

The Healer's Foundation: A Model of Self-Awareness, Self-Efficacy, and Social Support in Fostering Counselor Students' Self-Care

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Abstract

Counselor Students, while seen as key providers of counseling and guidance services in educational settings, frequently face challenges stemming from insufficient self-care practices. The absence of these practices often leads to psychological difficulties that compromise their ability to fully embody the characteristics of effective counselors. This situation raises concerns about counselor students' readiness to assume professional responsibilities and maintain long-term effectiveness in their roles. Therefore, the objective of this study is to investigate the impact of self-awareness, self-efficacy, and social support on the self-care of prospective counselor students, and to develop a comprehensive theoretical framework tailored specifically to their needs. This study employed an Ex Post Facto Causal Relationship Explanatory design. A sample of 277 students (38 males and 239 females) was selected using convenience sampling. Data were collected using four validated and reliable instruments—the Self-Efficacy Scale, the Self-Awareness Scale, Sarafino's Social Support Scale, and the Mindful Self-Care Scale. Data were analyzed through Structural Equation Modeling (SEM) to examine the relationships between the variables. The obtained results showed that significant relationships existed between self-awareness, self-efficacy, and social support with self-care. This research underscored the significance of harmonizing the pre-service Guidance and Counseling education curriculum with the sole purpose of cultivating self-care practices among students through synchronized learning.

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INTRODUCTION

The importance of self-care stands out significantly for professionals in helping fields such as social work, psychology, and counseling. The demanding and emotionally taxing nature of these occupations underscores the vital necessity of prioritizing self-care to maintain optimal physical and mental well-being. It is important to establish that the cultivation of self-care is not immediate, rather it is integrated deliberately into the training of future counselors during their pre-service education. Based on this understanding, the internalization of self-care, as a

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need and integral part of the identities possessed by students, should be thoughtfully designed within the learning process.

By bridging the crucial gap between academic knowledge and real-world application in counselor education, this study offers a noteworthy novelty. A complete model that incorporates self-awareness, self-efficacy, and social support as combined predictors of self-care among aspiring counselors is presented and empirically validated. Its primary innovation, though, is in converting these results into a straightforward, fact-based proposal for curriculum reform. By doing this, this study goes beyond merely identifying contributing factors to support a systemic shift in pre-service training, establishing self-care as a fundamental competency that should be purposefully promoted to guarantee the long-term efficacy and wellbeing of aspiring professionals rather than as an elective practice.

Barnett and Cooper (2009) identified self-care as both a potential method to reduce the stress associated with education in professional psychology and a proactive process capable of promoting holistic well-being (Bressi & Vaden, 2016; Godfrey et al., 2011; Lee & Miller, 2018; Newell & Nelson-Gardell, 2014). According to previous research, this concept comprises various activities including healthy eating, exercise, mindfulness, engaging in hobbies or relaxing activities, maintaining sufficient sleep schedules, and the utilization of adaptive coping strategies (Carroll et al., 2008). It is crucial to understand that, although having a social support system may not be categorized as part of self-care, dedicating time to seek and maintain social support can be advantageous.

As observed from prior investigations, individuals who are aware of their inclination towards excessive work or neglecting personal needs tend to prioritize self-care activities, including rest and seeking social support (Williams & Jammaers, 2020). Typically, self-awareness enables individuals to identify their needs and limitations, which are crucial for effective self-care. Indirectly, this attribute influences how often individuals engage in self-care practices. This result is supported by previous research, where it had been stated that knowledge about self-awareness of thoughts, emotions, and behaviors is an intervention variable related to the importance of self-care (Coster & Schwebel, 1997; Richards et al., 2010).

In line with this perspective, Spiegelman (2018) categorized several practices such as acts of kindness toward oneself, gratitude, and setting boundaries under self-care. As observed, this psychological concept plays a crucial role in the life quality, health, and self-awareness of individuals (Spiegelman, 2018). Following this, Bloomquist et al. (2016) carried out research where the concepts of psychological and emotional self-care were examined. From the research, it was observed that psychological self-care is beneficial for promoting self-awareness and healthy decision-making, while emotional self-care supports emotional well-being (Bloomquist et al., 2016).

Theoretical research has also showed that the ability of individuals to adopt self-care practices is significantly influenced by their self-efficacy when facing life situations (Weng et al., 2010). Generally, self-efficacy supports individuals in confronting difficult and stressful situations, thereby promoting adaptability. It has also been found to influence the development of effective ways for managing and coping with encountered challenges (Konaszewski et al., 2019). Furthermore, self-efficacy plays a vital role in decision-making, fostering efforts toward progress, maintaining perseverance, and building resilience when managing tasks related to real life. It is also useful for planning and assessing educational interventions while also serving as a predictor of modifications in self-care behavior (Munir & Solissa, 2021). As stated in prior research, self-care contributes to well-being, life quality, energy replenishment, prevention of burnout, stress, countertransference, improvement in confidence, and self-compassion attributes possessed by individuals (Coleman et al., 2016). In accordance with this, another previous research showed a relationship between self-efficacy and self-care, emphasizing the significance of self-efficacy in fostering self-care practices (Merluzzi et al., 2011). These two

psychological concepts were also found to be associated with the performance of self-care activities and produced positive outcomes across diverse populations (Eller et al., 2018).

