

The Relationship Between Nursing Students' Self-Compassion and Multidimensional Perfectionism Levels and the Factors That Influence Them

Hemşirelik Öğrencilerinin Öz-Duyarlık ve Çok Boyutlu Mükemmeliyetçilik Düzeyleri Arasındaki İlişkiler ve Etkileyen Faktörler

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SUMMARY

Objectives: The purpose of this study was to determine the relationship between nursing students' self-compassion and multidimensional perfectionism levels and the factors that influence them.

Methods: This descriptive study included 195 nursing students attending a nursing faculty in Turkey. Data was collected with a student data form, the Self-Compassion Scale and the Multidimensional Perfectionism Scale. The Kruskal-Wallis, Mann-Whitney U, Dunn Z tests and Pearson's correlation analysis were used for data analysis.

Results: The nursing students' total self-compassion median score was 3.28, which means a moderate level self-compassion (self-compassion scores: 1.0-2.5 is low, 2.5-3.5 is moderate, and 3.5-5.0 is high). The subscale median scores from self-compassion were: 3.00 for self-kindness, 3.60 for self-judgement, 3.00 for common humanity, 3.25 for isolation, 3.25 for mindfulness and 3.50 for over-identification. Self judgement had the highest score. Common humanity and self-kindness had the lowest scores. The students' multidimensional perfectionism subscales median scores were 72.00 for self-oriented perfectionism, 62.00 for others-oriented perfectionism and 53.00 for socially-prescribed perfectionism. Self-oriented perfectionism had the highest and socially-prescribed perfectionism had the lowest scores on the Multidimensional Perfectionism Scale. The first-year students' overall self-compassion, isolation and over identification scores were higher than those of the third-year students. The socially-prescribed perfectionism scores of the students who were in their third year of study, who had three or more siblings and who perceived their mothers as high level perfectionists were higher than others. There was a statistically significant negative correlation between the self-compassion and perfectionism subscales.

Conclusion: This study determined that nursing students had a moderate level of total self-compassion. The total self-compassion levels of nursing students increased as their self-oriented, others-oriented and socially-prescribed perfectionism levels decreased.

Keywords: Nursing students, self-compassion, perfectionism

ÖZET

Amaç: Bu araştırmanın amacı hemşirelik öğrencilerinin öz-duyarlılık ve çok boyutlu mükemmeliyetçilik düzeyleri arasındaki ilişkinin ve etkileyen faktörlerin belirlenmesidir.

Gereç ve Yöntem: Bu tanımlayıcı çalışma Türkiye'de bir hemşirelik fakültesinde araştırmaya katılan 195 hemşirelik öğrencisiyle gerçekleştirilmiştir. Veriler öğrenci bilgi formu, Öz-Duyarlılık Ölçeği ve Çok Boyutlu Mükemmeliyetçilik Ölçeği ile toplanmıştır. Verilerin değerlendirilmesinde Kruskal Wallis, Mann Whitney U, Dunn Z testi ve Pearson korelasyon analizi kullanılmıştır.

Bulgular: Hemşirelik öğrencilerinin toplam özduyarlık medyan puanı, orta düzeyde bir öz-duyarlılık anlamına gelen, 3.28'dir (Öz-duyarlık puanlarının anlamı: 1.0-2.5 düşük, 2.5-3.5 orta, and 3.5-5.0 yüksek). Öz-duyarlık alt boyutlarının medyan puanları öz-sevecenlik için 3.00, öz-yargılama için 3.60, paylaşımların bilincinde olma için 3.00, izolasyon için 3.25, bilinçlilik için 3.25 ve aşırı özdeşleşme için ise 3.50'dir. Öz-yargılama en yüksek ve paylaşımların bilincinde olma ile öz-sevecenlik en düşük puanları almışlardır. Öğrencilerin mükemmeliyetçilik ölçeği alt ölçek medyan puanları ise kendine yönelik mükemmeliyetçilik için 72.00, başkalarına yönelik mükemmeliyetçilik için 62.00 ve sosyal olarak belirlenen mükemmeliyetçilik ise 53.00'dür. Kendine yönelik mükemmeliyetçilik en yüksek, sosyal olarak belirlenen mükemmeliyetçilik ise en düşük puanları almışlardır. Birinci sınıf öğrencilerinin toplam öz-duyarlık, izolasyon ve aşırı özdeşleşme puanları üçüncü sınıf öğrencilerinden daha yüksektir. Sosyal olarak belirlenen mükemmeliyetçilik puanı üçüncü sınıf öğrencilerinde, üç ve daha fazla kardeşi olanlarda ve annesini yüksek düzeyde mükemmeliyetçi olarak algılayanlarda, diğerlerinden daha yüksektir. Toplam öz-duyarlık ile mükemmeliyetçilik alt boyutları arasında istatistiksel olarak anlamlı negatif bir ilişki bulunmaktadır.

