A Study to Assess the Level of Self-Compassion and Its Association with Mental Health and Quality of Life Among Nurses of a Tertiary Care Hospital, Ludhiana, Punjab

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Abstract: *Background and Objectives: A cross-sectional study was performed to assess the level of self-compassion and its association with mental health and quality of life among nurses of a tertiary care hospital, Ludhiana, Punjab. Material and Methods: A quantitative research approach & non-experimental cross-sectional descriptive design was used to assess self-compassion, mental health and quality of life. Data was collected from a sample of 330 nurses of wards and ICUs of DMC & Hospital. Ludhiana, by using non-probability convenience sampling technique. Responses were collected by self-report pen & paper method using Self-Compassion Scale, Depression Anxiety Stress Scale (DASS-21). Results: There was a statistically significant negative correlation between self-compassion and mental health, and mental health and quality of life. There was statistically significant moderate positive correlation between self-compassion and quality of life. Conclusion: The present study concluded that most of the nurses were having moderate self-compassion and in mental health there was normal level of depression and stress with moderate level of anxiety and higher quality of life in the domain of psychological and social relationship as compared to physical and environment domain of quality of life. Hence, self-compassion is a crucial component of maintaining mental health and achieving higher quality of life.*

Keywords: self-compassion, mental health, quality of life and nurses

1. Introduction

Nursing is one of the most challenging and emotionally demanding professions, requiring continuous physical, psychological, and emotional engagement. Nurses often work under high-stress conditions due to long shifts, high patient loads, critical care responsibilities, and limited resources. These challenges frequently lead to mental health issues such as stress, anxiety, depression, and burnout, ultimately affecting their quality of life (QOL)[1].

Self-compassion has been identified as an important personal resource for coping with occupational stress. According to Neff (2003), self-compassion refers to treating oneself with kindness during times of failure or difficulty, recognizing common humanity, and maintaining emotional balance through mindfulness[2]. Research indicates that self-compassion enhances resilience, emotional regulation, and psychological well-being, while also reducing burnout among healthcare professionals [3,4].

The interrelationship between self-compassion, mental health, and quality of life is particularly relevant for nurses, who act as frontline caregivers. Studies have shown that nurses with higher self-compassion report lower levels of compassion fatigue and improved overall life satisfaction [5]. However, despite global recognition of its importance, there is limited research in the Indian context exploring this association among nursing professionals.

2. Methods and Materials

This study employed a quantitative research approach with a non-experimental, cross-sectional descriptive design to evaluate self-compassion, mental health and quality of life carried out at wards and ICUs of DMC & Hospital, Ludhiana. The research assessed the level of self-compassion and its association with mental health and quality of life. Data were gathered from a sample of 330 nurses meeting inclusion criteria working in the wards and ICUs for atleast 6 months and who are available at the time of data collection, excluding those who were not willing to participate in the study. Data collection tools included socio-demographic sections with items covering age, gender, religion, type of family, marital status, qualification, habitat, place of stay, training institutions, working experience, income , personal history of psychiatric or medical illness, history of psychiatric illness in family, area of work and socio-economic status (according to Kuppuswamy socio economy scale, 2023).Participants provided responses through a self-report pen-and-paper format using the Self-Compassion Scale and the Depression Anxiety Stress Scale (DASS-21) and WHOQOL-BREF Scale. Ethical considerations and prior permissions were taken in written form formly from ethical committee, college and hospital. A pilot study also conducted to assess the feasibility and practibility of using the research tools. Tools were found valid by experts and reliability assessed by using Cronbach's alpha method for the study. The collected data

were organized and analyzed using both descriptive and inferential statistical methods.

3. Results

Table 1: Frequency and percentage distribution of nurses as per their socio-demographic variables, N= 330

