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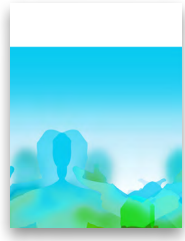

Original Article

The relationship between nurses' self-compassion and professional burnout

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Abstract

Objectives: This research was conducted to examine the relationship between nurses' self-compassion and occupational burnout.

Methods: Data for this descriptive study were collected from a population of 765 nurses at a university hospital in a province of the Eastern Anatolia region of Türkiye between March and October 2020. A sample was not selected. The research was completed with information provided by 316 participants. A personal information form, the Self-Compassion Scale (SCS), and the Burnout Measure (BM) were used to collect data. Coefficient alpha and Pearson correlation analysis were used to evaluate the findings.

Results: More than half of the participating nurses were between the ages of 25 and 29, female, and single. Most wanted to pursue a career in nursing and had a bachelor's degree. The mean SCS score was 75.32±15.67 and the mean total BM score was 4.04±1.27. The mean BM subscale scores were 4.19±1.48 for emotional exhaustion, 3.08±0.78 for mental exhaustion, and 4.20±1.27 for physical exhaustion.

Conclusion: The findings revealed a moderate level of self-compassion and a high level of burnout. Greater self-compassion was associated with less burnout.

Keywords: Burnout; nursing; self-compassion.

What is presently known on this subject?

- Nursing is a challenging profession. The conditions are often difficult, and burnout is common. Self-compassion is a healthy method to manage demanding circumstances.

What does this article add to the existing knowledge?

- The findings revealed that greater self-compassion was related to a lower level of burnout among nurses.

What are the implications for practice?

- Self-compassion has a protective effect of against burnout. These skills should be reinforced to preserve the physical and mental health of nurses and to ensure quality of care.

The goal of the nursing profession is to protect, improve, and promote the health of individuals and society. It is an art and a science, as well as a service. Over time, and through many social, cultural, and technological changes, nurses have cared for individuals of all ages who are in need and facing difficult conditions.[1] Self-compassion is an important element of effective coping with the challenges of working with others who are often suffering. However, caregivers often feel that their own pain and needs are less justified, and deny themselves the self-care that contributes to their well-being and resilience, and therefore, more effective health care.[2] They are often conditioned to put the patient first and relegate their own needs to a lesser status.

Broadly, self-compassion is the ability to display the forgiveness and empathy for the self that is given to others.[3] Neff[2] defines self-compassion as being kind and loving towards oneself when experiencing feelings such as pain, failure, or inadequacy, and the recognition and acceptance that everyone experiences challenging circumstances and emotions. Aware-

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ness of and attentiveness to the need for self-compassion enables one to more easily manage difficulty, forgive oneself and others, and become a happier and more productive member of society.[4]

Nurses are prone to burnout.[5] In 1981, Maslach and Jackson defined burnout as a syndrome characterized by emotional, physical, and intellectual exhaustion, accompanied by feelings of fatigue, helplessness, loss of self-esteem, and hopelessness that affect the individual's work and social life.[6] There may be many contributing factors, however it has been noted in the literature that burnout is more common in occupational groups that include stressful conditions and intense interactions, and among health workers, nurses are the group most at risk of burnout.[5,6]

Nurses must manage significant occupational stress due to various conditions, such as interacting closely with patients and family members in what are often demanding conditions, long and arduous work hours, often performed in shifts, and exposure to hazards in the work environment, including infectious diseases and other risks.[7,8] Burnout in nurses leads to employee exhaustion, and potentially, lower patient satisfaction.[9] Quality of service may also deteriorate.[10] Burnout may also contribute to physical and psychological problems.[7] In order to provide high-quality service, it is important to consider the well-being of nurses, who represent the largest group of healthcare employees, and have significant patient contact. According to the results of several studies, a high level of self-compassion is important to better psychological health.[8] Self-compassion is a healthy tool to ease overcoming difficulties.[4] Forgiveness and compassion when faced with adversity or mistakes contribute to psychological flexibility, resilience, and greater well-being.[2]

The present study was designed to determine any relationship between nurses' self-compassion and burnout levels. Greater awareness of the level of these factors could be useful to nursing education efforts and prove very beneficial to retention.