Sonuç: Bu çalışmada hemşirelik öğrencilerinin orta düzeyde bir öz-duyarlığa sahip oldukları belirlenmiştir. Öğrencilerin toplam öz-duyarlılık düzeyleri arttıkça, kendine yönelik, başkalarına yönelik ve sosyal olarak belirlenen mükemmeliyetçilik düzeylerinin ise azaldığı belirlenmiştir.

Anahtar sözcükler: Hemşirelik öğrencileri, öz-duyarlılık, mükemmeliyetçilik

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Psikiyatri Hemşireliği Dergisi 2017;8(2):86-94
Journal of Psychiatric Nursing 2017;8(2):86-94

Doi: 10.14744/phd.2017.40469

Submitted (Geliş tarihi): 08.01.2017 **Accepted (Kabul tarihi):** 29.06.2017

Introduction

Human life is full of experiences involving suffering, failure and inadequacies in addition to happiness, success and contentment. Coping with and being resilient in the face of life challenges require specific human characteristics, including self-compassion. Self-compassion, which was first described by Neff¹ as showing compassion for oneself, involves "being open to and moved by one's own suffering, experienc-

ing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience.^[1] Having the right amount of distance from one's emotions provides a full self-compassion experience while approaching situations with mindful objectivity.^[2] Studies report that a high level of self-compassion is positively associated with positive mood, happiness, curiosity, exploring, social commitment, life satisfaction, healthy behavior intentions and job satisfaction. Self-compassion is negatively associated with self-judgment, pathological concern, depression, anxiety and perfectionism.^[1-10] A positive correlation between self-compassion and emotional intelligence was found in studies conducted with nurses^[11] and nursing students.^[12]

Perfectionism, which is negatively associated with self-compassion,^[13] is described as a personality trait characterized by striving for flawlessness and setting excessively high standards for performance. This is accompanied by tendencies to overly critical evaluations of one's behavior.^[14] Since the nature of healthcare does not tolerate mistakes, healthcare professionals, especially nurses, are expected to do critical thinking and have perfectionistic views and working styles. However, perfectionists are more prone to experience various kinds of stress than non-perfectionists.^[15] Perfectionism may cause people to develop a more strict and severe thinking that may hinder a compassionate attitude towards oneself and others. Ways of thinking that are inflexible may negatively influence people's mental health and functionality. Perfectionism was found to have positive associations with perceived stress, burnout and psychopathological symptoms in a study with medical workers.^[16] A positive association between perfectionism and depression symptoms was found in another study conducted with university students.^[17]

Nursing imposes high standards and perfectionist expectations on professionals while expecting compassionate care for patients and individuals. However, providing compassionate care for individuals is not possible without being compassionate to oneself.^[11] Self-compassion is among the characteristics that nurses need to have, as they need to be empathetic and psychologically resilient to help individuals who experience health concerns or problems. According to the literature, self-compassion is important for the development of positive mental health, adaptive coping strategies and psychological well-being.^[2,3] Embodying self-compassion helps nurses ensure high-quality care. On the other hand, perfectionism can complicate adaptive functioning by causing stress, although it may be useful to some extent in the fulfillment of duties.^[16] The conflicting nature of self-compassion and perfectionism may cause some problems in nursing practice and needs to be better understood to be

managed. This phenomenon begins during the preparation for the profession in nursing education because being meticulous during provision of care is a kind of informal nursing tradition and perfectionistic traits are encouraged to prevent nursing students' mistakes in healthcare. However, perfectionistic thinking and behavior patterns may hinder compassionate care for oneself and others. Nursing educators need to know the self-compassion and perfectionism levels of nursing students and the factors related to them to be able to help students to manage these variables. Helping nursing students to develop adaptive perfectionism and compassion towards oneself and others during nursing education will facilitate the inclusion of high quality professionals in nursing and healthcare environments. However, there is a serious lack of evidence about these two variables in nursing students. For these reasons, we aimed to determine the self-compassion and multidimensional perfectionism levels of nursing students, the relationship between these variables and their relation with the sociodemographic characteristics of nursing students. We tried to answer these questions:

1. What are the self-compassion and multidimensional perfectionism levels of nursing students?
2. What is the distribution of self-compassion and multidimensional perfectionism scores according to the sociodemographic characteristics of nursing students?
3. Is there a relation between self-compassion and multidimensional perfectionism in nursing students?