Rationale of the Study

The adoption of self-care practices has also been examined to be significantly influenced by the ability of individuals to receive social support from their environment. This is specifically important because an understanding of how individuals manage their self-improvement can be accurately gleaned from the availability and frequency of social support these individuals receive. It has been found that there exists a significant positive association among self-care, expectations, and social support. According to the findings of Wang et al. (2006), social support was the most significant predictive factor for both self-care and expectations. In accordance with this, individuals across varying levels of physical and mental well-being have been found to engage in diverse forms of giving and receiving social support (Warren-Findlow & Prohaska, 2008). Moreover, the correlation between social support and status of certain observed individuals showed a substantial positive relationship with self-care behavior (Maninet & Desaravinid, 2023). Sari and Nawangwulan (2021) also underscored the critical correlations and predictive nature of self-efficacy and familial or social support in shaping self-care behavior

Purpose or Hypotheses of the Study

This study aims to examine the relationships between self-awareness, self-efficacy, and social support as predictors of self-care among prospective counselor students. Specifically, the research seeks to test a theoretical model in which self-awareness influences self-care both directly and indirectly through self-efficacy and social support as mediating variables. The proposed model adopts an ex post facto causal relationship explanatory design to understand the structural paths among these variables and to determine the extent to which each predictor contributes to the development of self-care practices within the context of counselor education.

METHODS

Design

This study employed an ex post facto explanatory research design to investigate the predictive relationships between self-awareness, self-efficacy, social support, and self-care among prospective counselor students. This non-experimental design was specifically chosen because the independent variables (self-awareness, self-efficacy, social support) have already occurred and are not manipulated by the researcher. The primary goal is to explain the potential cause-and-effect relationships as they exist naturally within the sample.

This cross-sectional design was used at one point in time. Participants were given a set of standardized questionnaires to assess their baseline levels of self-awareness, self-efficacy, social support, and current self-care. By using this information, the research intends to examine a hypothesized theoretical model to test that self-awareness has a direct and indirect effect on self-care through the mediators of self-efficacy and social support. This method enables us to investigate the structural paths among the variables and to quantify the relative predictive the strength of each exogenous variable.

Participants

The sampling method used was convenience sampling, relying on the willingness of prospective counselor students to partake in the research. Initially, 494 students were included in the sample, but after following an assessment of 4 variables, only 309 individuals completed the questionnaire. Furthermore, the obtained data were checked for errors, outliers, and missing values, which led to the exclusion of an additional 32 individuals from the final analysis. The

Table 1. Distribution of Research Sample Data (n = 277)

Gender	Frequency (n)	Percent (%)
Male	38	13.7
Female	239	86.3
Ethnic Groups		
<i>Javanese</i>	173	62.5
<i>Malay</i>	13	4.7
<i>Bugis</i>	10	3.6
<i>Madurese</i>	1	0.4
<i>Betawi</i>	16	5.8
<i>Sundanese</i>	11	4
<i>Minangkabau</i>	1	0.4
<i>Toraja</i>	2	0.7
<i>Flores</i>	1	0.4
<i>Balinese</i>	1	0.4
<i>Acehnese</i>	1	0.4
<i>Ogan</i>	2	0.7
<i>Selayar</i>	1	0.4
<i>Pattae</i>	1	0.4
Not specified	43	15.5

final sample then comprised 277 individuals and their mean age Mean age equated to 19.72 years with distribution details presented in Table 1.

Instruments

The Self-Efficacy Scale, adapted from Bandura's (1977) conceptualization, comprises 21 items measuring three dimensions: level of task difficulty, strength of belief, and generality across situations, with excellent reliability ($\alpha = 0.919$). An example of an item assessing the strength dimension is, "Even when facing difficulties, I am certain that I will eventually succeed".

The Self-Awareness Scale, developed from Goleman's emotional intelligence theory, consists of 35 items assessing six components: emotional/behavioral recognition, strengths/weaknesses awareness, independence, decision-making ability, expressive communication, and self-evaluation skills ($\alpha = 0.911$). An example of an item assessing the recognize your own strengths and weaknesses dimension is, "Realizing the strengths I have".

Social Support was measured using Sarafino's (2014) 18-item scale covering instrumental, appraisal, emotional, and informational support ($\alpha = 0.905$). An example of an item assessing the emotional support dimension is, "I get a lot of attention from my parents".

Mindful Self-Care Scale (Cook-Cottone & Guyker, 2018) contains 33 items across six domains: mindful relaxation, physical care, self-compassion/purpose, supportive relationships, supportive structure, and mindful awareness ($\alpha = 0.89$). An example of an item assessing the supportive relationships dimension is, "I felt supported by people in my life".

All instruments showed high reliability ($\alpha = 0.756-0.919$) and met rigorous psychometric standards, with convergent validity confirmed (AVE > 0.5; Awang, 2012) and discriminant validity established (Collier, 2020). Normality tests indicated all items fell within acceptable ranges (skewness: -2 to +2; kurtosis: -10 to +10). Participant scores were categorized as 'low' or 'high' based on a median split of the sample distribution. These comprehensively validated measures provide a robust foundation for examining how self-awareness, self-efficacy, and social support predict self-care among prospective counselor students.

Data Analysis

The data analysis technique used Structural Equation Modeling (SEM) through SPSS 25.0 and Amos version 22.0 to explore the determinants influencing self-care practices among

prospective counselor students. Accordingly, SEM was selected in this research because of its distinctive suitability for validating a theoretical framework with factorial structure by examining interrelationships among the chosen variables (Kline, 2023).

Scope and Limitations

The scope of this methodology, an Ex Post Facto Causal Relationship Explanatory design, allows for the investigation of cause-and-effect relationships after the events or behaviors have already occurred. It is particularly useful when manipulating variables is not feasible or ethical. This methodology is appropriate for examining the relationships between different variables in natural settings, such as assessing how certain experiences or characteristics (like stress, academic success, or well-being) influence outcomes over time.

