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The Effect of Self-Compassion on Perceived Social Support and Mental Wellbeing of Nurses

Öz-Duyarlılığın Hemşirelerin Algılanan Sosyal Destek ve Mental İyi Oluşları Üzerindeki Etkisi

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ÖZET

Amaç: Hemşireler COVID-19 pandemisi sürecinde yoğun çalışma temposu, belirsizlik ve artan sorumluluklar nedeniyle farklı zorluklarla karşı karşıya kalmışlardır. Bu durum onların fiziksel, zihinsel ve sosyal yaşamlarını önemli düzeyde etkilemiştir. Bu nedenle, bu çalışma hemşirelerin algıladıkları sosyal destek, öz-duyarlılık ve mental iyi-oluş düzeylerini belirlemeyi ve bu değişkenler arasındaki ilişkiyi ortaya koymayı amaçlamaktadır. Bu kavramlar, hemşirelerin psikolojik dayanıklılığının ve genel iyi oluşlarının önemli belirteçleri olarak değerlendirilmektedir.
Yöntem: Tanımlayıcı ve ilişki arayıcı tipteki çalışma, COVID-19 pandemisi sırasında aktif olarak görev yapan 202 hemşire ile yürütülmüştür. Verilerin toplanmasında Tanımlayıcı Özellik Formu, Çok Boyutlu Algılanan Sosyal Destek Ölçeği (ÇBASDÖ), Öz-Duyarlılık Ölçeği (ÖDÖ) ve Warwick-Edinburg Mental İyi Oluş Ölçeği (WEMİOÖ) kullanılmıştır. Verilerin değerlendirilmesinde tanımlayıcı istatistiksel analizler, Pearson korelasyon analizi ve Sobel Z testi uygulanmıştır.
Bulgular: Hemşirelerin algıladıkları sosyal destek puan ortalaması yüksek (66,28±14,03), öz-duyarlılık puan ortalaması orta (83,75±17,39) ve mental iyi-oluş puan ortalaması yüksek (54,00±10,82)'tir. Ayrıca, hemşirelerin algıladıkları sosyal destek ile mental iyi oluşları arasındaki ilişkide öz-duyarlılığın aracılık rolü (%9) olduğu saptanmıştır.
Sonuç: Hemşirelerin öz-duyarlılıkları ve mental iyi oluşları COVID-19 gibi büyük kriz durumlarında önemli ölçüde etkilenmektedir. Bu süreçte hem sosyal çevrelerinden hem de kurumlarından yeterli destek almaları oldukça önemlidir. Araştırma bulguları, hemşirelerin yüksek mental iyi oluş düzeylerinin algıladıkları sosyal destekle ilişkili olduğunu göstermektedir. Bununla birlikte, öz-duyarlılıklarının daha iyi bir düzeye ulaşması için sosyal destek mekanizmalarının güçlendirilmesi ve sürdürülebilir psikososyal destek programlarının geliştirilmesi gerekmektedir.
Anahtar Kelimeler: COVID 19, Hemşirelik, Sosyal Destek, Öz-Duyarlılık, Mental İyi-Oluş.

ABSTRACT

Aim: During the COVID-19 pandemic, nurses faced various challenges due to intense workloads, uncertainty, and increased responsibilities. These circumstances significantly affected their physical, mental, and social well-being. Therefore, this study aimed to determine the relationship between nurses' perceived social support, self-compassion, and mental well-being levels. These concepts are considered important indicators of nurses' psychological resilience and overall well-being.
Method: This descriptive and correlational study was conducted with 202 nurses who actively worked during the COVID-19 pandemic. Data were collected using the Descriptive Characteristics Form, the Multidimensional Scale of Perceived Social Support (MSPSS), the Self-Compassion Scale (SCS), and the Warwick–Edinburgh Mental Well-Being Scale (WEMWBS). Descriptive statistical analyses, Pearson correlation analysis, and the Sobel Z test were used to evaluate the data.
Results: The nurses' mean perceived social support score was high (66.28±14.03), their mean self-compassion score was moderate (83.75±17.39), and their mean mental well-being score was high (54.00±10.82). In addition, self-compassion was found to have a mediating role (9%) in the relationship between perceived social support and mental well-being.
Conclusion: Nurses' self-compassion and mental well-being are significantly affected during major crises such as the COVID-19 pandemic. During such periods, it is crucial for them to receive adequate support from both their social environment and institutions. The findings indicate that nurses' high mental well-being levels are associated with perceived social support. However, to further enhance their self-compassion, it is necessary to strengthen social support mechanisms and develop sustainable psychosocial support programs.
Keywords: COVID-19, Nursing, Social Support, Self-Compassion, Mental Well-being.