Background

Self-Compassion

Understanding self-compassion requires a better understanding of the dimensions that form the concept. Neff^[1,13] describes three basic components of self-compassion: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Self-kindness is described as extending kindness and understanding rather than harsh self-criticism and judgment to oneself.^[1] Seeing one's experiences as part of the larger human experience rather than as separated and isolated is described as common humanity. Mindfulness includes holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them.^[1] Germer and Neff^[18] emphasize that the acceptance of suffering and pain without denial and ignorance is necessary for mindfulness.

Self-compassionate individuals offer themselves warmth and non-judgmental understanding rather than disdaining their pain or berating themselves with self-criticism when they confront suffering, inadequacy or failure. Being imperfect, making mistakes and encountering life's difficulties are considered experiences that are common to all human be-

ings. Taking a balanced approach to one's negative experiences and not being carried away with negative emotions are important factors in self-compassion.^[2]

Multidimensional Perfectionism

Hewitt and Flett^[15] propose that perfectionism is a concept that includes multiple dimensions: self-oriented perfectionism, other-oriented perfectionism and socially-prescribed perfectionism. Self-oriented perfectionism is an intrinsic dimension of perfectionism that is demonstrated by continuous effort to achieve critically high standards in one's own performance.^[15] This dimension of perfectionism includes behaviors such as setting exacting standards for oneself and stringently evaluating and censuring one's own behavior.^[15] The motivation involved in this form of perfectionism is striving to attain perfection in one's endeavors, as well as striving to avoid failures. Self-oriented perfectionism has been reported to have a positive association with depression by some studies.^[15,19] In another study investigating perfectionism, depression and response to antidepressants, self-oriented perfectionists were determined to have increased depression severity and decreased response to treatment.^[20]

In other-oriented perfectionism, an individual has unrealistic standards for significant others, places importance on other people being perfect and stringently evaluates others' performance.^[15] This behavior is essentially the same as self-oriented perfectionism; however, the perfectionistic behavior is directed outward. Whereas self-oriented perfectionism engenders self-criticism and self-punishment, other-oriented perfectionism leads to other-directed blame, lack of trust and feelings of hostility toward others.^[15] Other-oriented perfectionism served as a suicide protection factor associated with lower depression and hopelessness in clinical patient groups^[21] and student populations.^[22] In another study, its association with increased paranoia and phobic symptoms was determined.^[15]

Socially-prescribed perfectionism involves the perceived need to attain standards and expectations prescribed by significant others.^[15] Socially-prescribed perfectionism entails people's belief or perception that significant others have unrealistic standards for them, evaluate them stringently and exert pressure on them to be perfect. Failure experiences and negative emotional states, such as anger, anxiety and depression, are expected to be relatively common in socially-prescribed perfectionism, as these perfectionists may have a perceived inability to please others, have the belief that others are being unrealistic in their expectations, or both.^[15] High levels of socially-prescribed perfectionism include concerns about meeting others' standards, a greater fear of negative evaluation and greater importance on obtaining the attention but avoiding the disapproval of others.^[15] Socially-prescribed

perfectionism was found to be associated with greater distress.^[15,22] In another study, changes in psychosocial well-being were predicted by socially-prescribed perfectionism, and this link between socially-prescribed perfectionism and psychosocial well-being was moderated by avoidance coping.^[23]

Materials and Method

Design

We carried out a descriptive cross-sectional study to answer our research questions.

Participants

The study population consisted of 267 nursing students who were attending a faculty of nursing in Turkey. We intended to include all the students who voluntarily agreed to participate in the study. Seventy-two students did not agree to participate in the study. Finally, the study was carried out with 195 nursing students with a participation rate of 73%. The sample size was calculated using power analysis. The power of the test was calculated 0.95 with $\pm 5\%$ deviation using the study of Şenyuva et al.,^[12] and we calculated the power of our study to be 92.74% with 0.95 power by predicting type 1 error as 0.05 (PAS 11 program). This study included 77 first-year students, 35 second-year students, 36 third-year students and 47 fourth-year students.

Data Collection Tools

The study data was collected using a student data form, the Self-Compassion Scale and the Multidimensional Perfectionism Scale.

The Student Data Form: This form has been developed to collect identifying information about students like class, age, gender, number of siblings, number of birth, educational level of mother and father, parents' being together, if parents are living, job of mother and father, place of current residence, place where the student spent most of his/her life, child-raising attitudes of parents and parents' levels of perfectionism.

