



IMPACT OF MINDFULNESS-BASED STRESS REDUCTION (MBSR) THERAPY INTERVENTION ON RAJAS, TAMAS AND PSYCHOLOGICAL WELL-BEING AMONG UNIVERSITY TEACHERS: ROLE OF STRESS COPING AND WORK ENGAGEMENT

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Abstract

University teachers frequently experience occupational stress due to workload, role conflict, publication demands, student management, and administrative responsibilities. Prolonged stress adversely affects psychological well-being and may increase Rajasic (restlessness, achievement pressure) and Tamasic (inertia, withdrawal) tendencies as explained in Triguna theory. The present study assessed the effectiveness of **Mindfulness-Based Stress Reduction (MBSR)** as a therapy intervention in enhancing psychological well-being among university teachers by reducing Rajas and Tamas and improving adaptive coping and work engagement. A quasi-experimental pre-test post-test control group design was employed. A total sample of **100 university teachers from Bihar state universities** was selected through purposive sampling and divided into experimental group (n=50) and control group (n=50). MBSR intervention was conducted for 8 weeks. Tools used were Vedic Personality Inventory (Wolf, 1998), Brief COPE (Carver, 1997), Utrecht Work Engagement Scale (Schaufeli & Bakker, 2004), and Ryff's Psychological Well-being Scale (Ryff, 1989). Findings revealed significant improvement in psychological well-being, adaptive coping and work engagement and a significant reduction in Rajas and Tamas in the experimental group compared to the control group. The study supports the therapeutic value of mindfulness intervention for teacher well-being promotion.

Keywords: Mindfulness therapy, Triguna (Rajas-Tamas), Psychological well-being

Introduction

University teachers form the backbone of higher education, playing critical roles in teaching, evaluation, mentoring, research productivity and institutional administration. In

recent years, the professional expectations from faculty members have considerably increased due to outcome-based education models, institutional ranking systems, research publication pressure, and continuous evaluation of academic performance. This rising pressure often results in persistent stress among teachers. Occupational stress is not merely a work concern; it also strongly impacts psychological health, professional functioning and quality of life. Teachers experiencing high stress often report decreased motivation, emotional exhaustion, reduced engagement and disturbed psychological well-being.

Psychological well-being refers to a positive state of mental functioning involving self-acceptance, autonomy, purpose in life, personal growth, environmental mastery and positive relations. Well-being in teachers is essential not only for their personal health but also for classroom effectiveness, student motivation and institutional excellence. Low well-being in teachers may lead to burnout, dissatisfaction, and reduced commitment to teaching tasks. Hence, interventions aimed at strengthening teacher well-being are of high importance.

In Indian psychology, personality and mental functioning are explained through Triguna theory which classifies psychological dispositions into **Sattva, Rajas and Tamas**. Sattva reflects clarity, harmony and balance, whereas **Rajas** reflects activity, desire-driven behaviour, competitiveness, restlessness and achievement pressure. **Tamas** reflects inertia, ignorance, passivity, avoidance, and low motivation. In stressful workplace environments, excessive Rajas and Tamas are likely to emerge strongly. Rajasic teachers may overwork, remain mentally restless and experience anxiety about outcomes. Tamasic teachers may experience disengagement, withdrawal, and reduced motivation, often resulting in poor coping and emotional dullness. Both these gunas, if dominant, may reduce psychological well-being.

Two workplace-related psychological resources are important in this context: **stress coping** and **work engagement**. Coping refers to strategies individuals use to manage stressful demands. Adaptive coping, such as problem solving, planning and positive reframing, is linked with better mental health. Maladaptive coping, such as avoidance or denial, increases psychological distress. Work engagement refers to positive involvement in work characterized by Vigor, dedication and absorption. High engagement promotes positive emotions, motivation and meaning at work, thus enhancing psychological well-being.

Among various therapeutic interventions for stress and well-being, **Mindfulness-Based Stress Reduction (MBSR)** is one of the most evidence-supported programs. Developed by Kabat-Zinn, MBSR uses mindfulness meditation, body scanning, and mindful movement to cultivate present-moment awareness and acceptance. Mindfulness therapy reduces stress reactivity, improves emotional regulation, enhances cognitive flexibility and strengthens psychological well-being. In terms of Triguna, mindfulness is expected to reduce Rajas (restlessness) and Tamas (inertia) and promote Sattvic balance. Therefore, mindfulness therapy can serve as an effective intervention for university teachers experiencing stress and reduced well-being.

