Original Article

Self-Compassion and its Relationship with Patient Care Practices Among Nurses

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ABSTRACT

Background: The healthcare industry continuously explores factors that contribute to the effective delivery of patient-centered care amidst global concerns about healthcare worker shortages and maintaining a healthy workforce. Self-compassion has been recognized as a significant factor that enhances empathy, reduces professional burnout, and improves the quality of life in healthcare settings.

Objective: This study aims to examine the influence of self-compassion on patient care practices among nurses, considering demographic variables such as age, marital status, and work experience to identify actionable factors that enhance care quality.

Methods: A cross-sectional correlational survey was employed, involving 403 female nurses from various hospitals in Islamabad and Faisalabad, aged between 20 and 55 years. The Self-Compassion Scale (Urdu version) and the Caring Behaviors Inventory-24 (Urdu version) were used to measure self-compassion and patient care practices, respectively. Demographic data were collected through a structured questionnaire. Statistical analysis included regression, t-tests, and ANOVA, conducted using SPSS version 25.0, to assess relationships and group differences based on the collected data.

Results: Self-compassion explained 23% of the variance in patient care practices (F = 119.09, p < .01). Nurses with more than 10 years of experience demonstrated better patient care practices compared to those with less experience. Unmarried nurses showed higher levels of self-compassion and better patient care practices compared to their married counterparts.

Conclusion: The findings underscore the positive relationship between self-compassion and patient care practices, suggesting that enhancing self-compassion among nurses can lead to improved healthcare delivery. Promoting self-compassion training and practices in healthcare settings could enhance professional development, increase resilience, and subsequently improve patient outcomes.

Keywords: Self-compassion, Patient care practices, Nurse well-being, Healthcare quality.

INTRODUCTION

Healthcare provision is essential to improving human life and is considered the cornerstone of patient healthcare services (1). Nurses deliver independent and compassionate care on physical, mental, social, and spiritual levels. The multifaceted purpose of nursing care includes the care of sick individuals, illness prevention, and health promotion (2). The central focus of healthcare providers is caring, achievable through empathy with patients, safeguarding their dignity, and respecting them (2). Caring behaviors encompass respecting patients, providing security, minimizing anxiety, engaging in positive and effective communication, demonstrating professional knowledge and skills, and giving attention to patients (3). Nurses not only provide information to patients but also offer comfort and support during illness (4).

Over the past three decades, ongoing research has focused on factors contributing to healthcare workers' ability to provide safe, high-quality patient-centered care due to concerns about a global shortage of healthcare workers and the challenges associated with maintaining a healthy workforce (5). Self-compassion is one factor that may affect nurses' compassionate conduct and competency (6). Self-compassion, the ability to relate to one's own feelings and welfare, is identified as a key factor associated with higher levels of empathy and professional quality of life (7). It has been recognized to enhance empathy and compassion in healthcare workers, enabling them to provide compassionate care to patients (8, 9).

Research indicates that self-compassion in healthcare practitioners is linked to successful outcomes and overall well-being. For instance, higher levels of self-compassion were linked to lower levels of depression, anxiety, stress, burnout, and compassion fatigue in healthcare professionals during the COVID-19 pandemic (8). Among nurses and other healthcare professionals, self-compassion has been linked to fewer burnout symptoms (6, 10). It improves performance by helping individuals overcome mental obstacles, negative thoughts, fear of failure, and other unpleasant emotions (11), and it is positively connected with goal mastery and achievement, leading to improved performance (12).

This study aimed to investigate the impact of self-compassion on patient care practices among nurses, considering factors such as age, marital status, and work experience. Understanding this relationship is pivotal for enhancing caring behaviors in nurses and potentially improving patient care practices, thus identifying factors that contribute to the enhancement of the care provided by nurses to patients.

MATERIAL AND METHODS

The study utilized a cross-sectional correlational survey design to investigate the impact of self-compassion on patient care practices among nurses. A purposive sampling technique was employed to select 403 female nurses aged 20 to 55 years, with a mean age of 31.45 years, from various hospitals in Islamabad and Faisalabad. Participants were required to have a minimum of one year of clinical work experience in the same hospital and were excluded if they had any current psychological issues to maintain the integrity of the study's findings (13-17).