The Self-Compassion Scale: This scale was developed by Neff^[13] and adapted into Turkish by Akın, Akın and Abacı.^[24] The scale was reported as a reliable and valid measurement tool for use in Turkey. It is a 5-point Likert type measurement tool with 26-items and six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification. An overall score of self-compassion can also be obtained from the scale. The negative subscale items (self-judgment, isolation, and over-identification) are reverse coded to calculate the overall self-compassion score. An increase in the subscale scores means an increase in that dimension. Minimum and maximum scores on the scale range between 1-5. Neff^[25] provides a rough guide for classifying self-compassion levels: a score of 1.0-2.5 indicates low,

2.5-3.5 indicates moderate, and 3.5-5.0 indicates high self-compassion.^[25]

The Multidimensional Perfectionism Scale: This scale was developed by Hewitt and Flett in 1991. The scale includes 45 items that are scored on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The Turkish validity and reliability study was done with university students in 1999 by Oral, and its Turkish validity and reliability was proved.^[26] The scale includes three sub-dimensions: self-oriented perfectionism, other-oriented perfectionism and socially-prescribed perfectionism. Each of these dimensions include 15 items, and their scores range between 15-105. There are no cut-off points or score classification guide for the scale. An increase in the dimension scores means an increase in that dimension.

Ethical Approval

Ethical committee approval was obtained from the Non-Invasive Clinical Research Ethics Committee of the university (GO 13/139). Official permission was provided by the faculty of nursing.

Data Collection

During implementation of the study, the nursing students were informed about the aim of the study, that their participation in the study was based on their voluntary consent and that the study results would only be used for scientific aims. Afterwards, the data collection tools were administered to the students who consented to participate in the study. The study was conducted between March 4-15, 2013.

Data Analysis

Data analysis was conducted with SPSS 20.0. Medians, standard deviations and percentages were used to present the data. The Kolmogorov-Smirnov test found that the data had a non-normal distribution, meaning that parametric test assumptions were not met, and non-parametric tests were utilized. The Dunn Z test was used for comparisons between groups of two and the Bonferroni adjusted Kruskal-Wallis test was used for comparisons between groups of more than two. Pearson's correlation analysis was used to determine the relationship between self-compassion and multi-dimensional perfectionism. Values of $p < 0.05$ were taken to be statistically significant.

Results

According to the demographic data of the nursing students, 39.5% of the students were in their first year, half of them (53.8%) were in the 21-23 age group, the majority (94.4%) were female and nearly half of them (41.5%) had three or more siblings. Almost half (46.2%) of them were the first child, and more than half (59%) of their mothers were

primary school graduates. More than one-third (37.9%) of their fathers were primary school graduates, and the parents of the vast majority (91.3%) were still married and living together. The parents of the vast majority (97.4%) were alive. The mothers of the vast majority (89.2%) were not working, and the fathers of more than half (63.6%) were. Half of the students (55.4%) were staying in dorms, and the majority of them (81.5%) had spent most of their lives in a city. The rate of the students who described their mothers' child-raising attitude as democratic was 76.4%, while this rate for their fathers was 65.1%. More than half of the students (62.6%) stated that their mothers and fathers were perfectionist at a moderate level (Table 1).

The students' self-compassion total median score was 3.28. According to Neff's online guide,^[25] this mean score indicates a moderate level of self-compassion. Of the students, 12.3% had low self-compassion, 53.3% had moderate self-compassion, and 34.4% of them had high self-compassion. The students' self-compassion subscale median scores were: 3.00 for self-kindness, 3.60 for self-judgment, 3.00 for common humanity, 3.25 for isolation, 3.25 for mindfulness and 3.50 for over-identification. Self-judgement had the highest score, and common humanity and self-kindness had the lowest scores (Table 2).

The students' multidimensional perfectionism subscales mean scores were: self-oriented perfectionism, 72.00; others-oriented perfectionism, 62.00, and socially-prescribed perfectionism, 53.00 (Table 2).

There were statistically significant differences in overall self-compassion, isolation, over-identification, socially-prescribed perfectionism scores by year of study. In pairwise comparisons conducted to determine the pairs causing significance, the difference was between the first-year and third year students. The first-year students' overall self-compassion (KW=7.941, $p=0.047$), isolation (KW=9.252, $p=0.026$) and over identification (KW=8.826, $p=0.032$) scores were higher, and their socially-prescribed perfectionism scores were lower than those of the third-year students (KW=8.433, $p=0.038$) (Table 3).

There was a statistically significant difference in the socially-prescribed perfectionism scores of the students by number of siblings. In pairwise comparisons, the students who had three or more siblings were determined to have higher socially-prescribed perfectionism than the students who had one sibling (KW=10.556, $p=0.014$) (Table 3).