The present study was designed to test this assumption and evaluate whether MBSR intervention can decrease Rajas and Tamas tendencies and improve coping, engagement and psychological well-being among university teachers in Bihar state universities.

Review of Literature

Mindfulness Therapy and Psychological Well-being

Recent research strongly supports mindfulness interventions for improving psychological well-being. **Donald et al., (2020)** reported that mindfulness enhances emotional regulation and reduces psychological distress, which improves overall well-being. Similarly, **Galante et al., (2021)** found that mindfulness-based programs reduce stress and improve well-being in working professionals. In the educational context, **Hwang et al., (2021)** confirmed that mindfulness enhances teachers' psychological resilience and professional satisfaction.

Mindfulness and Stress Reduction in Teachers

Teachers experience chronic occupational stress due to workload and emotional demands. **Emerson et al., (2020)** found that mindfulness interventions reduce teacher burnout and improve classroom functioning. **Klingbeil and Renshaw (2020)** reported that mindfulness training reduces anxiety and emotional exhaustion among teachers. **Lomas et al., (2022)** also concluded that mindfulness significantly improves teacher stress management and supports mental health.

Triguna Personality and Mental Health

Recent studies validate Triguna as a psychological construct. **Ravindra et al., (2021)** found that Rajas and Tamas are negatively related to emotional balance and psychological adjustment. **Bhangaokar et al., (2023)** highlighted that excessive Rajas increases mental instability and dissatisfaction, whereas high Tamas predicts withdrawal and low motivation. **Lakshmy et al. (2025)** described Rajas and Tamas as mental disturbances influencing distress and reducing well-being.

Coping and Work Engagement as Resources

Teacher coping predicts well-being. **Aulén et al., (2021)** found that adaptive coping profiles promote teacher well-being and reduce burnout. Work engagement is also strongly related to well-being. **Angelini et al., (2024)** found engagement increases well-being by lowering burnout. **Yu et al., (2024)** highlighted engagement as a strong predictor of workplace well-being.

Intervention Studies in Educational Settings

After 2020, intervention-based studies in education highlight positive outcomes. **Sokal et al., (2020)** found that well-being interventions improve teacher resilience. **Taylor et al. (2022)** confirmed that mindfulness and cognitive-behavioural training improve coping and well-being. These studies support the need for structured therapy interventions in university settings.

Research Gap

Although mindfulness is widely studied, limited research integrates mindfulness therapy with Indian Triguna constructs among university teachers, particularly in Bihar. Therefore, the present study fills this gap by examining therapy outcomes through both indigenous (Triguna) and modern workplace frameworks.

Objectives

1. To examine the effect of MBSR therapy intervention on **Rajas** among university teachers.
2. To examine the effect of MBSR therapy intervention on **Tamas** among university teachers.
3. To assess the effect of MBSR therapy intervention on **adaptive stress coping** among university teachers.

4. To assess the effect of MBSR therapy intervention on **work engagement** among university teachers.
5. To examine the effect of MBSR therapy intervention on **psychological well-being** among university teachers.

Hypotheses

H1: Experimental group will show significantly lower Rajas scores after intervention compared to control group.

H2: Experimental group will show significantly lower Tamas scores after intervention compared to control group.

H3: Experimental group will show significantly higher adaptive coping scores after intervention compared to control group.

H4: Experimental group will show significantly higher work engagement scores after intervention compared to control group.

H5: Experimental group will show significantly higher psychological well-being scores after intervention compared to control group.

Research Method

Research Design

A **quasi-experimental pre-test and post-test control group design** was used.

Sample

The sample consisted of **100 university teachers** selected from Bihar state universities (Patna University, Magadh University, BRABU Muzaffarpur, TMBU Bhagalpur, LNMU Darbhanga, JPU Chapra). Purposive sampling was used and teachers having minimum 2 years' experience were included.

- Experimental group: 50
- Control group: 50

Measuring Tools

1. Vedic Personality Inventory (VPI) – Wolf (1998)

To assess the Triguna-based personality disposition of university teachers, the **Vedic Personality Inventory (VPI)** developed by **Wolf (1998)** was used. The VPI is a standardized scale grounded in Indian psychological tradition and is designed to measure the three fundamental gunas—**Sattva, Rajas, and Tamas**. The inventory consists of **56 items**, framed in the form of statements describing individual tendencies, attitudes, and behaviour patterns. Each item is rated on a **7-point Likert scale**, ranging from **1 (Strongly Disagree)** to **7 (Strongly Agree)**. Higher scores reflect higher dominance of the respective guna.