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INTRODUCTION

Coronavirus Disease 2019 (COVID-19), which was declared a pandemic by the World Health Organization, drastically exposed the needs of health institutions and health professionals. Nurses, especially those with critical care roles on the front lines of healthcare, were among the caregivers most in demand (Labrague & Santos, 2020; Lai et al., 2020; Nowicki et al., 2020; Zhu et al., 2020). Nurses were significantly affected physically, mentally and socially due to the obscurity of the pandemic, concerns about their own and their families' lives and workload (Hou et al., 2020; Labrague & Santos, 2020; Lai et al., 2020). Karasu (2020) found that nurses faced problems such as fear of death and transmitting the virus to others, work and life stress and workload during COVID-19 (Arı and Duman, 2020; Terzioğlu, 2020; Vanhaecht et al., 2021; Zhu et al., 2020). These results revealed the problems nurses faced during the pandemic and showed that they need physical, cognitive, psychological, and social support. Nurses' social support needs, mental states, and self-compassion become more important among healthcare professionals since 2020.

Self-compassion refers to people being open to emotions that cause pain and distress, and treating themselves with careful, compassionate attitudes. It also requires them to understand their inadequacies and failures, to accept negative experiences as a natural process of human life (Duarte et al., 2016; Neff, 2003a). It creates awareness that life's difficulties are not unique to the individual and that similar feelings are experienced by different people (Akın et al., 2007; Upton, 2018). Self-compassion allows individuals to perceive and correct maladaptive patterns of thoughts, feelings and behaviors more accurately, thereby improving emotional security. Self-compassionate individuals are seen to have a more harmonious psychological profile. Self-compassion is also associated with positive psychological characteristics such as emotional intelligence, wisdom, life satisfaction, well-being and social connectedness (Duarte, et al. 2016; Upton, 2018). It was of great importance for nurses to allow themselves self-compassion to cope with difficulties in COVID-19.

Perceived social support is the degree to which an individual senses a subjective feeling of being understood, respected, and supported by others in the social environment (Liu and Aungsuroch, 2019; Zhu et al., 2020). It includes the emotional, social, informational, and instrumental support that a person receives from their social environment when needed (Nowicki et al., 2020; Öksüz et al., 2020). Social support the positive reinforcement that an individual receives from the people and environment surrounding her, contributing to physical and mental health (Hou et al., 2020). It appears to be one of the most important support mechanisms for nurses during the COVID-19 pandemic (Zhu et al., 2020).

Mental well-being is defined as being aware of one's own abilities, being able to overcome stress in one's life, being productive in one's work life, and contributing to society in line with one's abilities (Fukuti et al., 2020; Lai et al., 2020; Stelnicki et al., 2020). During COVID-19, there were reports that healthcare workers in many countries exhibited a wide range of disorders and dysfunctions including fear, anxiety, depression, insomnia, burnout, trauma, emotional exhaustion, somatic symptoms (Arı and Duman, 2020; Stelnicki et al., 2020; Sun et al., 2020; Vanhaecht et al., 2020; Wadoo et al. 2021). Overall well-being is fundamentally and essentially linked to a person's mental health and, respectively, a productive life. Mental health problems at work are associated with many negative effects such as decreased or lost productivity, disability, and absenteeism. Among the effective factors, social support is thought to be a protective factor for mental health (Arı and Duman, 2020; Hou et al., 2020; Muller et al. 2020; Zhu et al., 2020).

Nursing professionals fulfill a comprehensive responsibility related to human life yet, perhaps ironically, they too often overlook their physical, spiritual and social needs. The COVID-19 pandemic greatly exposed the needs of nurses, who provide the most healthcare services all worldwide. Nurses have faced great difficulties while attending to patients with increased care needs. In the literature there are numerous studies examining the self-compassion, social support and mental well-being of nurses during COVID-19. Bahrami Nejad Joneghani et al. (2023) reported that nurses' self-compassion positively affected their mental health. However, no research has been found in which self-compassion and perceived social support and mental well-being were studied together. Labrague and De los Santos (2020) found nurses' perceived social support at a moderate level in their study to evaluate work stress and social support. Zhang et al. (2020) reported that nurses' mental well-being was high during the pandemic. Labrague and De los Santos (2020) and Zhu et al. (2020) found that nurses' anxiety levels decreased in direct proportion to the increase in their perceived social support.