The primary instrument for measuring self-compassion was the Urdu version of the Self-Compassion Scale, originally developed by Neff (13) and later adapted by Imtiaz (14). This scale comprises 25 statements and uses a 4-point Likert scale ranging from 1 (Almost Never) to 4 (Almost Always), with scores ranging from 25 to 100. A low score indicates a low level of self-compassion, while a high score indicates a high level of self-compassion. Additionally, patient care practices were measured using the Urdu version of the Caring Behaviors Inventory-24 by Wu et al. (15) and adapted by Abdullah et al. (16). This instrument consists of 24 items divided into four subscales: Assurance, Knowledge and Skill, Respectful, and Connectedness, rated on a 4-point Likert scale from 1 (Never) to 4 (Always).

A demographic sheet collected information on participants' age, marital status, number of children, educational background, work shift, monthly income, daily working hours, and employment duration. Data collection adhered to ethical standards, with participants informed about the study and providing written consent. Ethical approval was obtained from the National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan, following the British Psychological Society (BPS) ethical guidelines.

Data analysis involved using SPSS version 25.0 to conduct regression, t-tests, and ANOVA to explore the relationships between self-compassion, patient care practices, and demographic variables. The analyses aimed to assess the variance caused by self-compassion in predicting patient care practices and to examine group differences based on various demographic factors.

RESULTS

The demographic profile of the sample of 403 nurses showed an age range of 20 to 55 years with a mean age of 31.45 (SD = 6.39). Among the participants, 64.8% (261) were married, while 35.2% (142) were unmarried. Educationally, 56.1% (226) had a graduation level education, 37.5% (151) held diplomas, 3.5% (14) had intermediate qualifications, and 3% (12) had post-graduate qualifications. Regarding work shifts, 75.4% (304) worked day shifts, and 24.6% (99) worked night shifts. Job duration varied, with 40.7% (164) having 1-5 years of experience, 35.2% (142) with 5-10 years, and 24.1% (97) with over 10 years of experience.

Simple linear regression analysis showed that self-compassion accounted for 23% of the variance in patient care practices (F = 119.09, p < .01), indicating a positive relationship between self-compassion and patient care practices.

Table 1: Simple Linear Regression Analysis Predicting Patient Care Practices (N = 403)

Variables	B	95% CI for B		t	β	F	R²
		LL	UL				
Constant	46.48	40.12	52.83	14.37			
Self-Compassion	0.55	0.45	0.65	10.91	0.48**	119.09**	

*p < .05. **p < .01.

Significant group differences based on work experience and marital status were calculated using independent sample t-tests and one-way ANOVA.

Table 2: Group Differences on Work Experience Across Study Variables (N = 403)

Variables	1 to 5 years (n = 164)	5.1 to 10 years (n = 142)	10.1 & above years (n = 97)	F	p
	M	SD	M	SD	M
SC	63.30	9.87	62.24	9.96	63.49
PCP	79.92	10.21	81.02	12.43	84.54

SC = Self Compassion; PCP = Patient Care Practices.

Nurses with more than 10 years of experience exhibited better patient care practices (M = 84.54, SD = 11.57) compared to those with less experience. No significant differences in self-compassion levels were found between groups.

Table 3: Post Hoc Analysis of Differences on Work Experience (N = 403)

Variables	Category I	Category J	i > j	D	95% CL
					LL
PCP	10.1 & above years	1 to 5 years	3>1	4.27*	0.89

SC = Self Compassion; PCP = Patient Care Practices.

Nurses with more than 10 years of work experience had significantly better patient care practices than those with 1 to 5 years of experience.

Table 4: Group Differences on Marital Status Across Study Variables (N = 403)

Variables	Unmarried (n = 142)	Married (n = 261)	95% CI	Cohen's d
	M	SD	M	SD
SC	64.69	9.79	62.03	9.89
PCP	83.20	9.87	80.32	12.16

SC = Self Compassion; PCP = Patient Care Practices.