RESULTS AND DISCUSSION

Results

The results comprise three main components namely (1) means, standard deviations, and inter-variable correlations, (2) confirmatory factor analysis results, and (3) the comprehensive structural equation model. These components provided a holistic view of the research outcome.

Descriptive Statistics and Correlations Between Variables

The means, standard deviations, and correlations between the research variables are presented in Table 2. From Table 2, it can be seen that the means for SE, SA, SS, and SC surpassed the midpoint on their individual scales, showing an above-average response level. Furthermore, all four variables exhibited positive correlations with each other. It is also important to establish that SE and SA showed the most robust correlation among the relationships, while the weakest was found between SE and SS. Figure 1 presents a comparative illustration based on gender-related scales.

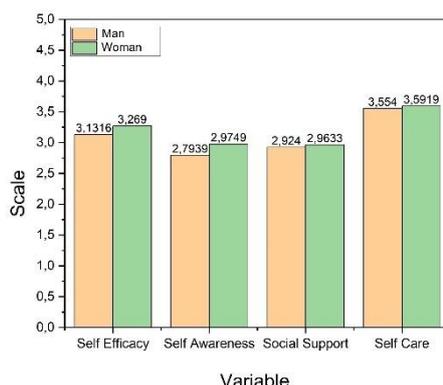


Figure 1. Scores of SE, SA, SS, and SC Based on Gender

From Figure 1, it can be observed that the female students outperformed the males in all 4 variables. The graph of each indicator for the 4 variables is shown in Figure 2.

Table 2. Means, Standard Deviations, and Correlations Between Variables

Variables	M	SD	1	2	3	4
1 SE	3.2502	0.57336	1			
2 SA	2.9501	0.57299	.739**	1		
3 SS	2.9579	0.66604	.370**	.430**	1	
4 SC	3.5867	0.53345	.525**	.545**	.459**	1

Note: Self-Awareness = SA, Self-Efficacy = SE, Social Support = SS, and Self-Care = SC

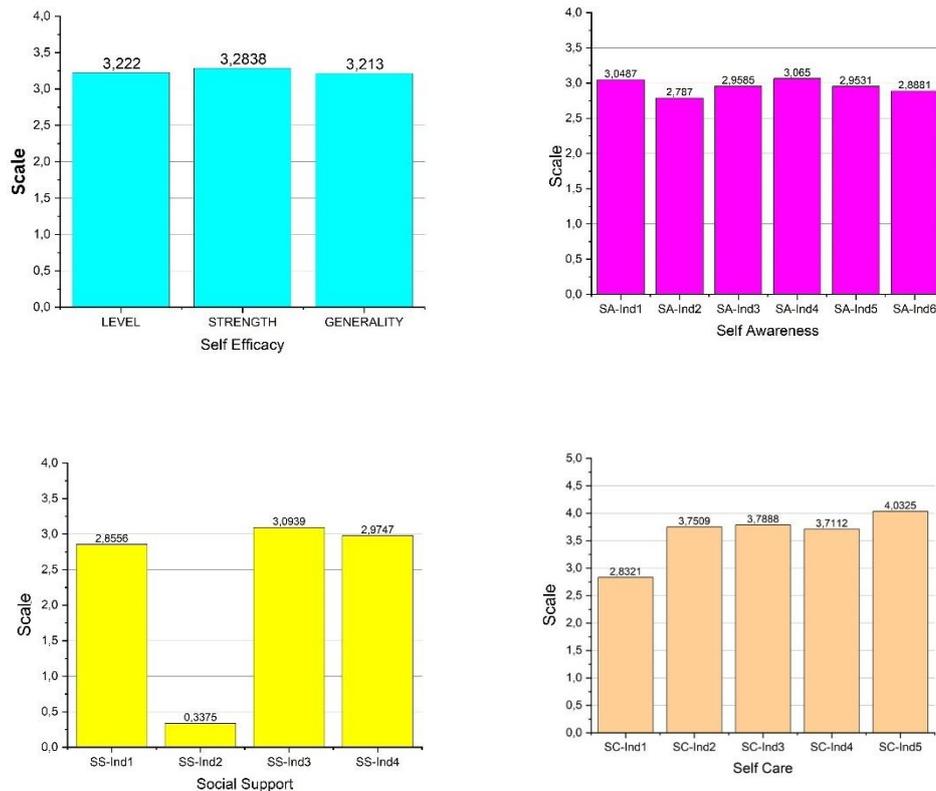


Figure 2. Scores of SE, SA, SS, and SC Based on Respective Dimensions

As shown in the dimension graph for each variable (Figure 2), most dimensions had comparable scales, except for the SS variable. In this regard, SS-Ind2 reflected the smallest scale among the dimensions, while SS-Ind3 portrayed the largest scale within the SS variable. Following this, by examining the SE variable, the Strength dimension was found to attain the maximum scale, while the Generality dimension recorded the minimum. In the SA variable, SA-Ind4 showcased the largest scale, contrasting with SA-Ind2, which presented the opposite scenario. Lastly, within the SC variable, SC-Ind2 yielded lower scores, contrasting with SC-Ind5, which showed a higher scale compared to the other dimensions.

Confirmatory Factor Analysis

Confirmatory factor analysis is a measurement model widely used to test latent variables (Collier, 2020). This analysis suggests that for a loading factor to be acceptable, its value must be above 0.6 (Awang, 2012). As a result, repeated analyses were conducted to remove items that did not fulfill this criterion. Some items with factor loadings below 0.6 were retained to ensure that each dimension still had a minimum of 2 items while maintaining model fit. The final items representing each dimension for each variable are shown in Figure 3.