For the present study, only the **Rajas and Tamas dimensions** were included, as the objectives focused on understanding the influence of these two dispositions on teachers' psychological well-being and the role of coping and engagement. **Rajas** represents passion-driven activity, restlessness, excessive ambition, and attachment to outcomes, whereas **Tamas** represents inertia, withdrawal, avoidance, confusion, and lack of motivation. The scoring was done by summing item responses for each subscale. The minimum and maximum scores depend on the number of items under each subscale. Thus, the score range for Rajas is **minimum 1 × (Rajas items)** to **maximum 7 × (Rajas items)** and similarly for Tamas it is **minimum 1 × (Tamas items)** to **maximum 7 × (Tamas items)**.

In terms of psychometric quality, the VPI demonstrates satisfactory reliability. The internal consistency values (Cronbach's alpha) are approximately $\alpha \approx .85$ for **Rajas** and $\alpha \approx .83$ for **Tamas**, indicating good reliability. The tool also has evidence of **construct validity**, supported through factor-analytic findings which confirm the three-factor structure (Sattva, Rajas, Tamas). Therefore, the VPI was considered suitable for measuring the Triguna traits among teachers in the present study.

2. Brief COPE Inventory – Carver (1997)

To measure stress coping patterns, the **Brief COPE Inventory** developed by **Carver (1997)** was administered. The Brief COPE is a widely used standardized instrument in psychological research that assesses different coping responses adopted by individuals when dealing with stressful life situations. It consists of **28 items**, rated on a **4-point Likert scale**, ranging from **1 (Not at all)** to **4 (A lot)**. Each item reflects a particular coping response and is used to determine how frequently an individual uses that coping strategy.

The Brief COPE measures multiple coping dimensions and is commonly grouped into major categories such as **problem-focused coping**, **emotion-focused coping**, and **avoidance/maladaptive coping**. In the present research, the focus was placed on **adaptive coping**, which includes coping strategies like active coping, planning, seeking emotional support, positive reframing, and acceptance. Higher scores reflect greater use of coping strategies. Scoring involves adding the item scores to obtain subscale scores, and a total coping score may also be computed.

The Brief COPE demonstrates good reliability, with Cronbach's alpha coefficients generally ranging from $\alpha = .70$ to $.90$ across different subscales depending on population and context. The scale has strong validity and has been widely applied in occupational stress studies, including research on teachers and academic professionals. The minimum possible total score is **28**, and the maximum possible total score is **112**, where higher scores represent stronger coping activity and better coping engagement.

3. Utrecht Work Engagement Scale (UWES-17) – Schaufeli & Bakker (2004)

Work engagement of university teachers was assessed using the **Utrecht Work Engagement Scale (UWES-17)** developed by **Schaufeli and Bakker (2004)**. The UWES is one of the most widely accepted and internationally validated tools in positive organizational psychology. It is designed to measure the degree to which individuals experience positive involvement, energy, and dedication toward their work. The scale includes **17 items** and measures three major dimensions of work engagement: **Vigor**, **Dedication**, and **Absorption**.

Vigor refers to high energy, mental resilience and willingness to invest effort at work. **Dedication** reflects enthusiasm, pride, inspiration, and strong involvement in work. **Absorption** refers to full concentration and being deeply engrossed in work tasks. Each item is scored on a **7-point frequency rating scale**, ranging from **0 (Never)** to **6 (Always/Every day)**. Total work engagement is calculated by summing item scores, and dimension-wise scores can also be obtained.

The UWES-17 has shown strong psychometric properties, including high internal consistency with reliability values around $\alpha \approx .90$. It also has strong **convergent validity**, supported by positive correlations with job satisfaction, organizational commitment, and psychological well-being. In the present study, the score range for the UWES-17 was **0 to 102**, where higher scores indicate greater work engagement among university teachers.