Materials and Method

Ethical Considerations

Before the study was conducted, approval was obtained from the Atatürk University Faculty of Medicine Clinical Research Ethics Committee on December 26, 2019 (no: B.30.2.ATA.0.01.00/3). Institutional permission was also granted by the hospital where the study was to be conducted (no: 2036997-300-E.2000098172).

The nurses were informed about the purpose of the study and methods to be used. Potential participants were advised that their contribution was voluntary and that the data obtained from would not be used for other purposes or shared with third parties.

Study Design

The study population of this descriptive correlational study consisted of 765 nurses working at a university hospital. No sampling method was used. Nurses who responded during the data collection period and were not on annual leave, unpaid leave, sick leave, or maternity leave, etc. were included. In all, 316 nurses completed and returned the data collection tools.

The independent variables were age, sex, marital status, parental status, education level, length of service in the profession, weekly work hours, department of service, work schedule, and choosing nursing as a career of their own volition.

Research Questions

- What are nurses' levels of self-compassion and burnout?
- Is there a relationship between the levels of nurses' self-compassion and burnout?

Data Collection Tools

A 10-item personal information form was prepared by the researchers to record details of the participants' age, sex, marital status, parental status, education level, length of service in the profession, weekly work hours and work schedule, department of service, and whether they chose nursing as their preferred profession.

Self-Compassion Scale

Originally developed by Neff[10] in 2003, the SCS consists of 26 items and 6 subdimensions. The Turkish version of the scale created by Deniz, Kesici and Sümer[11] in 2008 has 24 items and 1 dimension. Responses are provided using a 5-point Likert-type scale. The minimum possible score is 24 and the maximum possible score is 120. A higher score suggests greater self-compassion. The reliability study reported a Cronbach alpha internal consistency coefficient of 0.89 for the Turkish version of the scale. In the present study, the Cronbach alpha score was 0.90.

Burnout Measure

The BM was developed by Pines and Aronson in 1988. The validity and reliability study of the Turkish version of the scale was conducted by Çapri.[12] The scale consists of 21 items and 3 subdimensions to measure the level of physical, mental, and emotional burnout. Responses are given using a 7-point, Likert-type scale. A higher score indicates a greater level of burnout. The Cronbach alpha internal consistency coefficient was 0.93 for the overall scale, and 0.83, 0.75, and 0.88 for the emotional exhaustion, mental exhaustion, and physical exhaustion subdimensions, respectively, in Pines and Aronson's study. In the present study, the Cronbach alpha internal consistency coefficient was 0.95 for the overall measure, and 0.92, 0.84, and 0.88 for the emotional exhaustion, mental exhaustion, and physical exhaustion subdimensions, respectively.

Data Collection

The participants were informed about the goals and techniques of the study and the researchers administered the measurement tools used to collect the data in face-to-face interviews.

Statistical Analysis

The analysis of the study data was performed using IBM SPSS Statistics for Windows, Version 25.0 (IBM Corp., Armonk, NY, USA). The number, arithmetic mean, percentile distribution, SD, Cronbach alpha coefficient, and Pearson correlation analysis were used to examine and present the results. A p value of <0.05 was considered statistically significant.

Results

The descriptive characteristics of the participating nurses are given in Table 1. Of the group, 53.8% were in the 25-29 age group, 73.8% had a bachelor's degree, 74.1% were women, 61.7% were single, 75.6% had no children, 75.3% worked 40 hours a week, 45.9% worked in internal diseases clinics, 43% worked in shifts, and 71.5% chose nursing as their preferred career. Just over half, 53.5%, had worked in nursing for 1-5 years.