Table 3. Summary of Model Fit for Research Variables

Fit Index	Confirmatory Factor Analysis	Good Fit Criteria	Description
RMSEA	0.045	$0 \leq RMSEA \leq 0.05$	Fit
TLI/ NNFI	0.892	$0.900 \leq TLI \leq 1.00$	Fit
CFI	0.902	$0.900 \leq CFI \leq 1.00$	Fit
IFI	0.904	$0.900 \leq IFI \leq 1.00$	Fit

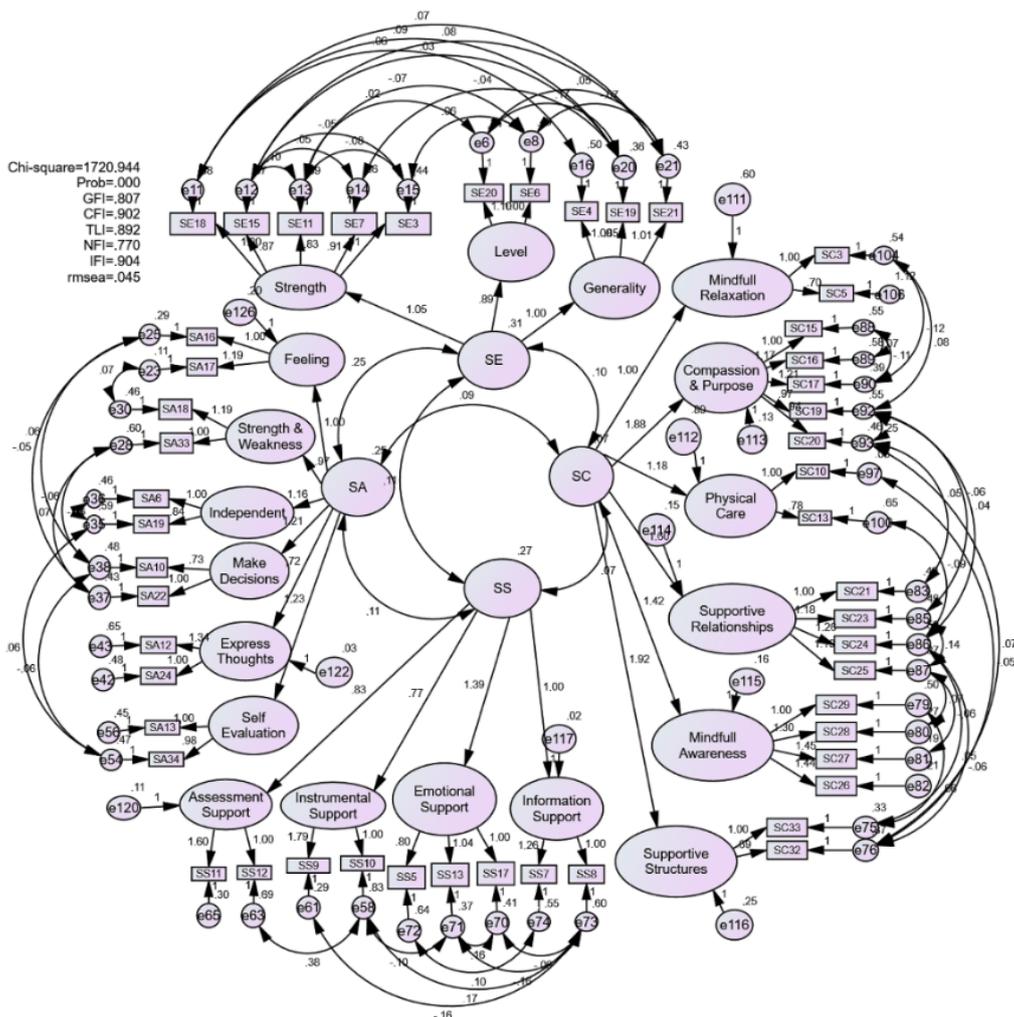


Figure 3. Measurement Model

In the final model, as shown in Figure 3, a total of 11 items for SE, 23 for SA, 9 for SS, and 14 for SC were excluded due to their insufficient representation of the respective variable dimensions. Furthermore, Table 3 provided a summary of the model fit, outlining the goodness-of-fit indicators and their respective values.

Model fit criteria have been generally observed to lack universal standards. However, certain guidelines, widely accepted in the literature, propose specific thresholds for goodness-of-fit indicators. For instance, according to Collier (2020), a well-fitted model should typically exhibit values above 0.90 for indices like CFI, TLI, and IFI. However, another research stated that an RMSEA value smaller than 0.08 can be considered indicative of a well-fitting model (Awang, 2012).

Full Structural Equation Modeling

As stated in previous research, structural equation modeling assesses the adequacy of data fitting into a model that outlines the relationships among variables and the measurement indicators for each variable (Collier, 2020). As showed by several academic sources (Doğan & Özdamar, 2017), the evaluation of model fit should include using guidelines such as a Root Mean Square Error of Approximation (RMSEA) below 0.08, CMIN/df < 5, Tucker Lewis Index (TLI), goodness of fit model (GFI), and Comparative Fit Index (CFI) above 0.90 for an overall model assessment (Collier, 2020). In this research, the maximum likelihood estimation method was used in conducting SEM analysis with a confidence level of 95%. The final results of the

structural model are shown in Figure 4 and a summary of the model fit analysis is presented in Table 4.