Another significant difference was determined in the socially-prescribed perfectionism scores of the students according to their perception of their mothers' perfectionism levels. Pairwise comparisons revealed that the students who perceived their mothers' perfectionism levels as high had higher

Table 1. The introductory characteristics of the nursing students

| Introductory characteristics | n | % |
|---------------------------------|-----|------|
| Age | | |
| 18-20 | 65 | 33.4 |
| 21-23 | 105 | 53.8 |
| 24 and more | 25 | 12.8 |
| Year of study | | |
| 1. year | 77 | 39.5 |
| 2. year | 35 | 17.9 |
| 3. year | 36 | 18.5 |
| 4. year | 47 | 24.1 |
| Gender | | |
| Female | 184 | 94.4 |
| Male | 11 | 5.6 |
| Living status of mother | | |
| Alive | 190 | 97.4 |
| Death | 5 | 2.6 |
| Living status of father | | |
| Alive | 190 | 97.4 |
| Death | 5 | 2.6 |
| Sibling number | | |
| No siblings | 14 | 7.2 |
| One sibling | 47 | 24.1 |
| Two siblings | 53 | 27.2 |
| Three or more siblings | 81 | 41.5 |
| Place of residence | | |
| Home with family | 40 | 20.5 |
| Home with friends | 36 | 18.5 |
| Dormitory | 108 | 55.4 |
| Other | 11 | 5.6 |
| Parental cohabitation | | |
| Married-living together | 178 | 91.3 |
| Married-living separately | 5 | 2.5 |
| Divorced | 8 | 4.1 |
| No response | 4 | 2.1 |
| Longest place of residence | | |
| City | 159 | 81.5 |
| Village | 13 | 6.7 |
| Town | 23 | 11.8 |
| Mothers' child-raising attitude | | |
| Democratic | 149 | 76.4 |
| Authoritarian | 41 | 21.0 |
| Indulgent or permissive | 4 | 2.1 |
| No response | 1 | 0.5 |
| Fathers' child-raising attitude | | |
| Democratic | 127 | 65.1 |
| Authoritarian | 59 | 30.3 |
| Indulgent or permissive | 8 | 4.1 |
| No response | 1 | 0.5 |
| Mothers' perfectionism level | | |
| High | 61 | 31.3 |
| Moderate | 122 | 62.6 |
| Low | 11 | 5.6 |
| No response | 1 | 0.5 |
| Fathers' perfectionism level | | |
| High | 57 | 29.2 |
| Moderate | 122 | 62.6 |
| Low | 15 | 7.7 |
| No response | 1 | 0.5 |

Table 2. Median and Min-Max scores of self-compassion and multidimensional perfectionism (n=195)

| | Median | Min-Max |
|-----------------------------------|--------|-----------|
| Self-Compassion | | |
| Self-kindness | 3.00 | 1.60-5 |
| Self-judgment | 3.60 | 1-5 |
| Common humanity | 3.00 | 1.25-5 |
| Isolation | 3.25 | 1-5 |
| Mindfulness | 3.25 | 1-5 |
| Over-identification | 3.50 | 1-5 |
| Overall score | 3.28 | 1.25-4.72 |
| Multidimensional perfectionism | | |
| Self-oriented perfectionism | 72.00 | 30-105 |
| Other-oriented perfectionism | 62.00 | 28-87 |
| Socially-prescribed perfectionism | 53.00 | 17-78 |

self-compassion and multidimensional perfectionism scores of the students by age, gender, sibling order, educational level and parental occupation, longest place of residence, perception of father's perfectionism level and perception of parents' child-raising attitudes ($p>0.05$).

When the relationship between overall self-compassion and multidimensional perfectionism subscales were examined, there were negative weak but statistically significant correlations. As overall self-compassion rose, self-oriented perfectionism ($r=-.184$, $p=.010$), others-oriented perfectionism ($r=-.179$, $p=.012$) and socially oriented perfectionism ($r=-.403$, $p=.000$) fell (Table 4).

Discussion

In our study, which aimed to determine the self-compassion and multidimensional perfectionism levels of nursing students, the self-compassion median score was 3.28. In their study, Neff et al.^[27] reported self-compassion scores for Thai undergraduates as 3.41, for US undergraduates as 3.14, and for Taiwanese undergraduates as 2.92. Considering these results, the mean score of nursing students in our study was higher than the scores of the US and Taiwanese students, but lower than the score of the Thai students. Self-compassion is an emotion that can vary by culture. In their study, Neff et al.^[27] suggest that the lack of self-compassion displayed by Taiwanese students is primarily due to high levels of negative self-relevant emotions, such as judging oneself harshly, feeling alone in one's failures and running away with negative feelings, although the Confucian emphasis on self-improvement is intended to be constructive. Neff et al.^[27] continue by relating higher levels of self-compassion for Thais with the compassionate stance of Buddhism, in which failures and inadequacies are approached with kindness instead of isolating, exaggerated negativity. They also suggest that American culture sends mixed messages that cause neither high nor low self-compassion levels.^[27] Turkish culture has lately become a blend of characteristics that are present in collectivist and

socially-prescribed perfectionism scores than the students who perceived their mothers' perfectionism level as moderate (KW=6.852, $p=0.033$) (Table 3).