Aim

This research examined nurses' self-compassion, perceived social support and mental well-being during the COVID-19 pandemic. An additional aim was to examine the relationship between nurses' self-compassion, perceived social support and mental well-being during the pandemic, emphasizing the mediating role of self-compassion in the relationship between perceived social support and mental well-being.

MATERIALS & METHODS

Research Design

This descriptive and correlational study uses mediating effect modelling (Figure 1).

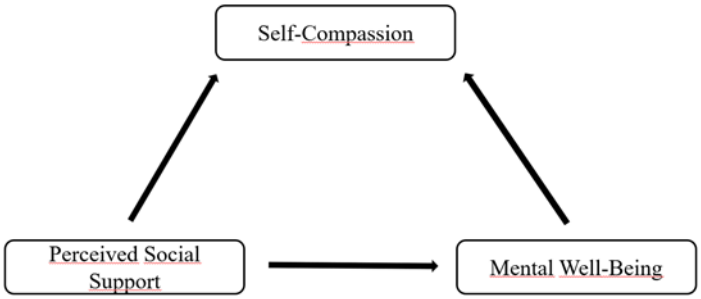


Figure 1. Mediating Effect Modelling of the Research

In mediating effect modeling, the mediator variable (M) is an intermediary variable used to explain the relationship between the independent variable (X) and the dependent variable (Y). The mediator variable is a tool that transmits the effect of the independent variable to the dependent variable (Gürbüz and Bayık, 2021). The mediator variable works as a connection mechanism between the independent variable and the dependent variable. It helps to explain the effect of the independent variable on the dependent variable and to fully explain the relationship between these (Fairchild & MacKinnon, 2009).

Research Questions:

What were the self-compassion levels of nurses during the COVID-19 pandemic?

What were the perceived social support levels of nurses during the COVID-19 pandemic?

What were the mental well-being levels of nurses during the COVID-19 pandemic?

Research Hypothesis:

H1: Self-compassion has a positive impact on the relationship between nurses' perceived social support and mental well-being

Research Sample

The research was conducted between October and December 2020 with 202 nurses working in public, university, and private hospitals operating in Istanbul, Turkey. In the "Health in Istanbul 2015" report published by the Istanbul Provincial Health Directorate, the number of nurses working in Istanbul was announced as 30,798. This number was accepted as the universe of the research; the sample size calculation was calculated as 380 with a 5% error and 95% confidence level (Yazıcıoğlu and Erdoğan, 2004). Considering the COVID-19 pandemic, no sampling method was used to reach the sample. The data collection process was terminated when we achieved the sample determined by voluntary responses to the survey form shared via E-mail and digital platforms.

Instruments

Descriptive Characteristics form, Self-Compassion Scale, Multidimensional Perceived Social Support Scale and Warwick - Edinburgh Mental Well-Being Scale were used to collect data.

Descriptive Characteristics: The Descriptive Characteristics form consists of 11 questions, including age, gender, marital status, parenthood, educational status, unit work, position worked, duration of employment in the profession, duration of employment in the institution, duration of employment in the unit, and status of working in COVID-19 pandemic services for more than three months.

Self-Compassion Scale (SCS): The scale was developed by Neff in 2003 and adapted to Turkish by Akın et al. in 2007. Its validity and reliability were tested. The scale is a 5-point Likert-type scale consisting of 26 items and six sub-dimensions. In the validity and reliability study of the scale, internal consistency coefficients were found to be 0.77, 0.72, 0.72, 0.80, 0.74, 0.74 for all dimensions (Akın et al., 2007).

Multidimensional Perceived Social Support Scale (MSPSS): This scale was developed by Zimet et al. in 1988 and adapted to Turkish by Eker and Akar in 1995. Its validity and reliability were tested. The scale is a 7-point Likert-type scale consisting of 12 items and three sub-dimensions. As the score on the scale increased, perceived social support increased. In the validity and reliability study of the scale, Cronbach's alpha value was found to be 0.89 in total, and 0.85, 0.88, 0.92 in the sub-dimensions (Eker et al., 2001; Nazari et al., 2024).