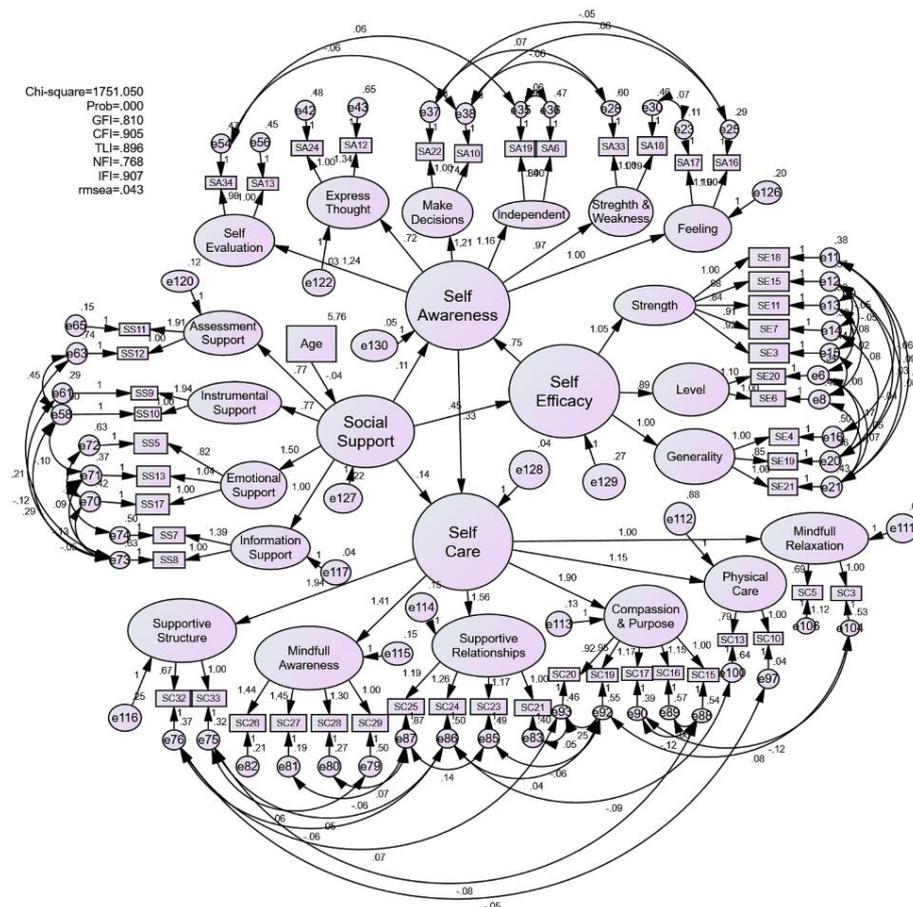


Figure 4. Standardized Structural Model with Mediator Variable

The structural model, as presented in Table 4, met the model fit criteria (Awang,2012; Collier,2020). The analysis results showed significant positive predictors wherein SS significantly predicted SC ($\beta = 0.233, Z = 2.491, p < 0.05$), SE ($\beta = 0.381, Z = 4.376, p < 0.001$), and SA ($\beta = 0.107, Z = 2.065, p < 0.05$). Similarly, SA was found to be a substantial positive predictor for SC ($\beta = 0.592, Z = 3.436, p < 0.001$), while SE significantly predicted SA ($\beta = 0.838, Z = 7.625, p < 0.001$). On the other hand, age was found to have a negative predictive relationship with SS ($\beta = -0.196, Z = -2.909, p > 0.05$).

The acceptability of the model, which was derived from confirmatory factor analysis and SEM calculations, led to the presentation of direct, indirect, and total effects within Table 5. Using the bootstrapping method, the analysis for indirect effects used a sample as a pseudo-population, comprising 5000 iterations with 95% bias-corrected confidence intervals.

Table 5 presents significant results showing SS as a significant negative full mediator in the relationships between Age and SC ($\beta = -0.011, p < 0.05$), and between Age and SA ($\beta = -0.017, p < 0.05$). Moreover, SA functioned as a positive partial mediator between SS and SC ($\beta = 0.146, p < 0.001$) and served as a positive full mediator between SE and SC ($\beta = 0.246, p < 0.001$).

Table 4. Model Feasibility Test Results

Model	β	<i>B</i>	<i>S.E.</i>	<i>t-values</i>	<i>p</i>
AGE → SS	-0.196	-0.039	0.013	-2.909	0.004
SS → SE	0.381	0.446	0.102	4.376	***
SS → SA	0.107	0.112	0.054	2.065	0.039
SS → SC	0.233	0.135	0.054	2.491	0.013
SE → SA	0.838	0.750	0.098	7.625	***
SA → SC	0.592	0.328	0.095	3.436	***

Table 5. Direct and Indirect Effects

Relationship	Direct effect	Indirect effect	Confidence Interval		<i>p</i>	Conclusion
			Low	High		
Age → SS → SC	0.000	-0.011	-0.026	-0.002	0.006	Full Mediator
Age → SS → SA	0.000	-0.017	-0.040	-0.004	0.008	Full Mediator
SS → SA → SC	0.000	0.146	0.058	0.299	0.000	Partial Mediator
SE → SA → SC	0.000	0.246	0.101	0.448	0.000	Full Mediator

Note: Unstandardized coefficients reported. Values in parentheses are t-values. Bootstrap sample = 5,000 with replacement.