There was no statistically significant difference in the

Table 3. The nursing students' self-compassion and multidimensional perfectionism levels by characteristics

| | Self-compassion | | | | | | Multidimensional perfectionism | | | | |
|--|-------------------|-----------|---------------|---------------|-----------------|-----------|--------------------------------|---------------------|-----------------------------|------------------------------|-----------------------------------|
| | Overall score | | Self-kindness | Self-judgment | Common humanity | Isolation | Mindfulness | Over-identification | Self-oriented perfectionism | Other-oriented perfectionism | Socially-prescribed perfectionism |
| | Mean rank | Mean rank | Mean rank | Mean rank | Mean rank | Mean rank | Mean rank | Mean rank | Mean rank | Mean rank | Mean rank |
| Year of study | 106.92 | 104.60 | 102.66 | 103.83 | 104.16 | 103.44 | 109.02 | 94.07 | 96.73 | 86.82 | |
| 1. year ^a (n=77) | 101.91 | 95.47 | 106.24 | 102.53 | 102.40 | 96.99 | 102.71 | 98.23 | 88.99 | 93.57 | |
| 2. year ^b (n=35) | 75.25 | 83.65 | 78.11 | 81.75 | 72.32 | 93.57 | 76.61 | 102.22 | 106.75 | 118.25 | |
| 3. year ^c (n=36) | 97.90 | 100.05 | 99.47 | 97.52 | 104.30 | 93.23 | 92.82 | 101.03 | 100.10 | 104.11 | |
| 4. year ^d (n=47) | KW=7.941 p=0.047 | | | | | | | | | | |
| Statistical analyses | KW=3.542 p=0.315 | | | | | | | | | | |
| | KW=5.810 p=0.121 | | | | | | | | | | |
| | KW=4.081 p=0.253 | | | | | | | | | | |
| | KW=9.252 p=0.026 | | | | | | | | | | |
| | KW=1.299 p=0.729 | | | | | | | | | | |
| | KW=8.826 p=0.032 | | | | | | | | | | |
| | KW=0.711 p=0.871 | | | | | | | | | | |
| | KW=1.864 p=0.601 | | | | | | | | | | |
| | KW=8.433 p=0.038 | | | | | | | | | | |
| Dunn Z test: Overall score, Isolation, Over identification, Socially-prescribed perfectionism: a-c | | | | | | | | | | | |
| Sibling number | 83.75 | 93.21 | 86.75 | 97.18 | 79.14 | 73.11 | 77.29 | 103.36 | 112.75 | 101.89 | |
| No siblings ^a (n=14) | 112.80 | 107.97 | 111.69 | 102.09 | 112.33 | 103.34 | 114.93 | 97.48 | 94.97 | 75.11 | |
| One sibling ^b (n=47) | 87.43 | 89.43 | 86.87 | 92.38 | 86.74 | 90.98 | 88.87 | 93.04 | 96.22 | 102.33 | |
| Two siblings ^c (n=53) | 98.79 | 98.65 | 99.28 | 99.45 | 100.31 | 103.80 | 97.73 | 100.62 | 98.38 | 107.78 | |
| Three or more siblings ^d (n=81) | KW=5.998 p=0.112 | | | | | | | | | | |
| Statistical analyses | KW=2.822 p=0.420 | | | | | | | | | | |
| | KW=0.838 p=0.075 | | | | | | | | | | |
| | KW=6.902 p=0.181 | | | | | | | | | | |
| | KW=4.875 p=0.056 | | | | | | | | | | |
| | KW=0.715 p=0.870 | | | | | | | | | | |
| | KW=1.149 p=0.765 | | | | | | | | | | |
| | KW=10.556 p=0.014 | | | | | | | | | | |
| Dunn Z test: Socially-prescribed perfectionism: b-d | | | | | | | | | | | |
| Mother's Perfectionism Level | 100.53 | 100.81 | 98.39 | 99.16 | 97.11 | 104.47 | 96.73 | 111.83 | 111.60 | 112.91 | |
| High ^a (n=61) | 99.51 | 97.27 | 99.85 | 98.54 | 101.16 | 96.26 | 100.52 | 92.53 | 91.67 | 89.88 | |
| Moderate ^b (n=122) | 58.36 | 81.73 | 66.55 | 76.73 | 59.09 | 72.59 | 68.32 | 73.18 | 83.95 | 96.55 | |
| Low ^c (n=11) | KW=5.679 p=0.058 | | | | | | | | | | |
| Statistical analyses | KW=1.091 p=0.579 | | | | | | | | | | |
| | KW=3.595 p=0.166 | | | | | | | | | | |
| | KW=1.619 p=0.445 | | | | | | | | | | |
| | KW=5.718 p=0.057 | | | | | | | | | | |
| | KW=3.200 p=0.202 | | | | | | | | | | |
| | KW=6.995 p=0.186 | | | | | | | | | | |
| | KW=5.806 p=0.055 | | | | | | | | | | |
| | KW=6.852 p=0.033 | | | | | | | | | | |
| Dunn Z test: Socially-prescribed perfectionism: a-b | | | | | | | | | | | |

individualistic cultures.^[28] This probably causes mixed messages that are similar to those of American culture.