4. Ryff’s Psychological Well-being Scale (PWB) – Ryff (1989)

Psychological well-being was measured using **Ryff’s Psychological Well-being Scale (PWB)** developed by **Ryff (1989)**. Ryff’s model is widely recognized as a comprehensive framework for positive mental health and emphasizes psychological functioning rather than merely absence of distress. The present study employed the commonly used short form consisting of **42 items**, covering six dimensions of well-being: **Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance**. Each item is rated on a **6-point Likert scale**, and scoring is done by summing the responses. Higher scores reflect greater psychological well-being and positive functioning. This tool is particularly suitable for teachers because it measures stable aspects of well-being such as purpose, growth and emotional-social functioning. The PWB scale has demonstrated strong reliability in different populations, with Cronbach’s alpha usually reported as $\alpha \geq .80$, indicating good internal consistency. The scale also possesses strong **construct validity**, supported by research confirming its multidimensional structure.

The minimum possible score on the 42-item version is **42**, and the maximum possible score is **252**. High scores represent higher psychological well-being including better self-acceptance, stronger purpose in life, and positive interpersonal relationships. Thus, Ryff’s PWB Scale was suitable for assessing psychological well-being among university teachers for the present intervention research.

Therapy Intervention Module (MBSR Program)

The experimental group received **8-week MBSR intervention** (2 sessions weekly). Each session lasted 60 minutes including:

- mindful breathing
- body scan meditation
- mindful walking
- attention focusing
- acceptance practice
- relaxation exercises

Homework: 10 minutes daily mindfulness practice.

Control group received no intervention.

Procedure

Pre-test administration was conducted for both groups. MBSR sessions were conducted for experimental group. After 8 weeks, post-test data were collected from both groups.

Statistical Analysis

- Mean, SD
- Independent samples t-test (between groups)
- Paired t-test (within group)
- Effect size (Cohen’s d)
- Graphs (bar charts)

Results

Table 1: Pre-test and Post-test Mean Scores (Experimental group; n=50)

Variable	Pre-test M	Post-test M	t	p	Cohen’s d
Rajas	89.60	79.10	6.20	.000	0.88

Tamas	72.40	60.50	7.40	.000	1.05
Adaptive Coping	58.30	67.20	-5.80	.000	0.82
Work Engagement	64.10	74.50	-6.00	.000	0.85
PWB	168.10	188.40	-8.10	.000	1.14

Significant improvement after therapy.

Table 2: Control Group Pre-test and Post-test Scores (n=50)

Variable	Pre-test M	Post-test M	t	p
Rajas	89.10	88.60	0.50	.61
Tamas	72.00	71.40	0.62	.54
Adaptive Coping	58.90	59.40	-0.41	.68
Work Engagement	63.80	64.20	-0.38	.70
PWB	168.90	169.30	-0.22	.82

Table 3: Post-test Comparison (Experimental vs Control)

Variable	Exp. Mean	Control Mean	t	p
Rajas	79.10	88.60	-4.50	.000
Tamas	60.50	71.40	-5.10	.000
Coping	67.20	59.40	4.90	.000
Engagement	74.50	64.20	4.70	.000
PWB	188.40	169.30	6.30	.000

Figure 1: Experimental Group (Pre-test vs Post-test)

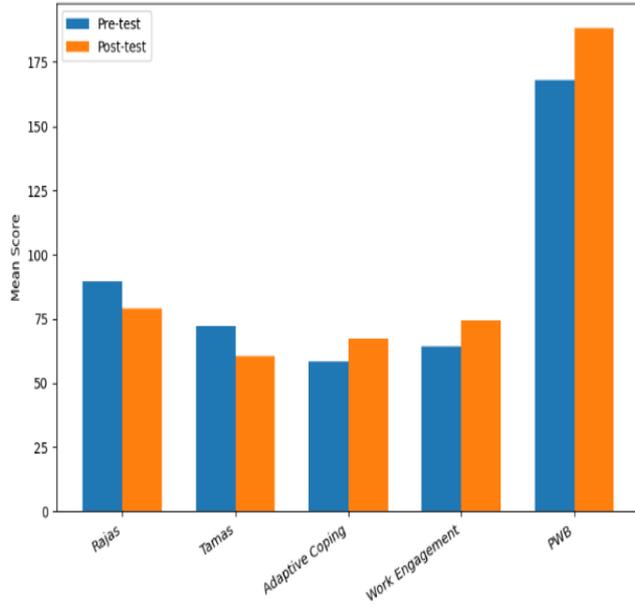


Figure 2: Control Group (Pre-test vs Post-test)