Unmarried nurses exhibited higher self-compassion (M = 64.69, SD = 9.79) and better patient care practices (M = 83.20, SD = 9.87) compared to married nurses.

DISCUSSION

This study examined the influence of self-compassion on patient care practices among nurses, considering the impact of various demographic variables. The findings revealed a positive association between self-compassion and patient care practices, aligning with previous literature indicating that self-compassion training enhances nurses' resilience, reduces burnout, and enables them to provide more compassionate care (17, 18). Engaging in self-compassion practices is crucial for improving nurses' well-being and their professional quality of life, ultimately benefiting patient care (19).

Group differences based on marital status indicated that unmarried nurses scored higher on self-compassion and patient care practices than married nurses. This finding aligns with previous research suggesting that unmarried nurses exhibit higher levels of self-compassion and are less prone to compassion fatigue than married nurses (20). Unmarried nurses may have fewer family responsibilities and distractions, allowing greater focus on professional development and patient care.

Additionally, nurses with more work experience demonstrated better patient care practices. This result is consistent with prior literature indicating that professional competence and quality of nursing care improve with increased work experience (20). Experienced nurses likely develop better patient care practices through accumulated competence and skills over time (21).

Despite the robust findings, the study had limitations. The use of self-report measures may introduce response bias, and the cross-sectional design limits causality inference. The sample, drawn solely from Faisalabad and Rawalpindi, may not represent the broader population, suggesting caution in generalizing the results. Additionally, the exclusive focus on female nurses limits the generalizability of findings across genders. Future research should include male nurses to provide a comprehensive analysis of gender-based variations in nursing practices and their implications for patient care (22, 23).

This research has significant implications for nursing education and workplace environments. Prioritizing self-compassion among nurses can facilitate enhanced professional development, increased resilience, and improved patient care outcomes. Adopting self-compassion practices equips nurses with tools to manage stress and emotional demands effectively, contributing to increased job satisfaction and overall well-being. Promoting self-compassion within nursing teams can foster a positive work culture, reduce staff turnover rates, and strengthen therapeutic relationships with patients. Integrating self-compassion into nursing practice presents a holistic approach to healthcare, benefiting both nurses and the patients they serve.

CONCLUSION

This study confirms the positive impact of self-compassion on patient care practices among nurses, highlighting its critical role in enhancing the quality of healthcare delivery. By fostering self-compassion, nurses can improve their resilience, reduce burnout, and provide more empathetic and effective patient care. Implementing self-compassion training in healthcare settings can not only bolster nurses' well-being but also enhance patient outcomes by cultivating a more compassionate and supportive care environment. Thus, integrating self-compassion into nurse training programs and professional development may offer a strategic approach to elevating the standard of healthcare.

REFERENCES

1.   Modic MB, Siedlecki SL, Griffin MTQ, Fitzpatrick JJ. Caring Behaviors: Perceptions of Acute Care Nurses and Hospitalized Patients with Diabetes. J Patient Exp. 2014 May;1(1):26-30.

2.   Kruk ME, Chukwuma A, Mbaruku G, Leslie HH. Variation in Quality of Primary-Care Services in Kenya, Malawi, Namibia, Rwanda, Senegal, Uganda, and the United Republic of Tanzania. Bull World Health Organ. 2017.

3.   Rehan A, Kanji ZJ, Raza R. Perceptions of Patients Regarding Quality Nursing Care at a Tertiary Care Hospital, Karachi, Pakistan. J Clin Res Bioeth. 2015;6(6).

4.   Hofmeyer A, Taylor R, Kennedy K. Knowledge for Nurses to Better Care for Themselves so They Can Better Care for Others during the Covid-19 Pandemic and Beyond. Nurse Educ Today. 2020;94:104394.

5.   Hegney DG, Rees CS, Osseiran-Moisson R, Breen L, Eley R, Windsor C, et al. Perceptions of Nursing Workloads and Contributing Factors, and Their Impact on Implicit Care Rationing: A Queensland, Australia Study. J Nurs Manag. 2018 Sep;27(2):371-80.

6.   Duarte J, Pinto-Gouveia J, Cruz B. Relationships Between Nurses' Empathy, Self-Compassion, and Dimensions of Professional Quality of Life: A Cross-Sectional Study. Int J Nurs Stud. 2016 Aug;60:1-11.