In our study, the self-compassion levels of the nursing students were found to be moderate according to the classification provided by Neff.^[25] Additionally, the rate of students with moderate and high self-compassion (88%) was much higher than the students with low self-compassion (12%). According to Heffernan et al.,^[11] self-compassion is the ability to be compassionate to oneself, and nurses might not be prepared to be compassionate to their patients without this ability. When the nature of the nursing profession is considered, the overall self-compassion score of the students was promising. However, the subscale scores raise some concerns. Scores for self-judgment, isolation and over-identification, which constitute the negative dimensions of self-compassion, were higher than self-kindness, common humanity and mindfulness, the positive dimensions of self-compassion. These results may be related to characteristics of Turkish culture that encourage compassion for oneself and others, but also teach poor tolerance for mistakes. For this reason, qualitative studies should be done to try to understand the underlying factors.

According to our results, self-judgement had the highest median score, and common humanity and self-kindness had the lowest mean scores on the self-compassion subscales. Given that higher self-judgment indicates problems in having a positive affect and attitude^[2] and lower common humanity and self-kindness involve a less empathetic and self-compassionate attitude¹, the students may be experiencing an increase in self-criticism, decrease in self-esteem, inhibition of self-expression and of interactions with other people and hindrance of self-actualization in per-

Table 4. Correlation matrix for the self-compassion and multidimensional perfectionism subscales

| | 1 | 2 | 3 | 4 |
|--------------------------------------|---------|---------|--------|---------|
| 1. Overall self-compassion | — | -.184** | -.179* | -.403** |
| 2. Self-oriented perfectionism | -.184** | — | .664** | .396** |
| 3. Others-oriented perfectionism | -.179* | .664** | — | .424** |
| 4. Socially-prescribed perfectionism | -.403** | .396** | .424** | — |

**p<0.01; *p<0.05.

sonal and professional life. Results of related research showed inconsistency in itself and with our results. In a study which had very similar results to ours, Turkish nursing students had the highest score in self judgment while they had the lowest in common humanity.^[12] However, in other studies, Turkish nursing students had the highest score in mindfulness,^[29,30] and lowest score in over-identification^[29] and in self-judgment.^[30]

First-year students had higher scores in overall self-compassion, and isolation and over-identification subscales of self-compassion than third-year students. This was an interesting result showing higher scores of isolation and over-identification, and on the other hand overall self-compassion. Considering that overall self-compassion is computed by reverse-coding of isolation, over-identification and self-judgment, simultaneous higher scores of overall self-compassion, isolation and over-identification become more meaningful. Nursing education aims to develop empathy and mindfulness in nursing students over time for providing better health care. Nursing education is also expected to develop self-compassion in students over time. However, first year students are at the beginning of professional education. Although learnings obtained in family and previous experiences are brought with them to some extent when they enter nursing schools, they lack the awareness with regard to empathy and self-compassion. In the light of these knowledge, freshmen students' having higher scores in isolation and over-identification become more meaningful. However, in another study including a similar Turkish nursing student population, no significant difference was determined in self-compassion scores according to class.^[12]

The multidimensional perfectionism median scores of the nursing students were 72.00 for self-oriented perfectionism, 62.00 for other-oriented perfectionism and 53.00 for socially-prescribed perfectionism. Although it was not possible to draw any conclusions with these scores because multidimensional perfectionism scale does not provide any cut-off points, the Turkish nursing students' scores reported in another study by Çalışandemir and Tagay^[31] are very similar to our results at 71.47 for self-oriented perfectionism, 60.75 for other-oriented perfectionism and 55.12 for socially-prescribed perfectionism.

A remarkable finding with regard to relation between perfectionism and descriptive characteristics was between socially-prescribed perfectionism and class. The third-year students' socially-prescribed perfectionism levels were higher than those of the first-year students. This result may be related to the fact that the admission requirements for health profession programs favor students who set very high standards for themselves and after acceptance into such programs students feel that they must continue to meet the high standards others have set for them.^[32] During the education of nurses and other health professionals, health care is taught as a discipline that does not accept any mistakes because it deals with human life and well-being. In this way, perfectionism is prescribed by the educational and social context of the profession.