The mean SCS and BM scores are provided in Table 2. The mean SCS score was 75.32±15.67 (min-max: 28-111). The mean score on the emotional exhaustion, mental exhaustion, and physical exhaustion subdimensions was 4.19±1.48 (min-max:1-7), 3.08±0.78 (min-max: 1-4.86), and 4.20±1.27 (min-max: 1-7), respectively. The mean BM score was 4.04±1.27.

The distribution of the nurses according to the cut-off point of the BM is shown in Table 3. In the group, 30.7% of the nurses were emotionally exhausted, 16.1% were mentally exhausted, and 27.2% reported significant physical exhaustion. The total scores indicated that 1 of every 4 nurses suffered from significant burnout.

Table 4 illustrates the relationship between the mean scores of the 2 assessment tools. A moderately significant negative relationship was seen between the mean total BM and the emotional exhaustion and physical exhaustion subdimensions, as well as the mean total SCS score (p<0.05). There was a positive correlation between the mean mental exhaustion subdimension score and the mean total SCS score.

Table 1. Distribution of nurses' descriptive characteristics (n=316)

Characteristics	n	%
Age (years)		
20-24	95	30.0
25-29	170	53.8
30-34	22	7.0
≥35	29	9.2
Educational status		
Medical vocational high school	32	10.1
Associate degree	38	12.0
Bachelor's degree	233	73.8
Master's degree	13	4.1
Sex		
Male	82	25.9
Female	234	74.1
Marital status		
Single	195	61.7
Married	121	38.3
Parental status		
Children	77	24.4
No children	239	75.6
Length of service in nursing (years)		
<1	67	21.2
1-5	169	53.5
6-10	44	13.9
≥11	36	11.4
Weekly work hours		
40	238	75.3
48	52	16.5
≥56	26	8.2
Department		
Surgery	88	27.8
Internal diseases	145	45.9
Emergency service	83	26.3
Work schedule		
Always daytime	53	16.8
Duty	136	43.0
Shift	127	40.2
Chose nursing career willingly		
Yes	226	71.5
No	90	28.5

Discussion

Analysis of the descriptive characteristics of the nurses who participated in the study revealed that most were women, single, did not have children, worked 40 hours a week in shifts, and had an undergraduate degree. Most had been in nursing for 1-5 years and had chosen nursing as their preferred career (Table 1).

The mean total SCS score was 75.32±15.67 (Table 2). Given that the highest and lowest possible scores are 120 and 24, respectively, the mean score of the nurses in this study was above average. The ability to practice self-compassion is important to providing quality care.

The existing research examining self-compassion in nurses is limited, and most of these studies were conducted with university students. Heffernan et al.[13] found a positive and significant relationship between self-compassion and emotional intelligence in a study of 135 nursing students. The authors noted the importance of compassion and emotional intelli-

Table 2. Mean, minimum, and maximum Self-Compassion Scale and Burnout Measure scores (n=316)

Scale	Minimum	Maximum	Mean±SD
Self-Compassion	28	111	75.32±15.67
Emotional exhaustion	1	7	4.19±1.48
Mental exhaustion	1	4.86	3.08±0.78
Physical exhaustion	1	7	4.20±1.27
Burnout Measure	1.38	6.86	4.04±1.27

Table 3. Distribution according to the Burnout Measure cut-off (n=316)

Scale	n	%
Emotional exhaustion		
≤3 points (no burnout)	79	25.0
3.01-3.99 points (at significant risk for burnout)	60	19.0
4-4.99 points (suffering from burnout)	80	25.3
≥5 points (suffering from burnout significantly)	97	30.7
Mental exhaustion		
≤3 points (no burnout)	159	50.4
3.01-3.99 points (at significant risk for burnout)	106	33.5
4-4.99 points (suffering from burnout)	51	16.1
Physical exhaustion		
≤3 points (no burnout)	60	19.0
3.01-3.99 points (at significant risk for burnout)	79	25.0
4-4.99 points (suffering from burnout)	91	28.8
≥5 points (suffering from burnout significantly)	86	27.2
Total		
≤3 points (no burnout)	76	24.1
3.01-3.99 points (at significant risk for burnout)	84	26.6
4-4.99 points (suffering from burnout)	75	23.7
≥5 points (suffering from burnout significantly)	81	25.6

