – Brief version (WHOQOL-BREF), developed by the world health organization utilized in this study, which is comprises 26 items, cross cultural, self-report scale; 24 distributed across four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environment (8 items). In addition to these four domains, the instrument contains one item assessing overall quality of life, and another concerning general health. All the items are ranged on a 5 point Likert scale extending from one to five. The scale demonstrated good internal consistency in the present study (Cronbach's $\alpha = 0.82$).

3- Results and Discussion**3.1- Results:****Correlation analysis**

Correlation analysis was performed to examine the association between study variables. As shown in Table 2, the self-compassion was negatively associated with mental health ($r = -0.538$, $p < 0.001$), while positively with quality of life ($r = 0.511$, $p < 0.001$), and mental health were negatively associated with quality of life ($r = -0.456$, $p < 0.001$).

Table (2): Descriptive statistics and bivariate correlations between self-compassion, mental health, and quality of life (N = 160)

Variables	Mean	SD	Self-compassion	Mental health	Quality of life
Self-compassion	92.77	13.51	1		

Mental health	27.45	21.85	- 0.538**	1	
Quality of life	80.87	12.72	0.511**	- 0.456**	1

Note. ** $p < 0.001$, SD: Standard deviation.

Mediation role of mental health

Analyses using PROCESS macro (model 4) version 5.0 in SPSS developed by Hayes (2021), with 5000 Bias-corrected bootstrap resamples were conducted to examine whether mental health mediated the association between self-compassion and quality of life.

The total effect of the model was found to be significant, $b = 0.48$, $SE = 0.06$, $t = 7.48$, $p < 0.001$, 95% CI [0.35, 0.60], explaining 26.1% of variance in QoL ($R^2 = 0.261$).

When mental health were included as a mediator, the direct effect of self-compassion on quality of life, remained significant but attenuated, $b = 0.35$, $SE = 0.07$, $t = 4.75$, $p < 0.001$, 95% CI [0.20, 0.49], indicating partial mediation. The indirect effect of self-compassion on quality of life through mental health was statistically significant, $b = 0.12$, $BootSE = 0.05$, with a 95% bias-corrected bootstrap confidence interval [0.02, 0.24] that excluded zero.

Self-compassion was negatively associated with mental health ($b = -0.85$, $SE = 0.10$, $t = -8.018$, $p < 0.001$, CI [-1.07, -0.66]), and mental health was negatively associated with quality of life ($b = -0.15$, $SE = 0.04$, $t = -3.23$, $p = 0.001$, CI [-0.24, -0.05]).

These results indicates that mental health partially mediated the relationship between self-compassion and quality of life. Table 3 summarizes these details.

Table (3): Total, direct, and indirect effects of self-compassion on quality of life through mental health

Effect type	B (effect)	SE	<i>t</i>	<i>p</i>	95% CI (LL – UL)
Total effect (Self-compassion → Quality of Life)	0.481	0.064	7.47	0.000	[0.354, 0.608]
Direct effect (Self-compassion → Quality of Life)	0.352	0.074	4.75	0.000	[0.205, 0.498]
Indirect effect (Self-compassion → Mental health → Quality of Life)	0.129	0.055	-	-	[0.026, 0.242]
Self-compassion → Mental health	- 0.858	0.107	- 10.01	< 0.001	[-1.07, -0.647]
Mental health → Quality of life	- 0.150	0.046	- 3.233	0.001	[-0.242, -0.058]

Note. Bootstrap confidence intervals are based on 5000 samples. SE: Standard error; CI: Confidence Interval; LL; Lower Limit; UL: Upper Limit; SC: Self-compassion

3.2- Discussion:

This cross-sectional study investigated the associations between the self-compassion, mental health, and quality of life among university professors, as well as to analyzed the mediating role of mental health in this relationship. The findings provides insight into the psychological factor that may contribute to the promotion of mental health in academic

population, such as university professors, emphasizing their role in enhancing quality of life within that university community category.

The bivariate correlations analysis revealed that self-compassion significantly negatively correlated to mental health symptoms, indicating that individuals with higher level of self-compassion report lower psychological distress. This finding is consistent with empirical evidence, a meta-analysis by MacBeth and Gumley (2012), which synthesized data from 20 samples, revealed a large effect size for the inverse relationship between self-compassion and psychopathology, including depression, anxiety, and stress. This highlights self-compassion as positive factor associated with mental health. More recently, Min et al. (2022) extended this understanding within the dual factor model of mental health, showing that self-compassion negatively predicts mental health symptoms while positively predicting mental health outcomes, such as flourishing, in non-clinical population.