Discussion

The results obtained from this research affirmed the acceptability of a theoretical model concerning self-care among prospective counselor students. This model signifies that self-awareness, self-efficacy, and social support play crucial roles in shaping self-care, both directly and indirectly. In this regard, prior studies have identified three key facets of self-care: (1) self-care practices to uphold life, health, and well-being, (2) self-care interventions aimed at achieving a self-caring state, and (3) the capacity of individuals to perform self-care activities (Lambermon et al., 2020; Santos et al., 2021; Sari & Nawangwulan, 2021). The concept of self-care is grounded in social support, self-efficacy, and self-awareness, which collectively enable individuals to understand and manage their condition. Social support, in particular, strengthens confidence, capability, and resilience, thereby empowering individuals to engage in self-care independently (Kusnanto et al., 2018; Maninet & Desaravinid, 2023). Furthermore, social support plays a fundamental role in enabling individuals to engage in self-care activities effectively. Consistent with earlier research, the results obtained in this research showed that social support was the strongest predictor, followed by self-efficacy and self-awareness, in enhancing self-care abilities of prospective counselor students. The conceptual model showing the relationship dynamics of self-care among the observed prospective counselor students is presented in Figure 5.

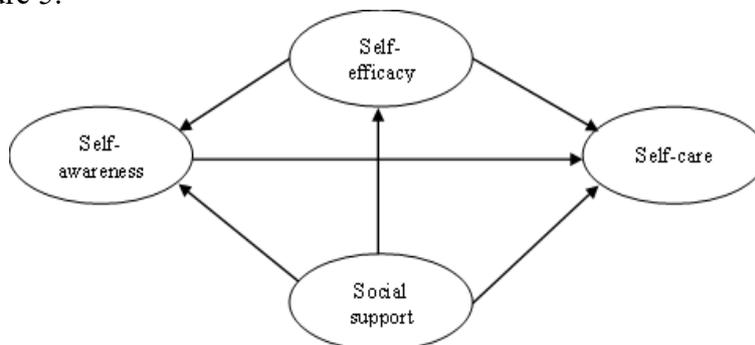


Figure 5. Relationship Model of Self-Care for Prospective Counselor Students

Self-efficacy serves as a positive predictor of self-care as it significantly influences the tendency of individuals to adopt self-care practices (Eller et al., 2018; Tan et al., 2021). This psycho concept encapsulates the beliefs of individuals in their capacity to execute specific behaviors and achieve desired outcomes. In this regard, it has been observed that those

possessing robust self-efficacy tend to exhibit an improved aptitude for self-care, and this typically leads to enhanced personal well-being (Chica-Perez et al., 2023; Du et al., 2023). The potency of self-efficacy lies in its ability to bolster confidence and skills that are pertinent to self-care practices. Individuals endowed with high levels of self-efficacy have been observed to often show an enhanced ability to elevate their self-health. According to Tharek et al. (2018), this psychological concept significantly contributed to the adeptness of individuals in self-management and their steadfast commitment to engaging in self-care activities. Therefore, it can be concluded that self-efficacy stands as a significant predictive factor compelling individuals to embrace self-care practices.

In this research, self-awareness stood out as a positive predictor of self-care, emphasizing its crucial role in fostering self-care behaviors (Ayed et al., 2021; Li et al., 2022; Mbabazi et al., 2022). Individuals with strong self-awareness have been found to often showcase commendable communication skills and an elevated level of empathy, thereby contributing significantly to their adeptness in self-care. This proficiency is underpinned by the possessed ability to recognize their own emotions and understand the emotions of others. Additionally, a robust sense of self-awareness empowers individuals to regulate effectively and fosters autonomy in pursuing or enhancing their entire well-being (Martinez et al., 2021). This state of self-awareness aids individuals in navigating their inner landscape effectively. As stated by Ghasemi et al. (2024), an increased level of self-awareness can mitigate anxiety and stress, exert control over thought processes, and facilitate alterations in disruptive cognitive patterns, attitudes, and judgments. Furthermore, individuals equipped with robust self-awareness have been found to possess the ability to effectively alleviate anxiety and stress by actively reshaping their cognitive frameworks, attitudes, and judgments. Based on this understanding, self-awareness stands as a predictive factor for self-care, primarily due to its association with proficient communication, increased empathy, self-regulation, and autonomy. These attributes collectively aid in reducing anxiety and detrimental cognitive patterns, attitudes, and judgments.

Social support serves as a positive predictor of self-care, highlighting its substantial role in influencing and fostering individual engagement in self-care activities. It comprises the resources and interactions cultivated with others that aid individuals in navigating stressful conditions within diverse environmental contexts. As stated by Myers et al. (2012), the presence of robust social support correlates with lower levels of perceived stress. Furthermore, according to Tompkins et al. (2016), personal support, including connections with friends, family, and personal therapists, holds greater significance for prospective counselor students compared to other forms of support such as from peers or professors. Tompkins et al. (2016) also emphasized that emotional support from faculty members significantly correlates with the program completion and overall life satisfaction of students. In accordance with this, Thériault et al. (2015) recommended personal therapy as a facet of self-care, acknowledging that students encounter multiple barriers when seeking help, including concerns regarding confidentiality, cost, and time constraints. Studies have shown that professional support provides several benefits for clinical psychology students, including enhanced professional development, life balance, cognitive awareness, positive reinforcement, progress in clinical and academic endeavors, and reduced perceived stress and its negative effects (Thériault et al., 2015; Zahniser et al., 2017).