Warwick - Edinburgh Mental Well-Being Scale (WEMWBS): This scale was developed by Tennant et al. in 2007 and adapted to Turkish by Keldal in 2015. Its validity and reliability were checked. The scale is a 5-point Likert-type scale consisting of 14 items and two sub-dimensions. The lowest score on the scale was 14, and highest was 70. High scores on this scale indicate high mental (psychological) well-being. In the validity and reliability study of the scale, Cronbach's alpha value was found to be 0.92 (Keldal, 2015; Garcia-Campayo et al., 2024).

Data Collection

The data were collected between October and December 2020. The online Google Forms application collected data about the COVID-19 pandemic. The data collection process was concluded with announcements repeated eight different times via e-mail and digital platforms. In the first part of the survey form, participants were informed about the research. If they chose to participate in the research voluntarily, they were asked to complete the survey by selecting the "I want to participate in the research" option.

Ethical Consideration

Before data collection, the research protocol was approved by the Institutional Research Ethics Committee of a Private University in Istanbul for ethical clearance (Decision Number: 0292_210113114600). Usage permission was obtained from the owners of the Multidimensional Perceived Social Support Scale, Self-Compassion Scale, and Warwick-Edinburgh Mental Well-Being Scale. The first part of the online questionnaire duly explained the purpose of the research and promised potential participants that the data would be kept confidential. Nurses were asked to

approve the informed consent form compatible with the World Medical Association's Declaration of Helsinki.

Data Analysis

SPSS 24.0 program was used in evaluating the data and, descriptive statistics (mean, standard deviation, median, frequency, ratio, minimum, maximum) were presented. Normal distribution of data was suitably evaluated with the Kolmogorov-Smirnov test. Pearson correlation analysis was used to analyze the relationship between scales, and significance was evaluated at $p<0.05$ level. In order to test the research model and hypothesis, total effect, direct effect and indirect effect values and the magnitude of the mediating effect were determined. Before evaluating the effect size, the significance of the mediating effect was checked with Sobel Z test.

RESULT

Descriptive Features

The nurses' average age was 30.51±5.74. The vast majority—92.1%—were women. Slightly more than half (52.5%) were single, 64.4% had earned a bachelor's degree, and 64.9% of the nurses did not have children. A substantial 76.7% of them worked in COVID-19 units, 33.2% of them worked in clinics, 37.6% had been employed for 5 years or less, and 61.4% of them worked in the clinic. It was found that the working period in their institution was five years or less, and 80.2% of them had a working period of five years or less in their unit (Table 1).

Tablo 1. Descriptive characteristics

		M±SD	Min-Max(median)
Age		30.51±5.74	21-49 (30)
		f	**%**
Gender	Male	16	7.9
	Female	186	92.1
Marrital Status	Married	96	47.5
	Single	106	52.5
Education	Lower Education	31	15.3
	Baccelor	130	64.4
	Higher Education	41	20.3
Having Child	Yes	71	35.1
	No	131	64.9
Position	Nurse	183	90.6
	Administer Nurse	19	9.4
Working in COVID 19 Services	Yes	155	76.7
	No	47	23.3
Working Service	Intensive Care Unit	64	31.7
	Service	67	33.2
	Emergency Unit	23	11.4
	Other	48	23.8
Working Time in Profession	5 Years or Less	76	37.6
	6-10 Years	55	27.2
	11 Years or More	71	35.1
Working Time in Enstution	5 Years or Less	124	61.4
	6-10 Years	39	19.3
	11 Years or More	39	19.3
Working Time in Service	5 Years or Less	162	80.2
	6-10 Years	40	19.8

M: Mean, SD: Standart Deviation, Min: Minimum, Max: Maximum, f: Frekans

Scale Scores

The nurses' mean SCS score was 83.75±17.39, mean MSPSS score was 66.28±14.03, and mean WEMWBS score was 54.00±10.82. According to average scale scores, it was observed that nurses' self-compassion was moderate, perceived social support levels were high, and

mental well-being was also high. In addition, the Cronbach's alpha coefficients of the scales were 0.932 for SCS, 0.899 for MSPSS and 0.939 for WEMWBS (Table 2).