Socio-demographic Variables	f (%)
Age (in years)	
22-30	220 (66.7)
31-39	50 (15.2)
40-48	44 (13.3)
49-57	16 (4.8)
Gender	
Male	16 (4.8)
Female	**314 (95.2)**
Type of family	
Nuclear	**258 (78.2)**
Joint	72 (21.8)
Extended	0 (0)
Marital Status	
Married	145 (43.9)
Unmarried	**185 (56.1)**
Qualification	
B.Sc. (N)	**195 (59.1)**
Post-basic B.Sc. (N)	25 (7.6)
GNM	110 (33.3)
M.Sc.	0 (0)
Working experience	
6 months - <1 year	48 (14.5)
1 year – 2 years	87 (26.4)
> 2 years	**195 (59.1)**
Income in rupees/ month	
<20,000	101 (30.6)
20,000 – 25,000	22 (6.7)
25,000 – 30,000	88 (26.7)
30,000 and above	**119 (36)**
Personal history of psychiatric or medical illness	
Yes	9 (2.7)
No	**321 (97.3)**
If yes, specify (n=9)	
Pain	2 (22.2)
Psychiatric illness	3 (33.3)
Medical illness	4 (44.4)
History of psychiatric illness in family	
Yes	3 (0.9)
No	**328 (99.1)**
If yes, specify (n=3)	
Parkinson's disease	1 (33.3)
Depression	1 (33.3)
BPAD	1 (33.3)
Area of Work	
ICU'S	97 (29.4)
General wards	60 (18.2)
Special wards	**173 (52.4)**
Socio-economic status	
Upper	5 (1.5)
Upper middle	145 (43.9)
Lower middle	**149 (45.2)**
Upper lower	31(9.4)
Lower	0 (0)

Mean age (yrs.) = 30.61±8.15

Table 1 delineats that majority of nurses were in the age group of 22-30 years with mean age 30.61 ± 8.15. (95.2%) females, belonged to nuclear family, sikh, married, B.Sc.(N), had experience of >2 years, in the income group of ₹30,000 and above, from urban habitat, residing at home, from private training institutions, had no personal history of psychiatric or medical illness, had no history of psychiatric illness in family, working in special wards and belonged to lower middle class.
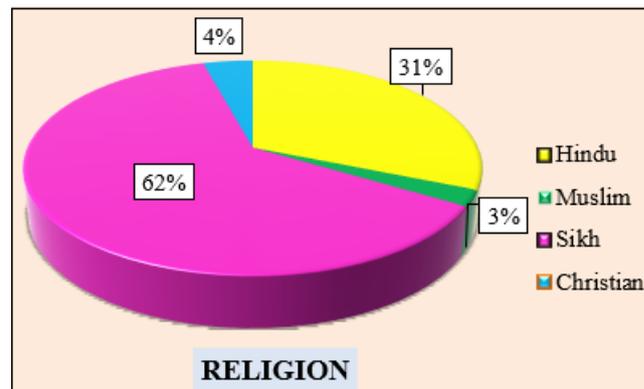

Figure 1: Percentage distribution of nurses as per religion

Figure 1 : illustrates that majority 205 (62%) were Sikh followed by 103 (31%) Hindu, 14(4%) Christian and 8(3%) Muslim.
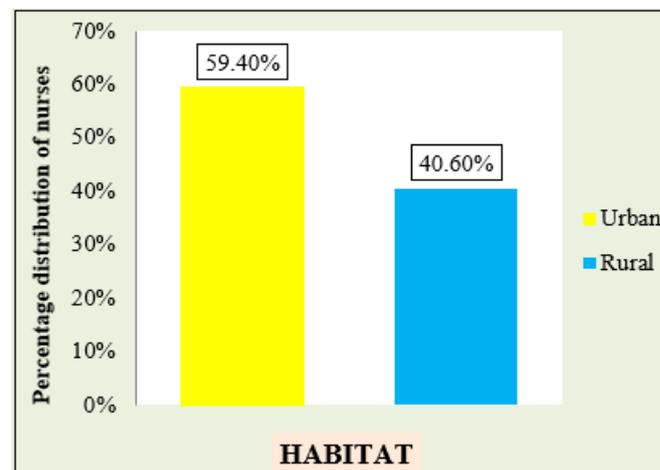

Figure 2: Percentage distribution of nurses as per their habitat

Figure 2: depicts that majority 196 (59.4%) were from urban habitat whereas 4(40.6%) were from rural habitat.

Objective 1: To assess the level of self-compassion, mental health and quality of life among nurses.

Table 2: Mean and standard deviation of self-compassion, mental health and quality of life (QOL) among nurses, N=330

Variables	Mean ± SD
Self-compassion	85.03±8.89
Mental health	32.67±18.97
Quality of life	96.39±12.30

Self-compassion
Minimum score   26   Maximum score 130
Mental Health
Minimum score   0   Maximum score   6

Table 2 describes that the mean self-compassion score was (85.03±8.89), mean mental health score was (16.33±9.48) and

mean quality of life score was (96.39±12.30).