According to Harandi et al. (2017), social support plays a crucial role in the lives of individuals by offering both physical and psychological benefits, particularly in navigating psychological stressors and challenging life events (Harandi et al., 2017). Typically, it provides individuals with a profound sense of being valued, loved, and respected, with age being a significant influencing factor. It is important to comprehend that as individuals age, the need for social support becomes important, particularly considering the fact that this form of support

can significantly enrich their lives and bolster self-care practices. Self-care, whether directly or indirectly, has been found to substantially impact the cognitive, emotional, and social functions of individuals. This influence contributes significantly to their success and adeptness in adapting to social norms (Sharif Nia et al., 2017). Furthermore, adopting self-care practices can significantly enhance emotional intelligence (Goudarzian et al., 2019), and this can lead to elevating the quality of life, satisfaction levels, and perceived control people have over challenging situations. In this research, it was observed that social support served as a negative mediator between age and self-care. This implied that as individuals age, the tendency towards engaging in self-care behaviors might diminish, even when social support is available. This result is in line with that of prior research conducted in the United States, where caregivers aged 50 and above exhibited a 36.43% inclination to prioritize the needs of service recipients over their own needs (Sabo & Chin, 2021).

In this research, self-awareness served as an important element that is crucial for attaining life goals. This attribute is often achieved when individuals focus their attention on various aspects of life, potentially creating a divergence between perception and self-formed standards (Carden et al., 2021). As stated by Carden et al, individuals have the opportunity to develop seven key components of self-awareness. These components include beliefs and values, psychological states, physical responses, personality traits, motivation, behavior, and perceptions of others (Carden et al., 2021). Accordingly, it is important to establish that the conscious acknowledgment and comprehension of these components can significantly influence how individuals behave and make decisions. Achieving self-awareness also includes considering interpersonal dimensions, which comprise the relationships and optimal services people provide for one another.

The primary aim of self-awareness is simply acquiring knowledge and understanding to facilitate personal development (Ashley & Reiter-Palmon, 2012). Despite its significance, the level of self-awareness that is linked to the psychological well-being possessed by individuals has been observed to remain relatively modest (Viskovich & De George-Walker, 2019). This trend is further reinforced by the likelihood of both physical and psychological conditions declining as individuals age. However, by fostering more favorable emotions and experiences, individuals can cultivate sentiments of self-appreciation and love, contributing significantly to their self-awareness amidst age-related changes (O'Brien & Sharifian, 2020).

Self-care stands as a crucial strategy identified to mitigate the stress associated with professional psychology education (Barnett & Cooper, 2009; Liu et al., 2017). This proactive method comprises a comprehensive approach aimed at nurturing and fostering holistic well-being across all aspects of the lives of individual (Bressi & Vaden, 2016; Godfrey et al., 2011; Lee & Miller, 2018; Newell & Nelson-Gardell, 2014). In this regard, it is important to establish that within the sphere of nurturing and sustaining self-care practices, social support has been found to assume a crucial role. As a psychological determinant, social support serves as a catalyst for promoting healthy behaviors (Koetsenruijter et al., 2015; Morishita et al., 2017), thereby bolstering the capacity of individuals to embrace a healthy lifestyle. This psychological concept, characterized as a positive psychosocial factor, refers to the perception or actuality in which individuals seek and receive both attention and aid from family members, friends, colleagues, and wider communities (Captieux et al., 2018; Liu et al., 2017; Warren-Findlow & Prohaska, 2008). This support typically comprises emotional, instrumental, and informational dimensions. As observed, its association with improved mental health and well-being is substantial, functioning as a buffer to optimize the resilience of individuals (Beeble et al., 2009; Benight & Bandura, 2004; Ernsting et al., 2015; Ogbe et al., 2020; Yu et al., 2020). Accordingly, social support serves both as a direct influencer, fortifying health and well-being, and as an antecedent factor, fostering psychological empowerment and positive coping styles.

The acquisition of this form of support from the environment significantly influences the engagement of individuals in self-care behaviors. Within this context, family support, which is a vital form of social support, has been found to consistently and effectively predict self-care behaviors and expectations (Maninet & Desaravinid, 2023; Sari & Nawangwulan, 2021; Wang et al., 2006). According to Munir & Solissa (2021), effective self-care behaviors are intricately interconnected with various factors such as morbidity and mortality rates, productivity levels, and the overall quality of life (Munir & Solissa, 2021). However, the relationship between social support and self-care varies for each individual, with self-awareness potentially mediated this association.

Individuals who recognize their inclination towards fatigue tend to be more knowledgeable towards prioritizing self-care practices, such as taking adequate rest or seeking support from others. This awareness enables individuals to discern their needs and constraints, which is crucial for the adoption of effective self-care practices. Indirectly, self-awareness influences the frequency of an individual engagement in self-care activities. Therefore, a proper understanding of the thoughts, emotions, and behaviors of an individual concerning self-care could serve as an intervening variable, emphasizing the significance of self-awareness in this context (Coster & Schwebel, 1997; Richards et al., 2010). In this research, self-awareness assumes a crucial role as a potential moderator in the relationship between social support and self-care. It functions in diverse ways, including the recognition of personal needs, acceptance of social support, self-regulation, and fostering effective communication.

Self-efficacy, a central concept in the social cognitive theory introduced by Albert Bandura, refers to the level of confidence possessed by individuals in executing specific behaviors or actions (Bandura, 1977, 2004; Benight & Bandura, 2004; Liu et al., 2017; Luszczynska et al., 2005). This concept empowers individuals to make choices, apply effort to progress and show perseverance in managing various aspects of their lives. Furthermore, it plays a crucial role in planning educational interventions, predicting alterations in self-care behaviors, and influencing the responses of individuals to challenges (Munir & Solissa, 2021). Low self-efficacy has been found to often correlate with enhanced psychological distress, leading to increased anxiety and depression (Barlow et al., 2002; Gong & Mao, 2016; Lambert et al., 2013).