Table. 2 Scale scores

	M±SD	Min-Max (Median)	Skewness	Kurtosis	Cronbach's Alpha
Self-Compassion	**83.75±17.39**	47.19-127.11 (82.8)	-0.618	0.092	**0.932**
Perceived Social Support	**66.28±14.03**	12-84 (67)	0.102	-0.537	**0.899**
Mental Well-Being	**54.00±10.82**	18-70 (55)	-0.705	0.302	**0.939**

M: Mean, SD: Standart Deviation, Min: Minimum, Max: Maximum

Scale Relationships

A positive and statistically significant relationship was found between nurses' self-compassion and perceived social support as 27.0% (r=0.270; p=0.001; p<0.01), between self-compassion and mental well-being as 55.4% (r=0.554, p=0.001, p<0.01), and between perceived social support and mental well-being as 48.5% (r=0.485; p=0.001; p<0.01) during the COVID-19 pandemic (Table 3).

Table. 3 Relationship between the scales

	Self-Compassion Scale		Multidimensional Perceived Social Support Scale		Warwick - Edinburgh Mental Well-Being Scale	
	r	p	r	p	r	p
Self-Compassion Scale	1		0.270	**0.001****	0.554	**0.001****
Multidimensional Perceived Social Support Scale			1		0.485	**0.001****
Warwick - Edinburgh Mental Well-Being Scale					1	

r: Correlation, p: Significance level

Furthermore, we observed that nurses' self-compassion had a total effect of 0.279, a direct effect of 0.374, and an indirect effect of 0.950 on the relationship between perceived social support and mental well-being. This result shows the existence of a partial mediation effect (9%) (Table 4 and Figure 2).

Table. 4 Mediating effect of self-compassion to relationship between perceived social support and mental well-being

Intermediate Effect of Self -Sensitivity	Total Effect	Direct Effect	Indırect Effect	Bootstrap Trust Range BoLLCI-BoULCI	Intermediate Effect Rate
Perceived Social Support and Mental Wellbeing	0.279	0.374	0.950	0.0528- 0.1477	**Partial**

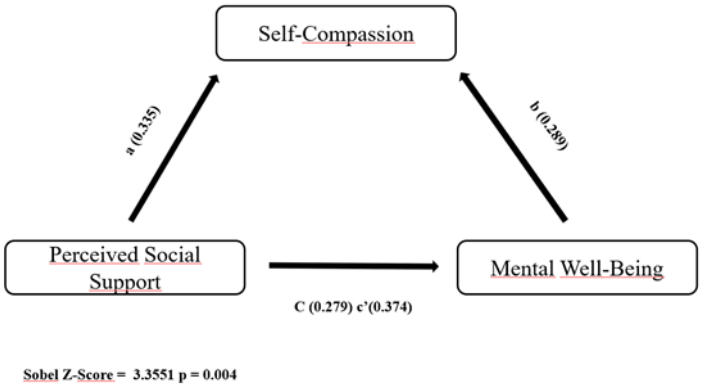


Figure 2. Mediating Effect Modelling Results of the Research

DISCUSSION

The current study found that nurses' self-compassion was moderate, perceived social support levels were high and mental well-being was high during COVID-19. In the research conducted by Joy et al. (2023) during the COVID-19 period and by Duarte et al. (2016) prior to the pandemic, it was seen that nurses' self-compassion was moderate. Nursing is a profession based on helping and touching human life. Especially in difficult conditions and in situations where the need for care is high, nurses often give priority to other individuals rather than themselves. We believe this explains the fact that nurses' self-compassion was at a moderate level in our study, similar what likewise has been reported in the literature. The perceived social support of nurses was found to be moderate in the study conducted by Labrague and De los Santos (2020) during COVID-19 but reported as high by Liu and Aungsuroch (2019) before COVID-19. It is thought that these differences are due to working conditions and varying levels of support received by nurses across diverse regions. Zhang et al. (2020) found that the mental well-being of nurses during the COVID-19 period was high, as in our study. Nurses generally take a positive, healing-focused attitude. However, as seen in our study results, it is thought that the social support they received during the COVID-19 period also influenced the results obtained. We therefore conclude that as self-compassion increased, so also did social support perceived by nurses increase during the pandemic. Self-compassion, in its simplest form, means understanding oneself (Duarte, Govieia, & Cruz, 2016; Neff, 2003a). Social support is the reinforcement to physical and mental health that an individual receives from other people and the environment (Hou et al., 2020). In cases where individuals are self-sensitive, it is thought that increasing social support and receiving compassion not only from themselves but also from other people they are in a relationship with strengthens and therefore supports their self-compassion. It was found that as the social support perceived by nurses increased, their mental well-being also increased. Labrague and De los Santos (2020) and Zhu et al. (2020) found that nurses' anxiety levels decreased in relative to the increase in perceived social support during the COVID-19 pandemic. De Brier et al. (2020) found in their literature review that social support for healthcare workers during the pandemic was vital in helping them maintain their mental and psychological health. In a study conducted with doctors and nurses, Liu and Aungsuroch (2019) showed that increasing social support during the COVID-19 pandemic could alleviate psychological disorders. Nurses' self-compassion increased with an increase in their mental well-being. Bahrami Nejad Joneghani et al. (2023) concluded that nurses' self-compassion positively affects their mental health. Following a literature review, Gerace (2022) emphasized that many studies have shown that nurses with high self-compassion