According to our results, socially-prescribed perfectionism scores of the students who had three or more siblings were higher than the scores of the students who had one sibling. Socially-prescribed perfectionism is described as a "perceived need to attain standards and expectations prescribed by significant others."^[15] When we consider that getting the attention and approval of significant others like parents is harder in a family with four or more children than in a family with one child, the higher socially-prescribed perfectionism score of the students who had three or more siblings becomes more meaningful. Exhibiting a greater fear of negative evaluation, placing greater importance on obtaining the attention, but avoiding the disapproval of others are the factors related with high socially-prescribed perfectionism,^[15] which may be additional causes of higher socially-prescribed perfectionism in multi-sibling nursing students. On the other hand, in another study conducted with engineering students, no significant relation was found between sibling number and perfectionism scores.^[33]

Perfectionism is a personality trait that is rooted in childhood and family. The relationship between parents and child has particular importance in the formation of perfectionism. Individuals who grow up with high expectations on the part of their mothers and fathers make efforts to meet the needs of others.^[34] In light of this conceptual background, our finding that the students who perceived their mothers as high level perfectionists had higher socially-prescribed perfection-

ism scores was not surprising. The surprising part was about fathers because the students' socially-prescribed perfectionism scores did not have a significant difference according to their perception of their fathers' perfectionism levels. This result may be related to the structure of Turkish families because in Turkish families, generally mothers have the primary responsibility of looking after and raising children and spend more time with the children while fathers are expected to earn money and protect the family.^[35] This is the likely reason why the perception of the mothers' perfectionism level was significant, but the perception of the fathers' perfectionism level was not.

Our results regarding the relationship between multidimensional perfectionism and self-compassion determined negative correlations between the self-compassion and perfectionism subscales. When overall self-compassion rises, self-oriented and other-oriented perfectionism and socially-prescribed perfectionism falls. This negative correlation is not surprising when considering that self-compassion provides a positive self-affect and a strong sense of self-acceptance, which are not based on performance evaluations of the self or comparisons with others.^[2] Recognizing the flawed nature of the human condition in self-compassion provides a clear understanding of the self and an extended kindness without the need to put others down or promote the self.^[2] Similarly, other research showed that higher self-compassion scores were negatively associated with self-criticism and perfectionism,^[13] and with performance goals that involve defending or enhancing one's sense of self-worth through academic performance. Unlike our study, Otrar and Tezcan^[36] reported a positive correlation between self-compassion and perfectionism in psychological guidance and counseling department students.

Study Limitations

Given that this study was conducted with the students of one nursing faculty, this limits the generalizability of its results to all the nursing schools and nursing students in Turkey.

Conclusions

In our study, which was intended to determine nursing students' self-compassion and multidimensional perfectionism levels, related factors and the relations between these two variables, we achieved our aim and found answers to our research questions. The nursing students' had moderate level self-compassion, but had the highest scores in the self-judgment subscale of the Self-Compassion Scale. These results draw further attention on self-compassion in nursing students to improve and explore. Nursing educators should develop programs to encourage students to be more mindful, sensitive and loving to themselves, and to be more realistic

in the fulfillment of their responsibilities and goals. Group programs may be more cost-effective and time-efficient for this counseling. Nursing educators can also use clinical practice as an individual guidance opportunity to facilitate the improvement of self-compassion and adaptive perfectionism by developing students' awareness of these factors. Since this study was conducted with the students of a single nursing faculty and cannot be generalized to other nursing students, exploring the self-compassion levels of nursing students in a broader and more diverse sample of nursing students representing whole population can be suggested. Qualitative studies of the dimensions of self-compassion in nursing students can help to better understand the factors that affect them. On the other hand, although moderate levels of self-compassion may be enough, efforts are required to develop self-compassion in nursing students. Increasing mindfulness may be a part of these efforts.

Exploring the factors that underlying the higher socially-prescribed perfectionism scores of the students who are in their third year of study, who have three or more siblings and who perceive their mothers as a high level perfectionist with qualitative studies can provide useful information to improve nursing education and to help nursing students who experience psychosocial problems arising from related issues.

Our study found a negative correlation between overall self-compassion and dimensions of perfectionism in nursing students, which is an important contribution to the nursing education literature since there is no study exploring the relation between these two variables in nursing students. The fall in self-oriented, other-oriented and socially-prescribed perfectionism scores while self-compassion rises is important data that should be taken into consideration when providing counseling for students and improving nursing education.

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- *The author gave this study as a verbal presentation at 2nd European Conference on Mental Health Nursing, (22th to 24th May 2013 Turku, Finland).*