Table 4. Relationship between the Self-Compassion Scale and Burnout Measure mean scores (n=316)

Scales		Self-Compassion Scale
Emotional exhaustion	r	-0.570*
	p	0.000
Mental exhaustion	r	+0.939*
	p	0.000
Physical exhaustion	r	-0.559*
	p	0.000
Burnout scale total	r	-0.612*
	p	0.000

*P<0.0001.

gence in nursing and the role it plays in effective communication and care. However, nurses without sufficient ability to also practice self-compassion might not able to be compassionate to others. Kara[14] investigated compassion fatigue and self-compassion in nurses and determined that the mean self-compassion score was moderate, which is consistent with the results of the present study.

While a relatively new subject of study, the literature provides evidence of the positive effects of self-compassion. In a study conducted by Valliancourt and Wasylkiw[15] with 158 nurses, it was observed that self-compassion abilities contributed to better sleep quality and greater job satisfaction, as well as fewer symptoms of burnout. Training in self-compassion for nurses has been demonstrated to provide a greater ability to manage stress.[13] A study conducted with healthcare professionals in Japan also noted that the ability to practice a self-compassionate attitude during the COVID-19 epidemic was an effective psychological coping method.[16] In order for nurses to provide better care to patients, they themselves must be well. Neff et al.[17] determined a significant, positive relationship between self-compassion and self-reported measures of happiness, optimism, positive affect, wisdom, personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness, all of which are known to affect psychological resilience. In a study that examined mental health problems, mental health shame, self-compassion, and sleep patterns in nursing students in the UK, self-compassion was seen to be a protective factor that reduced the occurrence of mental health difficulties and shame.[18] Individuals with adequate self-compassionate skills have been shown to have better physical and mental health, and experience less loneliness.[19] Self-compassion is broadly reported to be a protective factor that strengthens psychological resilience to cope with difficulties in life. These skills can have a protective effect against burnout, which represents a significant risk for nurses.

The mean BM score recorded in the present study was 4.04±1.27, which indicates a high level of burnout (Table 2). The literature shows that burnout can occur in almost every occupational group; however, healthcare workers may be particularly susceptible.[20,21] While some studies conducted with nurses in our country have revealed a moderate level of burnout among nurses,[22,23] in other research the findings have suggested a high level of burnout.[24]

It should be noted that the coronavirus 2019 (COVID-19) pandemic may have influenced the results of the current study. Nurses were expected to perform beyond their already challenging duties.[25] Other research has indicated that the burnout level of nurses increased during the pandemic.[26,27]

The emotional exhaustion subdimension results of the BM scale were very high. Cerit[28] and others have defined emotional exhaustion as a chronic state of depleted physical and emotional resources. Emotional exhaustion is considered a precursor to burnout.[29,30] Previous studies conducted with nurses have noted that the participants had a normal,[31] moderate,[32,33] or high[34] level of emotional exhaustion. Mental burnout can lead to negative feelings about themself, their life, their profession, and other people.[35]

The physical exhaustion level of the nurses studied was also above average. Signs of physical exhaustion include chronic fatigue, a feeling of helplessness, loss of energy, and insomnia.[12] These symptoms can lead to significant consequences to physical and mental health. Nurses working night shifts may be especially prone to exhaustion.[36]

Nurses have played a crucial role in the protection and maintenance of public health during the COVID-19 pandemic. Contact with infected patients, a high risk of infection, possible stigma due to contact, concern about transmitting the infection to their family, a heavy workload, witnessing frequent deaths, decreased opportunities to participate in social activities that might provide some relief, the inability to spend time with their families due to isolation measures, and the inability to spare time for themselves are among the factors that may have contributed to greater emotional, mental, and physical exhaustion during the worst of the pandemic. Burnout typically first manifests as emotional exhaustion, followed by mental and/or physical exhaustion.