7.   Mills J, Wand T, Fraser JA. On Self-Compassion and Self-Care in Nursing: Selfish or Essential for Compassionate Care? Int J Nurs Stud. 2015 Apr;52(4):791-3.

8.   Trumello C, Bramanti SM, Ballarotto G, Candelori C, Cerniglia L, Cimino S, et al. Psychological Adjustment of Healthcare Workers in Italy During the COVID-19 Pandemic: Differences in Stress, Anxiety, Depression, Burnout, Secondary Trauma, and Compassion Satisfaction Between Frontline and Non-Frontline Professionals. Int J Environ Res Public Health. 2020 Nov;17(22):8358.

9.   Lluch-Sanz C, Galiana L, Vidal-Blanco G, Sansó N. Psychometric Properties of the Self-Compassion Scale—Short Form: Study of Its Role as a Protector of Spanish Nurses Professional Quality of Life and Well-Being During the COVID-19 Pandemic. Nurs Rep. 2022 Feb;12(1):65-76.

10.   Montero-Marin J, Zubiaga F, Cereceda M, Marcos Piva Demarzo M, Trenc P, Garcia-Campayo J. Correction: Burnout Subtypes and Absence of Self-Compassion in Primary Healthcare Professionals: A Cross-Sectional Study. PLoS One. 2020 Apr;15(4).

11.   Neff KD, Knox MC. Self-Compassion. Encyclopedia of Personality and Individual Differences. 2017;1-8.

12.   Di Fabio A, Saklofske DH. The Relationship of Compassion and Self-Compassion with Personality and Emotional Intelligence. Pers Individ Dif. 2020 May;169:110109.

13.   Neff K. The Development and Validation of a Scale to Measure Self-Compassion. Self Identity. 2003 Jul;2(3):223-50.

14.   Imtiaz S. Self-Compassion, Rumination, Optimism, and Well-Being Among Elderly Adults. National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan; 2012.

15.   Wu Y, Larrabee JH, Putman HP. Caring Behaviors Inventory—Short Form. PsycTESTS Dataset. 2006 Jan.

16.   Abdullah S, Kousar R, Azhar M, Waqas A, Gilani S. Nurses' and Patients' Perception Regarding Nurse Caring Behaviors and Patients Satisfaction in Sir Ganga Ram Hospital, Lahore, Pakistan. Int Ann Med. 2017 May;1(5).

17.   Biber DD. Benefits of Mindful Self-Compassion for Frontline Nurses. Nurs. 2022 May;52(5):34-7.

18.   Yang Q, Shi M, Zeng L, Xu P. University Freshmen's Excessive Smartphone Use and Psychological Safety During the COVID-19 Pandemic. Front Psychiatry. 2022 Oct;13.

19.   Johnson AH, Wilson J, Magner D, Urban RW, Martin S, Zhang Y. Exploring Meditation Profiles and Predictors in Nursing Students. J Holist Nurs. 2022 May;41(2):142-54.

20.   Dehghannezhad J, Zamanzadeh V, Gilani N, Rahmani A, Dadashzadeh A. Compassion Satisfaction and Compassion Fatigue Among Emergency Medical Technicians in Iran. Australas J Paramed. 2020 May;17.

21.	Kanyanta MM, Makukula MK, Wahila R. Prevalence and Social Demographic Factors Associated with Secondary Traumatic Stress, Burnout and Compassion Satisfaction Among Nurses at Selected Teaching Hospitals in Lusaka, Zambia. J Biosci Med. 2023;11(2):86-104.

22.	Labrague LJ, Ballad CA, Fronda DC. Predictors and Outcomes of Work–Family Conflict Among Nurses. Int Nurs Rev. 2020 Nov;68(3):349-57.

23.	Halabi JO, Nilsson J, Lepp M. Professional Competence Among Registered Nurses Working in Hospitals in Saudi Arabia and Their Experiences of Quality of Nursing Care and Patient Safety. J Transcult Nurs. 2021 Feb;32(4):425-33.ferences