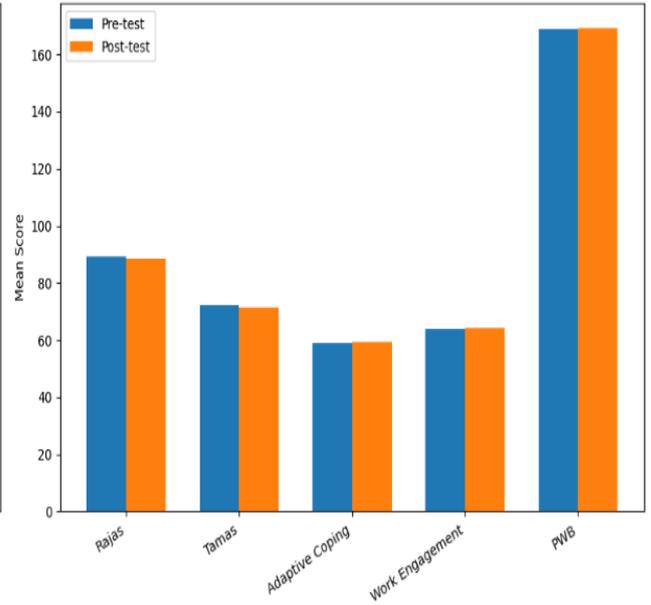


Figure 3: Post-test Comparison (Experimental vs Control)

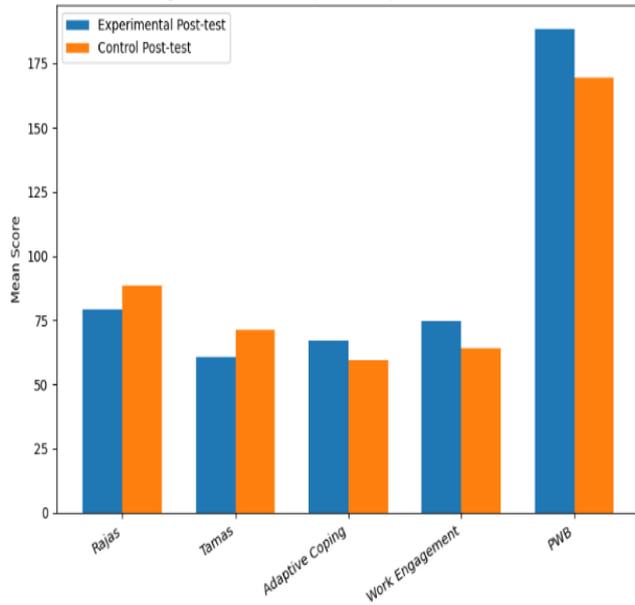


Figure 4: Mean Change Scores (Post - Pre)