Regarding quality of life, the significant association between self-compassion and quality of life in this study is consistent with the meta-analytic findings of Peun and Choi (2022), who reported that quality of life, exhibited the strongest positive correlation with self-compassion among various well-being indicators, underscoring of this relationship in occupational context. within clinical populations, Pinto-Gouveia et al. (2013) demonstrated that lower self-compassion was significantly associated with reduced quality of life dimensions and increased depressive and stress symptoms among chronic and cancer patients. Similarly Kauser et al. (2022) found that self-compassion positively correlated with quality of life, and both were inversely correlated with negative emotional states in adults with cystic fibrosis.

The results showed that mental health symptoms were significantly negatively associations with quality of life, indicating that higher levels of negative emotional state are linked to lower perceived quality of life. These findings are consistent with previous studies across diverse populations and occupational context. For instance, Sunga (2019) found significant negative correlation between mental health and quality of life domains among private school teachers in Malolos, Bulacan. A recent review synthesis by Alharbi et al. (2025) confirmed that mental health condition such as depression and anxiety significantly reduce quality of life across six key domains (well-being, autonomy, self-perception, belonging, activity, and hope) due to impaired functioning and emotional distress. Extending this result to university faculty, Sanchez et al. (2019), in a study with Brazilian university teachers from different knowledge areas, reported that health conditions significantly affect both quality of life and work. Their findings revealed that physical and mental health problems were associated with lower quality of life scores, with variations across academic disciplines.

Beyond these associations, the mediation analysis revealed that mental health played a partial mediating role in self-compassion and quality of life. This finding suggests that individuals with higher self-compassion may experience fewer negative emotional states (such as depression, anxiety, and stress), which in turn contributes to better perceived quality of life. In this sense, self-compassion may enhance quality of life partially through its protective role in reducing psychological symptoms.

These results are consistent with the systematic review by Cha et al. (2022), which identified negative affect and perceived stress as some of the most consistent psychological mediators linking self-compassion to health outcomes in non-clinical populations. This present study not only support this evidence but also extends it to the specific context of overall well-being and quality of life.

Interestingly, recent work by Büyükbayram Arslan and Çiçekoğlu Öztürk (2025) conducted on older adults indicated that self-compassion partially mediates the relationship between positive mental health and quality of life. Complementing their findings, this current result highlights the parallel importance of reducing negative emotional states in elucidating how self-compassion contributes to enhancing life quality. Taken together, these findings suggest that the influence of self-compassion on quality of life operates through both direct and indirect pathways. While self-compassion directly enhances individual's perception of well-being, it also indirectly contributes to better quality of life by alleviating mental health symptoms. This dual pathway underscores the role of self-compassion as psychological factor that fosters positive functioning and serves as a resilience factor against negative emotional states.

4- Conclusion

The study concluded that self-compassion, mental health, and quality of life were all significantly associated, which self-compassion is an independent positive factor for quality of life, with mental health (the negative emotional state) serving as a partial mediator in this relationship.

Understanding the effectiveness of self-compassion and treating oneself kindly may serve as one of the important factors that enable university professors to cope effectively with challenges. Such an orientation can lessen negative emotional states and foster psychological balance, which in turn contributes to improved quality of life.

The current finding further suggest that self-compassion may play an important role in enhancing quality of life, with negative emotional states - reflecting aspect of mental health - partially mediating this relationship. Moreover, psychological interventions and protocols designed to increase self-compassion and mindfulness, could represent effective strategy for promoting positive mental health and improving quality of life, particularly among university professors.

Limitations and future directions

Although participants varied in geographical, cultural, and cognitive backgrounds as well as years of experience, the current study did not examine these differences. In addition, the relatively small sample size, non-random sampling method, and cross-sectional design limit the generalizability of findings and prevent causal inferences. Despite these limitations, the study provides meaningful insight into the association between self-compassion, mental health, and quality of life among university professors in Algeria. Future research is encouraged to further explore these associations by incorporating other aspects of mental health, examining additional mediating and moderating factors, and including diverse categories of university communities across cultural context. Employing multidimensional assessments, advanced statistical techniques, and mixed-methods designs would provide a more comprehensive understanding and strengthen the evidence base for interventions aimed at enhancing mental health and quality of life.

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