4. Discussion

Self-compassion, defined as being kind and understanding to oneself during times of struggle or failure. Studies have indicated that nurses who exhibit higher levels of self-compassion tend to experience better mental health outcomes, including lower levels of stress, anxiety, and depression (Neff,2003)[5]. Therefore, a quantitative research approach and non-experimental descriptive research design was used with an aim to assess the level of self-compassion and its association with mental health and quality of life among nurses.

In the study done by **Bajelan S., Karampourian A., Solgi S., Rangchian M., Monazam-Salimi M., and Khazaei S.(2023)** on the relationship between emotional intelligence and self-compassion in nurses revealed that majority (85.37%) of nurses were female and most of them (63.41%) were married[6] **Yesil A. and Polat S. (2023)** conducted a cross-sectional study on investigation of psychological factors related to compassion fatigue, burnout and compassion satisfaction among nurses and the found that 30% nurses had low self-compassion, 50% had moderate self-compassion whereas 20% had high self-compassion[5].
Nagel C. and Nilsson K. (2022) carried out research on nurses' work-related mental health in 2017 and 2020- A comparative follow-up study before and during the pandemic and found that 128 nurses had mental health diagnoses i.e. (8.1%) stress and (5.3%) depression and anxiety in 2017 and increases to (26.4%) stress and (10.2%) depression and anxiety in 2020[8] **Orszulak N., Kubaik K., Kowal A., Czapla M. and Uchmanowicz I. (2022)** conducted a cross-sectional study on nurses' quality of life and healthy behaviours and findings of the showed that mean of QOL was 3.65 (SD=0.67) and 62 (19.87%) had highest QOL, 111 (35.58%) moderate and 139 (44.55%) low QOL[9]

5. Conclusion

The present study concluded that majority of the nurses had moderate level of self-compassion and normal level of stress and depression with moderate level of anxiety and higher quality of life in psychological and social relationships domain as compared to physical and environment domains of quality of life. There was a statistically significant moderately negative correlation between self-compassion and mental health, and mental health and quality of life which indicates higher the self-compassion lower the mental health symptoms (depression, anxiety and stress) and lesser the mental health symptoms (depression, anxiety and stress) higher the quality of life. There was statistically significant moderate positive correlation between self-compassion and quality of life that means higher the self-compassion higher the quality of life.

References

[1] Sharma, P., Davey, A., Davey, S., Shukla, A., Shrivastava, K., & Bansal, R. (2014). Occupational stress among staff nurses: Controlling the risk to health. Indian Journal of Occupational and Environmental Medicine, 18(2), 52–56.

[2] Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101.

[3] 3.Duarte, J., & Pinto-Gouveia, J. (2017). The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms. *European Journal of Oncology Nursing, 28*, 114–121.

[4] Dev, V., Fernando, A. T., & Consedine, N. S. (2016). Self-compassion as a stress moderator: A cross-sectional study of 1700 doctors, nurses, and community workers in New Zealand. *Mindfulness, 7*(3), 627–638.

[5] Tail, A., & Polat, S. (2023). Investigation of psychological factors related to compassion fatigue, burnout, and compassion satisfaction among nurses. *BMC Nursing*. https://doi.org/10.1186/s12912-023-01174-3

[6] Bajelan, S., Karampourian, A., Solgi, S., Rangchian, M., Salimi-Monazam, M., & Khazaei, S. (2023). The relationship between emotional intelligence and self-compassion in nurses. *International Journal of Research in Psychiatry, 3*(1), 25–30. https://doi.org/10.22271/27891623.2023.v3.i2a.41

[7] Bajelan, S., Habibi, S., Hosseinzadeh, M., & Ghahramani, S. (2020). The relationship between emotional intelligence and self-compassion in nurses. *International Journal of Indian Psychology, 8*(2), 367–374. https://doi.org/10.25215/0802.046

[8] Nagel, C., & Nilsson, K. (2022). Nurses' work-related mental health in 2017 and 2020: A comparative follow-up study before and during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health, 19*(23), 15569. https://doi.org/10.3390/ijerph192315569

[9] Orszulak, N., Kubiak, K., Kowal, A., & Czapla, M. (2022). Nurses' quality of life and healthy behaviors. *International Journal of Environmental Research and Public Health, 19*(20), 12927. https://doi.org/10.3390/ijerph192012927