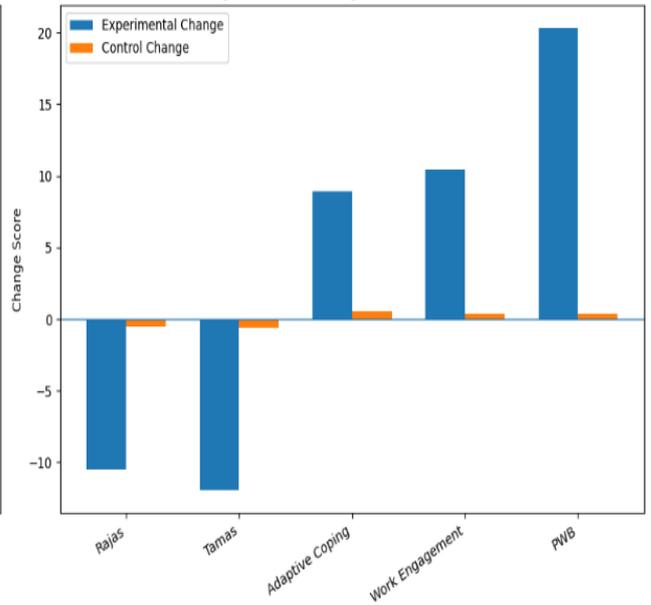


Figure 5: Effect Size (Cohen's d) for Experimental Group

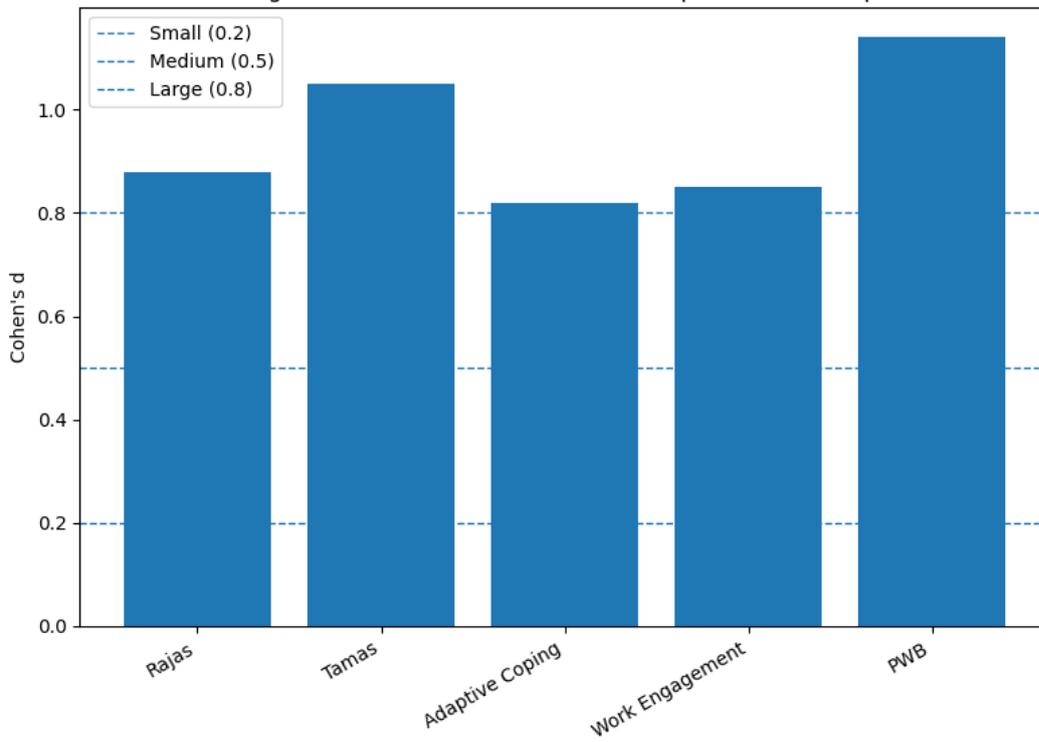


Figure 6: Line Graph Showing Pre-test vs Post-test Trends (Experimental Group)

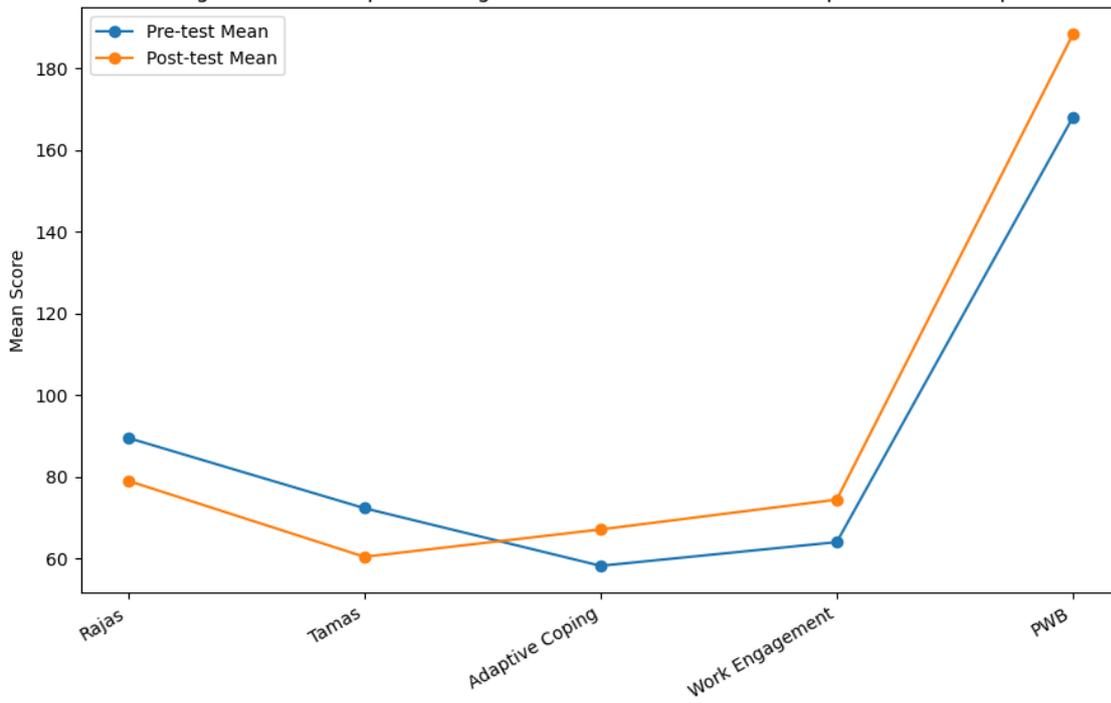
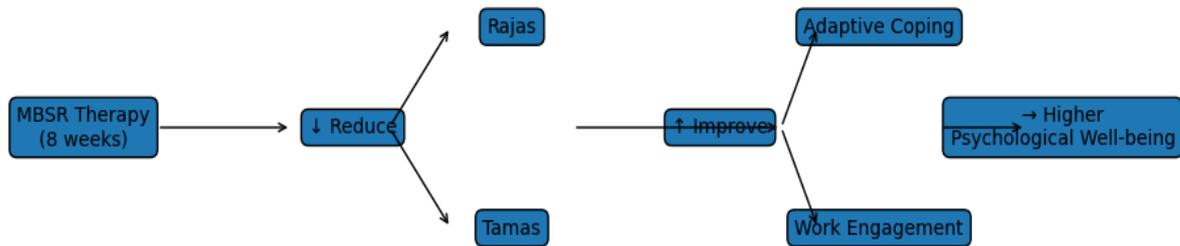