On the other hand, individuals exhibiting high self-efficacy tend to experience improved mental health and reduced depression scores (Konaszewski et al., 2019; Lambert et al., 2013; Sullivan et al., 2013). It has also been found that by strengthening self-efficacy, individuals can have the ability to regain control, enhance their quality of life, and mental well-being, as well as facilitate positive changes (Matheson et al., 2015; Reisenhofer et al., 2019). Based on these results, boosting self-efficacy becomes crucial as it positively influences the engagement of individuals in self-care practices. Numerous studies have affirmed self-efficacy as the most significant predictor of self-care behavior (Eller et al., 2018; Karimy et al., 2016; Merluzzi et al., 2011).

It serves as a fundamental factor influencing the ability of individuals to confront challenges and adapt to stressful situations, thereby fostering their practice of self-care. Moreover, this concept acts as a potential moderator in the relationship between self-efficacy and self-care. According to Richards et al. (2010), self-awareness plays a crucial role in this context by aiding individuals in identifying tasks, evaluating efforts, understanding supportive or hindering factors, and monitoring progress in self-care behavior (Richards et al., 2010). Studies have showed that the awareness of individuals about their thoughts, emotions, and behaviors in relation to self-care significantly impacts their intervention toward the importance of self-care (Coster & Schwebel, 1997; Richards et al., 2010).

Implications

Efforts aimed at instilling self-care practices during the pre-service education of prospective counselors are critical. This understanding underscores the significance of self-awareness, self-efficacy, social support, and age in contributing to self-care. Furthermore, it emphasizes the need for a comprehensive system within the pre-service education curriculum. As showed by [Posluns & Gall \(2020\)](#), training initiatives, including those within pre-service education and professional organizations, possess the potential to foster the development of self-care among helpers.

Therefore, the implementation of diverse learning methodologies becomes essential to effectively present these themes for optimal assimilation. In this research, training interventions comprising mindfulness ([Boellinghaus et al., 2013](#)), time management method, assertiveness skills, and creative writing were recommended to enhance self-awareness and self-efficacy among aspiring counselors.

Moreover, it was also suggested that structured learning activities conducted during lectures should aim to cultivate a supportive social environment necessary for prospective counselor students to navigate challenges, cope with fatigue, and address the diverse dynamics present in assisting clients. In this context, fostering peer relationships within these sessions proves crucial. By engaging peers as collaborators in counseling practice consultation and supervision, counselors can mitigate biases concerning their competency, maintain adherence to therapeutic models, and positively alleviate feelings of fatigue and anxiety ([Tompkins et al., 2016](#)).

Self-care remains an ongoing and evolving process within the realm of professional practice ([Zahniser et al., 2017](#)). As a result, Guidance and Counseling departments should actively seek empirical comprehension to devise strategies capable of fostering self-care among prospective counselors. In this context, tangible initiatives might include formulating guidelines comprising both personal and professional domains, intended to nurture self-care practices among these professionals. Another strategic method includes implementing self-care scale requirement for each counseling candidate. This measure aims to establish a benchmark for self-care status of prospective counselors before their participation in any self-care development program. By implementing these strategic methods, the effectiveness of the structured self-care program can be thoroughly evaluated and validated.

Limitations and Suggestions for Further Research

This work has a number of limitations that should be noted despite its significant contributions. First, because the convenience sample may not be entirely representative, the results may not be as generalizable to the entire population of counselor students. Second, the results may better reflect the experiences of female students because the sample was primarily female (86%), which is generally indicative of counseling program attendance. The cross-sectional Ex Post Facto design of the study finds important correlations between variables but is unable to prove causation. For example, although there is evidence linking self-awareness to self-care, this design is unable to demonstrate that self-care practices improve as self-awareness rises. Last but not least, the study only used self-report tools, which could be prone to social desirability bias, which could cause participants to indicate higher levels of self-efficacy or self-care than they actually do.

In light of the study's shortcomings, a number of directions for further investigation are suggested. A mindfulness or self-efficacy training module, for example, might be used to examine the impact of a particular intervention on students' self-care outcomes using an experimental or quasi-experimental approach. Future studies should try to reproduce these results with bigger, more varied samples from other institutions in order to improve generalizability. Ideally, random or stratified sampling techniques should be used, and more

balanced gender representation should be ensured to enable comparative analysis. Last but not least, a mixed-methods approach that includes qualitative interviews or focus groups may offer a deeper understanding of the "why" behind the observed relationships and a richer, more nuanced understanding of the lived experiences and difficulties associated with self-care.

CONCLUSIONS

In conclusion, the results obtained from this research showed that the criteria for model fit were met by the model structure. Furthermore, it was observed that social support significantly and positively predicted self-care, self-efficacy, and self-awareness. Meanwhile, self-awareness only served as a significant positive predictor of self-care. It is also important to state that self-efficacy was found to positively predict self-awareness while age served as a negative predictor of social support.

AUTHOR CONTRIBUTION STATEMENT

AJS: Conceptualization, project design, and oversight of research implementation. Drafted the introduction and conclusion sections. WMWJ: Data collection, statistical analysis, and drafted the methodology section. Contributed to final manuscript revision. IR: Assisted with data analysis, literature review, and provided critical revisions of the draft. AA Managed project logistics, participant recruitment, and contributed to the analysis interpretation. HI: Drafted the discussion section and provided technical guidance for data interpretation. Reviewed and edited the manuscript for intellectual content. DP: Assisted in literature review, handled correspondence with the journal, and reviewed the final manuscript for submission. All authors have approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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