have better ability to cope with stress, superior physical and mental health. Similarly, Ruiz-Fernande et al. (2021) concluded that nurses with high self-compassion are also mentally resilient. Self-compassion supports nurses to actively use coping mechanisms, especially in crises situations such as COVID-19. It is very important for individuals to be mentally strong and control their stress against all negatives they may encounter. The spiritual well-being of nurses with high self-compassion can be explained by these characteristics of self-compassion.

In addition, nurses' self-compassion had a partial mediating effect on the relationship between perceived social support and spiritual well-being. Self-compassion means that the individual is open to emotions that cause distress and understands his/herself and inadequacies (Duarte et al., 2016; Neff, 2003a). Therefore, we assert that the social support that nurses receive and the resulting increased spiritual well-being, especially when combined with self-compassion in crises situations, produce more positive results and improve their coping mechanisms.

Limitations

This study was not conducted face-to-face but via online meeting. Only 202 people were reached with eight announcements, although the research sample was calculated as 303. The volunteers only came from the university, public and private hospitals in Turkey; therefore, the results of this study are not necessarily valid for nurses elsewhere.

CONCLUSIONS

It is found that nurses' self-compassion was moderate, perceived social support levels were high and mental well-being was also high during COVID-19. Additionally, nurses' self-compassion had a partial mediating effect on the relationship between perceived social support and spiritual well-being. COVID-19 significantly affected nurses as well as the entire world. The pandemic is a good example of similar or completely different disaster situations in the future. From this perspective, the crisis should be approached with the understanding of turning it into an opportunity, and risk management should be done well. In risk management, the first step should be to address and improve the current conditions in a multifaceted manner. Support mechanisms need to be developed in many areas, starting from the working conditions of nurses and extending to performance evaluation systems. In addition, it would be useful to organize training to increase individual and institutional opportunities for nurses and to maximize their use. The concepts discussed here are closely related to nurses' working conditions and the quality of care they give their patients. It should not be overlooked that the effects of these study results will be extensive.

Yazarlık katkısı

Çalışma fikri: GA, GÇ, CÇY, GÜS, DS, MG, ME

Tasarım: GA, GÇ, CÇY, GÜS

Veri toplama: GA, GÇ, CÇY, GÜS, DS, MG, ME

Sonuçların analizi ve yorumlanması: GA, GÇ, CÇY, GÜS

Taslak çalışmayı hazırlama: GA, GÇ, CÇY, GÜS, DS, MG, ME

Eleştirel inceleme: GA, GÇ, CÇY, GÜS, DS, MG, ME

Tüm yazarlar (yazar baş harfleri GA, GÇ, CÇY, GÜS, DS, MG, ME) sonuçları gözden geçirdi ve makalenin sonhalini onayladı.

Author contributions

Conception: GA, GÇ, CÇY, GÜS, DS, MG, ME

Design: GA, GÇ, CÇY, GÜS

Data collection: GA, GÇ, CÇY, GÜS, DS, MG, ME

Analysis and interpretation of data: GA, GÇ, CÇY, GÜS

Drafting the manuscript: GA, GÇ, CÇY, GÜS, DS, MG, ME

Critical review: GA, GÇ, CÇY, GÜS, DS, MG, ME

All authors (GA, GÇ, CÇY, GÜS, DS, MG, ME) reviewed the results and approved the final version of the article.

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