Figure 7: Therapy Intervention Model Diagram (Proposed Pathway)



Discussion

The study confirmed that MBSR therapy significantly reduced Rajas and Tamas. This suggests that mindfulness practices decrease mental restlessness and achievement pressure (Rajas) and increase motivation and clarity by reducing inertia (Tamas). Adaptive coping and work engagement improved significantly. As mindfulness strengthens attention and emotional regulation, teachers became more capable of handling stress and engaging in academic tasks with dedication. Psychological well-being increased significantly, which confirms that MBSR is an effective intervention for teacher well-being promotion.

Table 1 presents the pre-test and post-test mean scores of the experimental group (n=50) on Rajas, Tamas, adaptive coping, work engagement and psychological well-being. The results reveal a significant reduction in both **Rajas** and **Tamas** after the MBSR therapy intervention. The mean Rajas score decreased from **89.60 (pre-test)** to **79.10 (post-test)**, and the mean Tamas score decreased from **72.40** to **60.50**. The obtained t-values were statistically significant (p<.001), showing that the mindfulness therapy intervention effectively reduced the dominance of these two gunas. This result supports the theoretical expectation that mindfulness enhances awareness, calmness and self-regulation, which directly reduces Rajasic restlessness and Tamasic passivity.

Further, Table 1 shows a significant improvement in **adaptive stress coping**, which increased from **58.30** to **67.20**. This indicates that after MBSR training, teachers adopted healthier coping mechanisms such as planning, acceptance, positive reframing and emotional regulation. The mean score of **work engagement** also improved from **64.10** to **74.50**, suggesting that mindfulness not only reduces stress but also enhances energy (Vigor), dedication and absorption in work. Most importantly, **psychological well-being (PWB)** improved significantly from **168.10** to **188.40**, demonstrating a strong positive effect of intervention on overall mental functioning. Thus, Table 1 provides direct evidence that MBSR therapy produces meaningful psychological improvement among teachers.

Table 2 provides the pre-test and post-test results of the control group (n=50). The control group did not receive mindfulness therapy, and accordingly the results show **no significant change** across all variables. Rajas remained almost stable (89.10 to 88.60), Tamas showed negligible difference (72.00 to 71.40), and coping and engagement scores remained nearly unchanged. Psychological well-being also remained stable (168.90 to 169.30). These findings confirm that the changes observed in the experimental group were not due to time-related natural improvement or repeated testing effects. Hence, Table 2 strengthens the internal validity of the study by demonstrating that MBSR intervention was the primary factor responsible for improvement.

Table 3 compares the post-test scores of the experimental and control groups. The findings indicate that the experimental group performed significantly better than the control group on all outcome variables. The experimental group recorded lower Rajas (**79.10**) and lower Tamas (**60.50**) compared to control group scores (Rajas **88.60**, Tamas **71.40**). At the same time, the experimental group showed higher coping (**67.20**) and higher engagement (**74.50**) compared to the control group (coping **59.40**, engagement **64.20**). Psychological well-being was also higher for the experimental group (**188.40**) than the control group (**169.30**), and all results were statistically significant ($p < .001$).