These 3 forms of exhaustion influence one another. Emotions, thoughts, and behaviors are connected. The connection can lead to deterioration; however, the reverse is also true. Simply witnessing an event that motivates someone else to action can lead to complex and interrelated emotional, intellectual, and behavioral reactions.[37] The communal well-being of nurses in terms of emotional, physical, and mental exhaustion may be "contagious."

In the present study, a significant, negative relationship was seen between the mean total BM score and the emotional exhaustion and physical exhaustion subdimension scores in comparison with the mean SCS score (Table 4). Our findings indicated that the level of burnout decreased with a greater level of self-compassion. Staka and Aoura[38] also observed that nurses with a low level of self-compassion experienced more burnout. Several other studies have reported that self-compassion skills prevented burnout in nurses.[39,40] Our results are consistent. Occupational burnout is a common phenomenon in nurses; thus, psychological factors likely to be associated with resistance to burnout should be investigated and implemented. When nurses experience fatigue, sadness, failure, and suffering, they need to have the requisite ability to overcome negative emotions in a healthy way.[2] Self-compassion is not an avoidance of painful emotions, but an emotional regulation strategy used to deal with common denominators of humanity and approach these emotions with compassion.[41] Self-compassion promotes resilience and psychological flexibility.

In the present study, there was a positive and significant relationship between the mean SCS score and the mental exhaustion subdimension of the BM, which indicates that as the nurses' mental exhaustion level increased so did their level of self-compassion level. Conscious awareness, one of the components of self-compassion, helps people to notice their emotions and to focus on them. Conscious awareness affects mental awareness, and includes observing and accepting circumstances.[42] Acceptance, rather than judgment or rejection of emotions, and processing these feelings with compassion allows for better management of experiences and protects mental health.[4] Individuals often criticize themselves ruthlessly when faced with a negative experience.[41] However, conscious awareness provides a reminder that adversity is an inevitable part of life.[2] Self-compassion is a healthy mental process. Our results revealed a distinct and positive relationship between increased mental exhaustion and self-compassion.

There are many studies in the literature about coping with negative emotions, burnout, and increasing positive emotions. However, additional research is needed to help improve psychological resilience and psychological well-being of nurses. These skills not only serve individual nurses, but also help to ensure quality of care.

Korkmaz[43] determined that self-compassion was negatively associated with disorders such as depression, anxiety, and eating disorders, and positively associated with psychological well-being. Learly et al.[44] reported that self-compassion affected emotional and cognitive reactions to negative life events, and had a protective role. Furthermore, Gerber et al.[45] observed that self-compassion is necessary for professional satisfaction in caregivers. These results are consistent with the results of the present study.

Burnout can not only cause physical, psychological, or behavioral problems, it can contribute to medical errors, inefficiencies in the provision of service, and patient dissatisfaction.[7,46] Burnout develops over time. Therefore, it is necessary to develop the tools to prevent burnout and to be able to recognize the early signs for prompt intervention. Institutional factors that affect job satisfaction and work engagement should also be taken into account in order to prevent burnout and related problems, increase the welfare of employees, and ensure good quality care.[47,48]

Limitations

Since this study was conducted in a single center, the results cannot be generalized.

Conclusion

In the present study, while the participating nurses' self-compassion level was above average, their burnout level was high. A significant negative relationship was observed between the levels of self-compassion and burnout. Training programs to promote the importance of self-compassion in nurses' professional lives are recommended, as well as greater awareness among all health professionals and management. In addition, improving work conditions will help to reduce burnout among nurses.

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Authorship contributions: Concept – K.K., Ö.Ş.A.; Design – K.K., Ö.Ş.A.; Supervision – K.K., Ö.Ş.A.; Fundings - K.K., Ö.Ş.A.; Materials – K.K., Ö.Ş.A.; Data collection &/or processing – K.K., Ö.Ş.A.; Analysis and/or interpretation – K.K., Ö.Ş.A.; Literature search – K.K., Ö.Ş.A.; Writing – K.K., Ö.Ş.A.; Critical review – K.K., Ö.Ş.A.

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