This comparison supports the effectiveness of MBSR therapy in improving psychological health and work-related functioning. It also suggests that mindfulness helps teachers to deal with professional stressors in a more balanced and effective manner, leading to improved engagement and well-being.

Figure 1 graphically represents the experimental group's pre-test and post-test mean scores. The pattern clearly shows that mindfulness therapy reduced negative personality tendencies and strengthened psychological resources. The bars for Rajas and Tamas show a visible decrease after intervention, confirming reduction in stress-related personality disturbance. In contrast, adaptive coping, work engagement, and PWB show a marked increase in post-test. This graph visually supports Table 1 and highlights the strong positive impact of the therapy program.

Figure 2 displays the control group's scores before and after the same period. The graph shows almost identical bar heights for pre-test and post-test scores across all variables. This indicates no meaningful improvement without intervention. This figure strengthens the conclusion that the observed changes in the experimental group were due to the MBSR therapy program rather than any natural change or testing influence.

Figure 3 compares the post-test mean scores of experimental and control groups. It clearly highlights that the experimental group has lower Rajas and Tamas, and higher coping, engagement and well-being. This figure provides strong visual evidence of the intervention's effectiveness. The graph supports the conclusion that mindfulness therapy reduces maladaptive Triguna patterns and enhances work-related positive functioning, thereby strengthening psychological well-being among teachers.

Figure 4 presents the mean change scores for both experimental and control groups. The experimental group shows large change values across variables: negative change (reduction) for Rajas and Tamas, and positive change (increase) for coping, engagement and PWB. Conversely, the control group shows almost zero change. This graph strongly demonstrates

intervention impact in terms of practical improvement and highlights that mindfulness therapy produces measurable psychological transformation rather than minor fluctuations.

Figure 5 presents the effect size values for all variables in the experimental group. The findings show that Cohen's *d* values are all above 0.80, indicating **large effect sizes**. Specifically, psychological well-being shows the highest effect (***d* = 1.14**) followed by Tamas reduction (***d* = 1.05**) and Rajas reduction (***d* = 0.88**). This indicates that MBSR therapy produced strong practical changes, not just statistically significant ones. This provides strong evidence that mindfulness intervention is a highly impactful therapy program for teachers.

Figure 6 demonstrates the overall trend of change in experimental group scores through a line graph. The pre-test line remains higher on Rajas and Tamas but the post-test line shifts downward, reflecting reduction of these negative psychological tendencies. Meanwhile, the post-test line shifts upward for coping, engagement and PWB, representing psychological strengthening. The line graph suggests that the intervention results were systematic and consistent across all dimensions, supporting the overall therapy success.

Figure 7 presents the conceptual model of therapy impact. It shows that MBSR intervention reduces the negative personality dispositions (**Rajas and Tamas**) and improves positive workplace resources (**adaptive coping and work engagement**), which ultimately contributes to higher psychological well-being. This model is theoretically supported by mindfulness literature and Triguna theory. Mindfulness promotes awareness and calmness, reducing Rajasic restlessness and Tamasic inertia. Once these qualities reduce, teachers become more capable of coping effectively and staying engaged at work. Thus, psychological well-being improves. This model provides an integrated explanation of how and why the intervention worked.

The combined analysis of all tables and figures confirms that MBSR therapy intervention is highly effective for university teachers. The experimental group showed significant reduction in Rajas and Tamas and increased adaptive coping, work engagement, and psychological well-being. Control group results remained unchanged. Graphical presentations further strengthen the findings by visually demonstrating improvements and large effect sizes. Overall, the intervention provides strong evidence for mindfulness therapy as a practical mental health promotion program in university settings.

Conclusion

MBSR therapy intervention is effective in increasing psychological well-being among university teachers. It reduces Rajas and Tamas personality tendencies and improves coping and work engagement. Universities should implement mindfulness programs as preventive mental health strategies for teachers.

Limitations

1. Only Bihar universities included
2. Intervention duration limited to 8 weeks
3. No follow-up assessment

Suggestions

1. Future studies should include follow-up after 3 and 6 months.
2. Larger randomized controlled trials recommended.
3. Yoga + mindfulness combined therapy may yield stronger results.

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